

(Type or Print) NAME AND ADDRESS OF ASSISTED PARTY			ALIEN REGISTRATION NUMBER ("A-Number") (Provide A-Number of the assisted party in this case.)
_____	_____	_____	
(First)	(Middle Initial)	(Last)	
_____		_____	
(Number and Street)		(Apt. No.)	

(City)	(State)	(Zip Code)	
Entry of limited appearance for (please check all that apply and provide a brief description of the assisted document(s) in the space provided below. Additional information may be provided on the reverse side of this form):			
<input type="checkbox"/> Appeal <input type="checkbox"/> Brief <input type="checkbox"/> Motion <input type="checkbox"/> Other Document			
Description: _____			
Attorney or Representative (please check one of the following):			
I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest court(s) of the following states(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia (use additional space on reverse side if necessary) and I am not subject to any order disbaring, suspending, enjoining, restraining or otherwise restricting me in the practice of law in any jurisdiction (if subject to such an order, do not check this box and explain on reverse).			
Full Name of Court _____ Bar Number (if applicable) _____			
<input type="checkbox"/> I am a representative accredited to appear before the Executive Office for Immigration Review as defined in 8 C.F.R. § 1292.1(a)(4) with the following recognized organization: _____			
<input type="checkbox"/> I am a law student or law graduate of an accredited U.S. law school as defined in 8 C.F.R. § 1292.1(a)(2).			
<input type="checkbox"/> I am a reputable individual as defined in 8 C.F.R. § 1292.1(a)(3).			
<input type="checkbox"/> I am an accredited foreign government official, as defined in 8 C.F.R. § 1291.1(a)(5), from _____ (country).			
<input type="checkbox"/> I am a person who was authorized to practice on December 23, 1952, under 8 C.F.R. § 1292.1(b).			
Attorney or Representative:			
I hereby enter my limited appearance at the request of the party named above. I have explained the limited nature of my assistance to the party named above, including an instruction that I am not agreeing to serve as the party's attorney or representative in proceedings before EOIR. I have read and understand the statements provided on the reverse side of this form that set forth in the regulations and conditions governing limited appearances and representations before EOIR. By signing this form, I consent to publication of my name and any findings of misconduct by EOIR, should I become subject to any public discipline by EOIR pursuant to the rules and procedures at 8 C.F.R. 1003.101 <i>et seq.</i> I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.			
SIGNATURE OF ATTORNEY OR REPRESENTATIVE		EOIR ID NUMBER	DATE
X _____			

Proof of Service

I (Name) _____ emailed, mailed or delivered a copy of the Form EOIR-61 on (Date) _____

to the DHS (Immigration and Customs Enforcement – ICE) at _____

X _____

Signature

Additional Information

LIMITED APPEARANCES - A Form EOIR-61 shall be filed together with the assisted filing at the time the documents are filed with the immigration court. A Form EOIR-61 shall be filed either as an electronic form, or as a paper form, as appropriate (for further information, please see the EOIR Policy Manual, which is available on the EOIR website at www.justice.gov/eoir). The attorney or representative must check the box indicating whether the limited appearance is for a particular motion, pleading, brief, application, or other document. Each subsequent filing or submission must be accompanied by a new limited appearance form. When a limited appearance is executed, the attorney or representative's signature constitutes a representation that, under the provisions of 8 C.F.R. part 1003, he/she is an authorized and qualified practitioner, has notified the client about the scope of his/her limited appearance, and will comply with the EOIR Rules of Professional Conduct in 8 C.F.R. § 1003.102.

FREEDOM OF INFORMATION ACT - This form may not be used to request records under the Freedom of Information Act or the Privacy Act. The manner of requesting such records is in 28 C.F.R. §§ 16.1-16.11 and appendices. For further information about requesting records from EOIR under the Freedom of Information Act, see How to File a Freedom of Information Act (FOIA) Request with the Executive Office for Immigration Review, available on EOIR's website at <http://www.justice.gov/eoir>.

PRIVACY ACT NOTICE - The information requested on this form is authorized by 8 U.S.C. §§ 1229(a), 1362 and 8 C.F.R. § 1003.17 in order to enter an appearance before EOIR. The information you provide is mandatory and required to enter an appearance. Failure to provide the requested information will result in an inability to enter an appearance. 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, 69 Fed. Reg. 26,179 (May 11, 2004), or its successors and EOIR-003, Practitioner Complaint-Disciplinary Files, 64 Fed. Reg. 49237 (September 1999). Furthermore, the submission of this form acknowledges that an attorney or representative will be subject to the disciplinary rules and procedures at 8 C.F.R. 1003.101et seq., including, pursuant to 8 C.F.R. §§ 292.3(h)(3), 1003.108(c), publication of the name of the attorney or representative and findings of misconduct should the attorney or representative be subject to any public discipline by EOIR.

CASES BEFORE EOIR - Automated information about cases before EOIR is available by calling (800) 898-7180 or (240) 314-1500.

FURTHER INFORMATION - For further information, please see the EOIR Policy Manual, which is available on the EOIR website at www.justice.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 complete this form is six (6) 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, Virginia 22041.