U.S. Department of Justice

Executive Office for Immigration Review

Change of Address/Contact Information Form
Board of Immigration Appeals

Instructions: This form is to be used by the parties in proceedings before the Board of Immigration Appeals (BIA). To complete this form, fill out all blanks below, including proof of service, which certifies that you will provide a copy of this form to the Department of Homeland Security (DHS). After filling in the blanks and signing both the declaration and proof of service, you must submit the form to the BIA Clerk's Office electronically, in person, or by mail. If submitting electronically, file in Respondent Portal at https://respondentaccess.eoir.justice.gov. Attorneys and fully accredited representatives submitting this form electronically must file in Case Portal at https://portal.eoir.justice.gov. If submitting by mail, follow the mailing instructions on Page 2. You must submit a separate copy of this form for each individual with an appeal pending before the BIA and whom the change of information affects.

You must file this form with the BIA within five working days of the change to your contact information. The BIA will send all official correspondence (e.g., notices, decisions) to the address you provide. The BIA will only make any change(s) to your contact information in EOIR's records upon receipt of this form; the BIA will not change your contact information based on different information on pleadings, motions, or other communications with the BIA. Note: Attorneys and fully accredited representatives who are representing a respondent before the BIA should not use this form to indicate their own change of address; such changes should instead be reflected on a Form EOIR-27 (Notice of Entry of Appearance as Attorney or Representative Before the Board).

Name – Last, First, Middle, Suffix (if applicable):	A-Number:

My FORMER address and phone number were:	**My CURRENT address and phone number are:**
Number; Street; Apartment (if any)	Number; Street; Apartment (if any)
City, State, and ZIP code; Country (if other than U.S.)	City, State, and ZIP code; Country (if other than U.S.)
Phone Number (include country code if other than U.S.)	Phone Number (include country code if other than U.S.)
Email Address	Email Address

I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that I am the person named above associated with the A-Number listed above, and that the information contained in this form is true and correct to the best of my knowledge.

SIGN HERE ➡ x _____ _____

Signature Date

PROOF OF SERVICE

I, _____ (Name), provided a copy of this Change of Address Form on, _____ (date) to the to the Office of the Principal Legal Advisor for DHS Immigration and Customs Enforcement-ICE at:

_____

(Indicate if electronic/email service, or in-person or mail service (provide Number and Street, City, State, ZIP Code))

By signing, I agree to provide a copy of this Change of Address Form to the Office of the Principal Legal Advisor for DHS Immigration and Customs Enforcement-ICE at the location I selected above. I understand that I can provide DHS with a copy either electronically through the DHS eService portal (register at https://eserviceregistration.ice.gov), or by mail or personal delivery.

☐ No service needed. I am an ECAS-registered user who filed through the ECAS Case Portal.

SIGN HERE ➡ x _____

Signature

SERVICE INSTRUCTIONS

1. Provide a copy of the completed form to the DHS ICE Office of the Principal Legal Advisor (OPLA) per the method you specified in the PROOF OF SERVICE above. Copies provided electronically can be done through DHS ICE eService Portal, located at https://eserviceregistration.ice.gov Addresses for DHS ICE OPLA Field Locations where copies can be mailed or delivered in-person are available online at https://www.ice.gov/contact/legal. Failure to comply with these requirements may result in EOIR rejecting the filing.
2. To mail the form to the Board of Immigration Appeals, fold the page at the dotted lines marked "Fold Here" so that the address is visible. (**Important**: Ensure the address section is visible after you fold the page.)
3. Staple, or otherwise secure, the folded form along the open end marked "Fasten Here."
4. Place appropriate postage stamp in the area marked "Place Stamp Here."
5. Write your return address in the area marked "PUT YOUR ADDRESS HERE."
6. Mail the original form to the Board of Immigration Appeals.

Fold Here

PUT YOUR ADDRESS HERE

_____

_____

_____

_____

Place Stamp Here

U.S. Department of Justice
Executive Office for Immigration Review
Board of Immigration Appeals
Clerk's Office
5107 Leesburg Pike, Suite 2000
Falls Church, VA 22041

Fold Here

Privacy Act Notice

The information on this form is required by 8 U.S.C. § 1229(a)(1)(F)(ii) and 8 C.F.R § l003.15(d)(2) in order to notify EOIR's Board of Immigration Appeals of any change(s) of address or phone number. The information you provide is mandatory. Failure to provide the requested information limits the notification you will receive and may result in adverse consequences noted above. EOIR may share this information with others in accordance with approved routine uses described in EOIR's system of records notice EOIR–001, Records and Management Information System, and EOIR-003, Practitioner Complaint-Disciplinary Files.

Paperwork Reduction Act Notice

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The estimated average time to complete this form is five (5) minutes. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Executive Office for Immigration Review, Office of the General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, VA 22041, or EOIR.PRA.Comments@usdoj.gov.

You can also complete this form online by scanning the QR Code to the right with your smartphone (iPhone or Android) or by visiting https://respondentaccess.eoir.justice.gov.

Fasten Here