

**Request for Recognition of a Non-Profit Religious,
Charitable, Social Service, or Similar Organization**

DATE (mm/dd/yy): _____

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| To: Board of Immigration Appeals P.O. Box 8530 Falls Church, VA 22041 Attn: Recognition and Accreditation Program Coordinator <i>(preferred for most mailings)</i> | Board of Immigration Appeals 5107 Leesburg Pike, Suite 2600 Falls Church, VA 22041 Attn: Recognition and Accreditation Program Coordinator <i>(courier, overnight, or in-person deliveries)</i> |
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1. _____ requests recognition pursuant to
(Name of Organization)
8 CFR § 1292.2(a) and (b) so that it may apply for accreditation of persons of good moral character to represent others in immigration proceedings before the immigration courts and the Board of Immigration Appeals (BIA) of the Executive Office for Immigration Review (EOIR) and the U.S. Citizenship and Immigration Services (USCIS) of the Department of Homeland Security (DHS).
2. Organization's Address: _____
(Number and Street - No P.O. Box)

(City) (State) (Zip Code)

(Phone Number) (Fax Number)

(Email Address)
3. By signing this form, you certify that the organization is a non-profit religious, charitable, social service, or other (specify: _____) organization established in the United States. Attach proof of the organization's non-profit status.
4. If the organization is chartered, attach a copy of the Charter, Constitution, Articles of Incorporation, and/or Bylaws.
5. What charges or membership dues, if any, are imposed? _____
Attach a fee schedule, if applicable, along with a detailed statement of the organization's sources and amounts of funding other than dues or fees. *See Matter of American Paralegal Academy, Inc.*, 19 I&N Dec. 386 (BIA 1986).
6. A detailed statement must be attached regarding the knowledge, information, and experience in immigration and nationality law and procedure that is available to the organization. Also attach a list of library resources.
7. Resumés and any immigration training certificates for staff members should be attached. A description and/or diagram of the organizational structure should be included, showing the supervision of staff members. *See Matter of Lutheran Ministries of Florida*, 20 I&N Dec. 185 (BIA 1990). Any supervision or assistance provided by attorneys should be documented, including proof of the immigration expertise of the attorneys.

(Type or print) Name and title of authorized official of organization SIGNATURE

You must complete the Proof of Service on the reverse side.

Proof of Service

I, _____, mailed or delivered a copy of this Form EOIR-31 and its attachments
(Name)

on _____ to the local District Director for USCIS of DHS at _____
(Date-mm/dd/yy) (Number and Street)

(City, State, Zip Code)

AND to the local Special Agent-in-Charge for the U.S. Immigration and Customs Enforcement (ICE) of DHS at _____

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

X _____
SIGNATURE

INSTRUCTIONS:

This request must be filed with the Board of Immigration Appeals (BIA), and a copy must be served on the local District Director for USCIS of DHS as well as the local Special Agent-in-Charge for ICE of DHS who have jurisdiction over the area in which the organization is located. A separate Form EOIR-31 must be filed for each branch office of an organization which is seeking recognition. *See Matter of Florida Rural Legal Services*, 20 I&N Dec. 639 (BIA 1993). Recognition, if granted, does not provide automatic accreditation to the organization's employees or associates. *See Matter of Lutheran Ministries of Florida*, 20 I&N Dec. 185 (BIA 1990). A recognized organization may seek from the BIA accreditation of particular employees or associates by requesting either full accreditation (before the DHS, Immigration Courts, and the BIA) or partial accreditation (before the DHS only) for such persons. There is no EOIR form for accreditation requests; rather, an organization may make such requests on organizational letterhead, supported by documentary evidence, establishing that each proposed representative is of good moral character and meets the requirements of 8 C.F.R. § 1292.2(d). Accreditation requests can be made simultaneously with or subsequent to the filing of this recognition application (Form EOIR-31).

For more information about recognized organizations, please see the EOIR website at <http://www.usdoj.gov/eoir>.

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to review the form, gather necessary materials, complete the form, and assemble the attachments is 2 hours. If you have comments regarding the accuracy of this estimate, or any other aspect of this collection of information, including suggestions reducing this burden, you may write to the Executive Office for Immigration Review, Office of the General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, Virginia 22041.