

1. Case Number: \_\_\_\_\_

Name of Practitioner: \_\_\_\_\_

Address: \_\_\_\_\_

(Number and Street)

(Suite No.)

(City)

(State)

(Zip Code)

2. Date of Adjudicating Official's decision: \_\_\_\_\_

3. I am  the Respondent  DHS  EOIR

For Official Use Only

4. **Basis for Appeal** — Please explain in detail the basis for your appeal. Use additional sheets of paper if necessary and attach to this form. **Failure to specify the factual or legal basis for your appeal may lead to summary dismissal without further notice, unless you provide specific details in a timely, written brief or statement filed with the Board. Write the case number on every additional sheet.**

(Attach more sheets if necessary.)

5. I  do  do not request oral argument before the Board of Immigration Appeals.

6. I  will  will not file a separate written brief or statement in addition to the "Basis for Appeal" written above or accompanying this form, if the Board issues a briefing schedule for this matter.

**Warning: Your appeal may be summarily dismissed by the Board of Immigration Appeals if you indicate in Item #6 that you will file a separate written brief or statement and you fail to file such a brief or statement within the time period scheduled and you do not reasonably explain such failure.**

7. Name of Practitioner's Attorney/Representative or EOIR/DHS Counsel:  
\_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street) (Suite No.)  
\_\_\_\_\_  
(City) (State) (Zip Code)

**Warning: An attorney or representative will not be recognized as the attorney of record on appeal and will not receive documents or correspondence in connection with the appeal unless he or she submits a completed Form EOIR-27.**



X \_\_\_\_\_  
Signature of Practitioner or Practitioner's Attorney/Representative or EOIR/DHS Counsel Date

**PROOF OF SERVICE (Must Be Completed)**

I \_\_\_\_\_ mailed or delivered a copy of this Notice of Appeal  
(Name)  
on \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Practitioner or Practitioner's Attorney/Representative or EOIR/DHS Counsel)  
at \_\_\_\_\_  
(Address)



X \_\_\_\_\_  
Signature of Practitioner (or Practitioner's Attorney/Representative or EOIR/DHS Counsel)

**Be sure you have:**

- Read all of the General Instructions
- Provided all of the requested information
- Completed and signed the Proof of Service
- Attached the required fee receipt or fee waiver request

- Signed the form
- Served a copy of this form and all attachments on EOIR's Office of the General Counsel, ATTN: Disciplinary Practitioner, and the DHS USCIS Office of the Chief Counsel, or Practitioner or Practitioner's Attorney/Representative