

1. List Name(s) and "A" Number(s) of all Applicant(s)/Respondent(s):

**! WARNING TO ALL APPLICANT(S)/RESPONDENT(S):** Names and  
• "A" Numbers of everyone appealing the order must be written in Item #1.

For Official Use Only

2. Applicant/Respondent is currently  DETAINED  NOT DETAINED.

3. Appeal from the Immigration Judge's decision dated \_\_\_\_\_.

4. **State in detail the reason(s) for this appeal. You are not limited to the space provided below; use more sheets of paper if necessary. Write your name(s) and "A" number(s) on every sheet.**

**! WARNING:** The failure to specify the factual or legal basis for the appeal may lead to summary dismissal without further notice, unless you give specific details in a timely, separate  
• written brief or statement filed with the Board.

(Attach more sheets if necessary)

Staple Check or Money Order Here.  
Include your name(s) and "A" number(s)

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

6.  will  
I  will not file a separate written brief or statement in addition to the "Reason(s) for Appeal" written above or accompanying this form.

**WARNING:** Your appeal may be summarily dismissed if you indicate in Item #6 that you will file a separate written brief or statement and, within the time set for filing, you fail to file the brief or statement and do not reasonably explain such failure.

 SIGN  
HERE

7. X \_\_\_\_\_ Date  
Signature of Person Appealing  
(or attorney or representative)

8. Mailing Address of Applicant(s)/Respondent(s)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Apartment or Room Number)

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

9. Mailing Address of Attorney or Representative

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Suite or Room Number)

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

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

### CERTIFICATE OF SERVICE (Must Be Completed)

10. I \_\_\_\_\_ mailed or delivered a copy of this notice of appeal  
(Name)

on \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Opposing Party)

at \_\_\_\_\_  
(Address of Opposing Party)

 SIGN  
HERE

X \_\_\_\_\_  
Signature of Person Appealing  
(or attorney or representative)

#### Have You?

- Read all of the General Instructions
- Provided all of the requested information
- Completed this form in English
- Provided a certified English translation for all non-English attachments
- Signed the form
- Served a copy of this form and all attachments on the opposing party
- Completed and signed the Certificate of Service
- Attached the required fee or fee waiver request