

# Section VII. Submitting the Application

## Submitting the Application

The mailing process is the same whether for a combined recognition and accreditation application, an accreditation application, an application for renewal of recognition or accreditation, or an application for extension of recognition.

A complete application includes proof of service on USCIS. A proof of service is a simple legal document that lets OLAP know that you sent complete copies of everything that OLAP received to the appropriate USCIS official(s). The proof of service is included in Form EOIR-31 (Part 12) and Form EOIR-31A (Part 7).

Be sure to organize the recognition and accreditation applications in separate packets, copying any materials that are needed for more than one packet. For example, if you are applying for agency recognition and accreditation of two staff, you will submit *three* separate packets.

1. Make several copies of the original application, so that you have enough for USCIS, your organization, and (if you are an affiliate) World Relief or CLINIC.
2. Mail the original application by certified mail, return receipt requested to:

Recognition and Accreditation Program Coordinator  
Office of Legal Access Programs  
Executive Office for Immigration Review  
5107 Leesburg Pike, Suite 2500  
Falls Church, VA 22041

3. Mail a copy of the application by certified mail, return receipt requested, to the USCIS District Director for your area. If your organization has branch offices and provides immigration legal services in more than one USCIS district, you must provide proof of service and send a copy to each USCIS District Director. To find where to send the USCIS copy, go to <http://www.uscis.gov/about-us/find-uscis-office/field-offices>. Use the Field Office Locator to find the field office for your locale(s). On the field office page, the district office is listed under “Attorney or Representative Procedures.” Click on the district office to find the name and address of your District Director.
4. Keep one copy for your office.
5. Send an electronic copy to your point of contact at World Relief or CLINIC, if you are an affiliate.

## **Expediting the Application**

OLAP must provide USCIS with 30 days to respond to your application. If you wish to expedite your application, you may contact USCIS before submitting your application and ask USCIS to respond quickly to OLAP once your application is filed.

## **What Happens Next**

After the organization files the application, OLAP will review all information contained in the request. OLAP may review any publicly available information or any other information that it may obtain or possess about the organization, its authorized officer, or the proposed representative or that OLAP may have received from USCIS, ICE, or EOIR investigations. Unfavorable information that may be relied upon to disapprove a recognition or accreditation request, if not previously served on the organization, will be disclosed to the organization, and the organization will be given a reasonable opportunity to respond. The OLAP Director may request additional information from the organization that is needed to make a determination. The OLAP director has the discretion to extend the deadlines for the adjudication process.

## **USCIS Response to Application**

USCIS is given 30 days from the date of service to respond to an application for recognition or accreditation. The USCIS office may submit to the OLAP Director a recommendation to approve or disapprove an application. The USCIS office may request from the OLAP Director additional time, generally no more than 30 days, to conduct an investigation or gather more information. The OLAP Director will inform the organization of any grant of additional time to USCIS. USCIS must provide the organization with a copy of any recommendation provided to OLAP to approve or disapprove an application. If the recommendation is unfavorable, the organization has 30 days to respond to OLAP and must serve a copy of the response on USCIS. Most USCIS offices do not respond, either favorably or unfavorably, to recognition and accreditation applications.

## **Request for Reconsideration**

A decision by OLAP to *approve* a request for recognition or accreditation is final. A decision to *deny* a request may be appealed with a “request for reconsideration” that is filed within 30 days of the denial. If the request for reconsideration is denied, the organization may file a request for administrative review within 10 days of the denial. An organization whose request for recognition or accreditation is denied may submit a new application at any time unless otherwise prohibited.

## Section VIII. After Recognition & Accreditation

### Requirements

Organizations that are recognized by OLAP must abide by certain requirements for reporting, recordkeeping, and posting.

### Reporting

A recognized organization is required to promptly (within 30 days) notify the OLAP Director in writing of changes in the organization's contact information, changes to any material information the organization provided in Form EOIR-31, Form EOIR-31A, or the supporting documentation for these applications, or changes that otherwise materially relate to the organization's eligibility for recognition or the eligibility for accreditation of any of the organization's accredited representatives. Examples of such changes include: notifying OLAP of a change of name, address, telephone number, website address, or authorized officer for the organization; notifying OLAP when an accredited representative (paid or volunteer) leaves the organization; and notifying OLAP of a change in the organization's non-profit or Federal tax exempt status.

If an organization loses its only accredited representative, it must notify OLAP within 30 days. The organization will be placed on inactive status for a period of up to two years and removed from the roster of recognized organizations (<https://www.justice.gov/eoir/recognition-accreditation-roster-reports>). During this period, the organization may recruit, train, and obtain accreditation for a new staff person or volunteer, if it wishes to maintain its recognition.

### Recordkeeping

A recognized organization is required to compile certain records in a timely manner and retain them for a period of six years from the date the organization is recognized, as long as the organization remains recognized:

- 1) The organization's immigration legal services fee schedule, if the organization charges fees, for each office or location where services are provided; and
- 2) An annual summary of immigration legal services provided by the organization which includes:
  - The total number of clients served (whether through client intakes, applications prepared and filed with DHS, cases in which its attorneys or accredited representatives appeared before the Immigration Courts or the Board (if applicable), or referrals to other attorneys or organizations;
  - Clients to which it provided services at no cost;
  - A general description of the immigration legal services and other immigration-related services (non-legal) provided;
  - A statement regarding whether services were provided pro bono or clients were charged in accordance with a fee schedule;

- Organizational policies or guidance regarding fee waivers and reduced fees; and
- A list of the offices or locations where the immigration legal services were provided.

The summary should not include any client-specific or client-identifying information. OLAP may require the organization to submit such records to it or to DHS upon request.

Note: For organizations already recognized on the effective date of the new rules (January 18, 2017), the recordkeeping requirement begins on this date.

### **Posting**

A recognized organization is required to post in its offices certain public notices regarding recognition and accreditation as requested by OLAP. The information in the public notices is limited to: the names and validity periods of a recognized organization and its accredited representatives, the requirements for recognition and accreditation, and the means to complain about a recognized organization or accredited representative.

## **Section IX. Sample Application Documents for Agency Site Recognition and Agency Staff Accreditation**

**NOTE:** *These are not samples from actual applications, and there is no guarantee that such applications would be approved.*

**Part 1. Organization Seeking Recognition (Headquarters or designated office for recognition purposes)**

Organization Name \_\_\_\_\_  
Other Name(s) \_\_\_\_\_ Name(s) previously applied under \_\_\_\_\_  
Number and Street \_\_\_\_\_ Suite \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

**Part 2. Type of Recognition Sought (check one)**

- ☐ New recognition (or organization previously had recognition disapproved or terminated on \_\_\_\_\_)  
(Month/Day/Year)  
☐ Renewal of recognition. Date of last approval or renewal of recognition: \_\_\_\_\_  
(Month/Day/Year)  
☐ Extension of recognition. Approval date of current recognition: \_\_\_\_\_  
(Month/Day/Year)

**Part 3. Extension of Recognition to Other Offices or Locations**

- ☐ Yes. Number of offices or locations seeking new or renewal extension of recognition: \_\_\_\_\_. Go to Part 4.  
☐ No. Skip Part 4 and Go to Part 5.

**Part 4. Information about Other Offices or Locations Seeking Extension of Recognition  
(attach additional sheets of paper, if seeking to extend to more than one location)**

If organization is known in the community under a different name at this office or location than stated above in part 1,  
provide name.

Organization Name \_\_\_\_\_  
Number and Street \_\_\_\_\_ Suite \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

- ☐ New extension  
☐ Renewal of extension  
☐ Check this box if you have additional relevant information regarding this office or location, such as other contact  
information, or a fee schedule or supervisory structure different than the organization's headquarters or designated  
office (attach additional sheets of paper to describe).

## Part 5. Proof of Non-profit, Religious, Charitable, Social Service or Similar Organization

Required Proof: ☐ Mission Statement/Statement of Purpose

Optional Proof: ☐ Constitution ☐ Charter ☐ Bylaws ☐ Articles of Incorporation ☐ Other \_\_\_\_\_

## Part 6. Federal Tax-exempt Status (check applicable boxes)

☐ Organization has federal tax-exempt status under section 501(c)(3) or section \_\_\_\_\_ of the Internal Revenue Code

☐ IRS tax determination letter and first page of last annual IRS information return is attached

OR

☐ Alternative documentation to establish federal tax-exempt status is attached

☐ Federal tax-exempt status applied for and a determination is pending; supporting documentation is attached

## Part 7. Knowledge of Immigration Law and Procedures

a. Attach organizational chart identifying names and titles of legal staff and supervisors at all locations ☐

b. Attorney(s) licensed in the United States and in good standing on staff: ☐ No ☐ Yes, attach resume(s)

c. Accredited representative(s) on staff: ☐ Yes ☐ No

• If applicable, provide number of accreditation applications (Form EOIR-31A) submitted with this recognition application: \_\_\_\_\_

• Name(s) of applicant(s) for accreditation: \_\_\_\_\_

d. If applicable, describe any arrangements to consult with and/or receive technical support from qualified immigration practitioners:

• Private counsel: ☐ No ☐ Yes, attach all agreements with name(s) of private counsel and bar admission(s)

• Another recognized organization: ☐ No ☐ Yes, attach all agreements with other recognized organizations

• Other: ☐ No ☐ Yes, explain: \_\_\_\_\_

e. Describe immigration legal services offered and qualifications of immigration legal staff to provide such services. Attach supporting documentation such as resumes, training certificates, letters of recommendation, or other similar information.

## Part 8. List of Print and Electronic Legal Resources

Print resources:

Electronic resources:

Extended locations have access to ☐ same sources ☐ other resources (please describe):

## Part 9. Provides Services Primarily to Low-Income and Indigent clients

Organization must provide immigration legal services primarily to low-income and indigent clients, and if charging fees, organization must have a policy or guidance for waiving or reducing fees. Provide supporting documentation as provided in the form instructions and attach copies of budget for current year and past year, if available, itemizing sources and amount of funding. If current and/or past budget are not available, provide projected budget for upcoming year.

☐ Budget(s). Check if attached.

- a. Fees charged for immigration legal services No ☐ Yes ☐ Attach detailed fee schedules for all locations
- b. Membership dues charged No ☐ Yes ☐ Attach list of dues charged at all locations
- c. Waiver of immigration legal fees policy No ☐ Yes ☐ Attach fee waiver policy/guidance provided to clients and staff at all locations
- d. Reduction of immigration legal fees policy No ☐ Yes ☐ Attach fee reduction policy/guidance provided to clients and staff at all locations

## Part 10. Renewal of Recognition. Complete if seeking to renew recognition.

*If not seeking renewal, skip to Part 11.*

- a. Organization must maintain the requirements for recognition and complete Parts 1 through 9 of this form. In the case of the headquarters or designated office with extension(s) to branch offices that are approved by OLAP, the headquarters or designated office's recognition approval date is the date that triggers the renewal requirements for all offices. Attach supporting documentation for the above sections only if there have been changes since the last approval or renewal of recognition. Check this box if supporting documentation has been attached. ☐
- b. Include summary of legal services performed for each year during the last period of recognition. Check this box if attached. ☐
- c. If the organization does not currently have an accredited representative on staff and is on inactive status or seeks inactive status, check this box. ☐
- d. All requests for renewal of extension or to apply for new extension(s) of recognition with this application should be indicated in Part 4. Check this box if seeking renewal of extension(s) or new extension(s). ☐

## Part 11. Declaration of Authorized Officer

Under penalty of perjury, I declare that I am the authorized officer of \_\_\_\_\_ (organization), that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. I also attest that the organization (and the offices or locations to which recognition is to be extended) will provide immigration legal services primarily to low-income and indigent clients, that the organization will supervise its accredited representatives, and that the organization will conduct regular inspections of extended offices or locations. I consent to publication of the organization's name and findings of misconduct should the organization become subject to public discipline.

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Officer

\_\_\_\_\_  
Title of Authorized Officer

\_\_\_\_\_  
Contact Information (Phone Number and Email Address)

## Part 12. Proof of Service on USCIS District Director(s)

I, \_\_\_\_\_ (print name), on behalf of \_\_\_\_\_ (organization),  
mailed or delivered a copy of this Form EOIR-31 and its attachments to the District Director(s) for USCIS of DHS  
on \_\_\_\_\_ (Day/Month/Year) at the following location(s):

- |     |                   |       |       |          |
|-----|-------------------|-------|-------|----------|
| (1) | _____             | _____ | _____ | _____    |
|     | Number and Street | City  | State | Zip Code |
| (2) | _____             | _____ | _____ | _____    |
|     | Number and Street | City  | State | Zip Code |
| (3) | _____             | _____ | _____ | _____    |
|     | Number and Street | City  | State | Zip Code |

\_\_\_\_\_  
Signature

## Part 1. Organization Seeking Accreditation of Representative

Organization  
Name \_\_\_\_\_  
Other Name(s) \_\_\_\_\_ Name(s) previously applied under \_\_\_\_\_  
Number and Street \_\_\_\_\_ Suite \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

Check one:

- ☐ Organization is *not* recognized and a Request for Recognition of a Non-Profit Religious, Charitable, Social Service or Similar Organization (Form EOIR-31) accompanies this request.
- ☐ Organization is recognized. Date of last approval of recognition \_\_\_\_\_ (Month/Day/Year)

## Part 2. Name of Proposed Representative

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Other names used \_\_\_\_\_

Has this individual been previously accredited with a different recognized organization ☐ No ☐ Yes

If "yes," list name(s) of other recognized organizations for which individual serves or has served as an accredited representative and the date(s) of last approval of accreditation (attach additional sheets of paper, if necessary):

Name of other organization(s) \_\_\_\_\_

Date(s) of last approval of accreditation \_\_\_\_\_ (Month/Day/Year)

## Part 3. Type of Accreditation Sought (check one)

☐ Full (practice before BIA, Immigration Courts, and DHS)

*Or*

☐ Partial (practice before DHS only)

## Part 4. Qualifications for Accreditation (if seeking renewal of accreditation, go to Part 5.)

- A. Character and fitness. Attach character reference letter(s) and other supporting documentation (see instructions for details).
- B. Provide documentation of the proposed representative's broad knowledge and adequate experience in immigration law, practice, and procedure as provided in the instructions.
- C. If seeking full accreditation, provide documentation demonstrating that the proposed representative possesses the skills essential for effective litigation as provided in the instructions.
- D. The proposed representative must be:
- An employee or volunteer of the organization.
  - **Not** a licensed attorney of any state, possession, territory, or commonwealth of the United States or of the District of Columbia and **not** have resigned while a disciplinary investigation or proceedings is pending.
  - **Not** subject to any order disbaring, suspending, enjoining, restraining, or otherwise restricting him or her in the practice of law or representation before a court or any administrative agency.
  - **Not** convicted of a serious crime anywhere in the world.

## Part 5. Renewal of Accreditation (complete if applicable)

- A. Date of last approval of accreditation \_\_\_\_\_ (Month/Day/Year)  
(Attach copy of last order approving accreditation)
- B. ☐ Check this box **only** if seeking to change accreditation from partial to full accreditation or full to partial accreditation. If seeking full accreditation, submit documentation required by Part 4.C:
- C. By completing this form the organization and representative certifies to the accredited representative's continuing character and fitness to represent others before immigration agencies and that the representative meets the requirements set forth in Part 4.D. Character reference letters and other supporting documentation may be submitted.
- D. Submit documentation demonstrating continuing knowledge of immigration law and procedure and practical accreditation experience. Include an updated resume, evidence of recent education and formal trainings completed, and types of cases personally handled before immigration agencies during the last approved period of accreditation.

## Part 6. Declarations of Authorized Officer and Proposed Representative (complete both)

Under penalty of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. I also attest that the proposed representative is an employee or volunteer of this organization, and to the best of my knowledge and belief, meets the qualifications for accreditation listed in Part 4.

Authorized Officer of Organization

Title of authorized officer

Signature of authorized officer

Printed name of authorized officer

Date

Email/Phone

Under penalty of perjury, I declare that I have reviewed this form regarding my qualifications for accreditation, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. I also attest that: I have the character and fitness and other qualifications for accreditation required to represent others before federal immigration agencies; I am an employee or volunteer of the organization requesting accreditation on my behalf; I am not a licensed attorney in the United States; I have not resigned while a disciplinary investigation or proceeding is pending; I am not subject to any order restricting my practice of law; and I have not been convicted of a serious crime in or outside the jurisdiction of the United States. I consent to publication of my name and findings of misconduct should I become subject to public discipline.

Proposed Representative

Signature of proposed representative

Printed name of proposed representative

## Part 7. Proof of Service on USCIS District Director(s) (attach additional sheets of paper, if necessary)

I, \_\_\_\_\_ (print name), on behalf of \_\_\_\_\_  
(organization), mailed or delivered a copy of this Form EOIR-31A and its attachments to the District Director(s) for USCIS of DHS on \_\_\_\_\_ (Day/Month Year) at the following location(s):

- (1) \_\_\_\_\_
- | Number and Street | City | State | Zip Code |
|-------------------|------|-------|----------|
|-------------------|------|-------|----------|
- (2) \_\_\_\_\_
- | Number and Street | City | State | Zip Code |
|-------------------|------|-------|----------|
|-------------------|------|-------|----------|

Signature