

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

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## INSTRUCTIONS

### PREPARATION OF APPLICATION:

To apply for Recognition of a Non-Profit Religious, Charitable, Social Service, or Similar Organization under 8 C.F.R. § 1292, you must fully and accurately answer all questions on the attached Form EOIR-31. A **separate** Form EOIR-31 must be filed for **each** branch office of an organization seeking recognition before the Board of Immigration Appeals (BIA). Your responses must be typed or printed legibly in ink. Do not leave any questions unanswered or blank. As much as possible answer all questions directly on the form. If there is no room to respond fully to a question, please continue your response on an additional sheet of paper. Please indicate the number of the question being answered next to your response in the additional sheet of paper.

### SUPPORTING DOCUMENTS:

You should submit documentary evidence to establish your organization's eligibility for recognition. Failure to submit all supporting documentation may result in the denial of your application.

### RECOGNITION IS NOT ACCREDITATION:

Recognition, if granted, does not provide automatic accreditation to the organization's employees or associates. A recognized organization may seek from the BIA accreditation of particular employees or associates by requesting either full accreditation (before the Department of Homeland Security, Immigration Courts, and the BIA) or partial accreditation (before 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 may be made simultaneously with or subsequent to the filing of this recognition application (Form EOIR-31). We caution that failure to demonstrate staff with adequate knowledge and experience in immigration law and procedure may result in the disapproval of the recognition application.

Please indicate on this form whether a simultaneous request for accreditation of an individual is being submitted. If so, please list the name of the proposed representative and the type of accreditation being sought (full or partial). The request for accreditation should include the following supporting documents: resume and certificates of training, letters of recommendation and evidence of advocacy and research skills (if seeking full accreditation).

### WHERE TO FILE:

This application and all supporting documents must be filed with the Board of Immigration Appeals (BIA).

### PROOF OF SERVICE:

A complete copy of this application and any request for accreditation as well as all supporting documents must be served on the local District Director for U.S. Citizenship and Immigration Services (USCIS) of DHS **and** the local Chief Counsel for Immigration and Customs Enforcement (ICE) of DHS who have jurisdiction over the area in which the organization is located.

**Request for Recognition of a Non-Profit Religious,  
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For Official Use Only:	Date Received (mm/dd/yyyy)
<b>Mail To:</b> Recognition & Accreditation Program Coordinator Executive Office for Immigration Review Board of Immigration Appeals, Clerk's Office Post Office Box 8530 Falls Church, VA 22041 <i>(preferred for most mailings)</i>	Recognition & Accreditation Program Coordinator Executive Office for Immigration Review Board of Immigration Appeals, Clerk's Office 5107 Leesburg Pike, Suite 2000 Falls Church, VA 22041 <i>(courier, overnight, or in-person deliveries)</i>

1. \_\_\_\_\_ requests recognition pursuant to 8 C.F.R. § 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 By-laws.

5. What charges or membership dues, if any, are imposed? \_\_\_\_\_ Attach a fee schedule, if applicable, with list of services, along with a detailed statement of the organization's sources and amounts of funding other than dues or fees.

6. Attach a detailed statement regarding the knowledge, information, and experience in immigration and nationality law and procedure available to the organization. Also attach a list of library and/or internet resources.

7. Resumes 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. Any supervision or assistance provided by attorneys should be documented, including proof of the immigration experience of the attorneys. Any arrangement to consult with other recognized organizations or attorneys should be documented.

8. Indicate whether an accreditation request is being made at this time.  Yes  No  
If you answered yes, provide the name of the proposed representative: \_\_\_\_\_  
Indicate the type of accreditation sought for this individual:  Partial  Full

(Attach a separate sheet if more than one accreditation request.)



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

**You must complete the Proof of Service on the reverse side!**

## PROOF OF SERVICE


(You Must Complete Both)

I, \_\_\_\_\_ ,  
(Print Name)

mailed or delivered a copy of this Form EOIR-31 and its attachments to the local District Director for USCIS of DHS on \_\_\_\_\_  
(Date - mm/dd/yyyy)

at \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City, State, ZIP Code)


 **SIGN →**  
**HERE** **X**

I, \_\_\_\_\_ ,  
(Print Name)

mailed or delivered a copy of this Form EOIR-31 and its attachments to the local Chief Counsel for ICE of DHS on \_\_\_\_\_  
(Date - mm/dd/yyyy)

at \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City, State, ZIP Code)

 **SIGN →**  
**HERE** **X**

### HAVE YOU SUBMITTED?

- Completed Form EOIR-31, including proof of service
- Proof of nonprofit status (IRS document)
- Copy of Charter, Constitution, By-Laws and/or Articles of Incorporation
- Fee schedule for all immigration services provided and membership dues, if applicable
- List of law library contents and/or online resources
- Funding sources and budget
- Organizational chart and caseload of staff
- Staff resumes, certificates of training, letters of recommendation and evidence of advocacy and research skills
- Requests for accreditation with supporting documentation, if applicable
- Written confirmation of any agreement(s) made to consult with other nonprofit organization(s) or private attorney(s) on a pro bono basis in more complicated cases or other acceptable arrangements to demonstrate adequate knowledge and experience in immigration law and procedure. *Matter of EAC, Inc.* (Recognition) 24 I&N Dec 556 (BIA 2008)
- Copy of BIA decision on prior recognition application, if applicable

For more information about recognized organizations, visit 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.