



Notice of Entry of Appearance as Attorney or Accredited Representative
DHS Form G-28
Department of Homeland Security

OMB No. 1615-0105
Expires 05/31/2021

Part 1: Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any): [REDACTED]

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): Albun

2.b. Given Name (First Name): Zachary

2.c. Middle Name: Abraham

Address of Attorney or Accredited Representative

3.a. Street Number and Name: 330 Second Avenue South

3.b. Apt/Ste/Flr: Ste 800

3.c. City or Town: Minneapolis

3.d. State: MN

3.e. Zip Code: 55401

3.f. Province:

3.g. Postal Code:

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 612-252-4444

5. Mobile Telephone Number (if any): [REDACTED]

6. Email Address (if any): zalbun@advrights.org

7. Fax Number (if any):

Part 2: Eligibility Information for Attorney or Accredited Representative

1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. : Yes

Licensing Authority: IL

1.b. Bar Number (if applicable): 6 [REDACTED]

1.c. I am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in Additional Information to provide an explanation: No

Additional Information:

1.d. Name of Law Firm or Organization (if applicable): Illinois Supreme Court

2.a I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.: No

2.b. Name of Recognized Organization:

2.c. Date of Accreditation (mm/dd/yyyy):

3. I am associated with the attorney or accredited representative who previously filed this G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request:

Associated attorney or accredited representative name:

4.a. I am a Law student or Law Graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2): No

4.b. Name of Law Student or Law Graduate

First Name:
Last Name:
Middle Name:


Part 3. Notice of Appearance as Attorney or Accredited Representative

- 1.a./2.a./3.a. This appearance relates to immigration matters before (USCIS,ICE,CBP):
1.b./2.b./3.b. List the form numbers or specific matter in which appearance is entered.:
4. Receipt Number (if any): MGL2 [REDACTED] 
5. I enter my appearance as an attorney or accredited representative at the request of the:


Information About Client (Applicant, Petitioner, Requester, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name): [REDACTED]
6.b. Given Name (First Name): M [REDACTED]
6.c. Middle Name:
7.a. Name of Entity (if applicable): N/A
7.b. Title of Authorized Signatory for Entity (if applicable): N/A
8. Client's USCIS Online Account Number (if any):
9. Client's Alien Registration Number (A-Number) (if any): A-2 [REDACTED]

Client's Contact Information

10. Daytime Telephone Number: [REDACTED]
11. Mobile Telephone Number (if any): [REDACTED]
12. Email Address (if any): [REDACTED]@yahoo.com 

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28. 

- 13.a. Street Number and Name: [REDACTED]
13.b. Apt/Ste/Fir: [REDACTED]
13.c. City or Town: [REDACTED]
13.d. State: MN
13.e. ZIP Code: 55 [REDACTED]
13.f. Province:
13.g. Postal Code:
13.h. Country: USA

Part 4: Client's Consent to Representation and Signature


Consent to Representation and Release of Information


I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. I request the USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form: Yes 


1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)): Yes 

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. I request that USCIS send my notice containing Form I-94 to my U.S. Mailing Address: No 

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity: M 

2.b. Date of Signature (mm/dd/yyyy): 

Part 5: Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1.a. Signature of Attorney or Accredited Representative: Zachary Abraham Albun

1.b. Date of Signature (mm/dd/yyyy): 

Additional Information