

You must file this form with the immigration court within five working days of the change to your address or phone number, or your receipt of a charging document (e.g., a Notice to Appear) with incorrect contact information. The immigration court will send all official correspondence (e.g., date, time, and place of hearings) to the address you provide. The immigration court will only make any change(s) to your address and phone number in EOIR's records upon receipt of this form; the immigration court will not change your address or phone number based on a different address or phone number on pleadings, motions, or other communications with the court.

If you are in **removal** proceedings: You will be subject to an order of removal for a period of ten years after the date of entry of the final order. You may also become ineligible for voluntary departure, cancellation of removal, and adjustment of status or change of status.

If you are in **deportation** proceedings: You will be subject to an order of deportation for a period of five years after the date of the entry of the final order. You may also become ineligible for voluntary departure, suspension of deportation or voluntary departure, and adjustment of status or change of status.

If you are in **exclusion** proceedings: Your application for admission to the United States may be considered withdrawn.

Name (Last, First, Middle): _____	Alien Registration Number: _____
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My FORMER address and phone number were:	My CURRENT address and phone number are:
_____ “In care of” other person, (if any)	_____ “In care of” other person, (if any)
_____ 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	_____ Phone Number

SIGN HERE →

X _____ Signature _____ Date _____

I, _____, mailed or delivered a copy of this Change of Address Form on, _____,
(Name) (date)
to the Office of the Chief Counsel for DHS, Immigration and Customs Enforcement-ICE, located at: _____

(Number and Street, City, State, Zip Code)

SIGN HERE →

X _____
Signature Form

MAILING INSTRUCTIONS

1. Mail or deliver a copy of the completed form to the DHS-ICE Office of the Chief Counsel at the address you inserted in the PROOF OF SERVICE above.
2. 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 immigration court.

Fold Here

PUT YOUR ADDRESS HERE

Place
Stamp
Here

U.S. Department of Justice
Immigration Court
650 Capitol Mall
Suite 4-200
Sacramento, CA 95814

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. § 1003.15(d)(2) in order to notify EOIR's immigration court 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.

Fasten Here