



**Notice of Entry of Appearance
as Attorney or Accredited Representative**

Department of Homeland Security

**DHS
Form G-28**
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

►

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)
2.b. Given Name (First Name)
2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name
3.b. ☐ Apt. ☒ Ste. ☐ Flr.
3.c. City or Town
3.d. State 3.e. ZIP Code
3.f. Province
3.g. Postal Code
3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number
5. Mobile Telephone Number (if any)
6. Email Address (if any)
7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all** applicable items.

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. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box) ☒ am not ☐ 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 **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

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.

2.b. Name of Recognized Organization

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

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

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).

4.b. Name of Law Student or Law Graduate

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
I-131
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
4. Receipt Number (if any)
▶
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
☒ Applicant ☐ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

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

Client's Contact Information

10. Daytime Telephone Number
11. Mobile Telephone Number (if any)
12. Email Address (if any)
None

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
- 13.b. ☒ Apt. ☐ Ste. ☐ Flr.
- 13.c. City or Town
- 13.d. State 13.e. ZIP Code
- 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.

Part 4. Client's Consent to Representation and Signature (continued)

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.

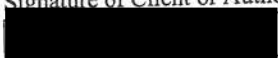
- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☐ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or 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)).

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 me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

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

➡ 

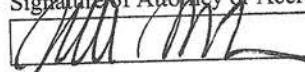
2.b. Date of Signature (mm/dd/yyyy)



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.

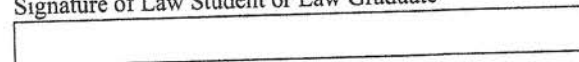
1. a. Signature of Attorney or Accredited Representative



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



2.a. Signature of Law Student or Law Graduate



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



If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d.

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.



Application for Travel Document

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-131

OMB No. 1615-0013

Expires 12/31/2018

For USCIS Use Only	Receipt	Action Block	To Be Completed by an Attorney/ Representative, if any. <input checked="" type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.
	<input type="checkbox"/> Document Hand Delivered By: _____ Date: ____/____/____		
	Document Issued <input type="checkbox"/> Re-entry Permit (Update "Mail To" Section) <input type="checkbox"/> Refugee Travel Document (Update "Mail To" Section) <input type="checkbox"/> Single Advance Parole <input type="checkbox"/> Multiple Advance Parole Valid Until: ____/____/____		
		Mail To (Re-entry & Refugee Only) <input type="checkbox"/> Address in Part 1 <input type="checkbox"/> US Consulate at: _____ <input type="checkbox"/> Intl DHS Ofc at: _____	Attorney State License Number: 6306574

► **Start Here.** Type or Print in Black Ink

Part 1. Information About You

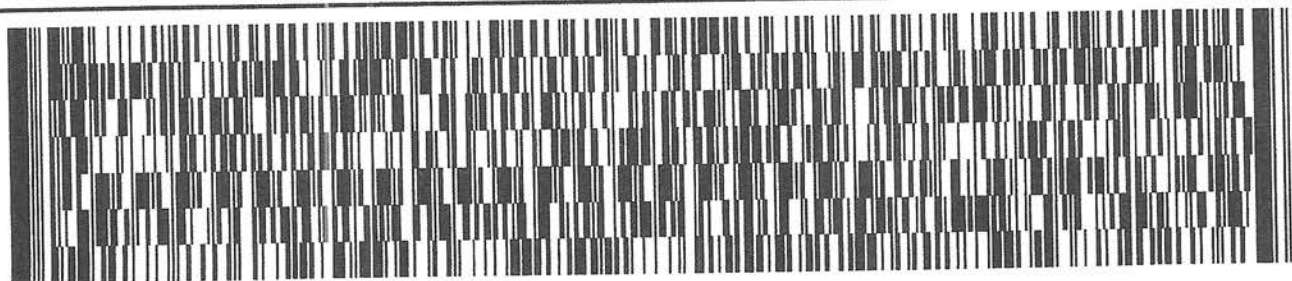
- 1.a. Family Name (Last Name) [REDACTED]
1.b. Given Name (First Name) [REDACTED]
1.c. Middle Name [REDACTED]

Physical Address

- 2.a. In Care of Name [REDACTED]
2.b. Street Number and Name [REDACTED]
2.c. Apt. ☒ Ste. ☐ Flr. ☐ [REDACTED]
2.d. City or Town [REDACTED]
2.e. State [REDACTED] 2.f. ZIP Code [REDACTED]
2.g. Postal Code [REDACTED]
2.h. Province [REDACTED]
2.i. Country USA

Other Information

3. Alien Registration Number (A-Number)
► A- [REDACTED]
4. Country of Birth [REDACTED]
5. Country of Citizenship [REDACTED]
6. Class of Admission
Entry Without Inspection
7. Gender ☒ Male ☐ Female
8. Date of Birth (mm/dd/yyyy) ► [REDACTED]
9. U.S. Social Security Number (if any)
► [REDACTED]



Part 2. Application Type

- 1.a. ☐ I am a permanent resident or conditional resident of the United States, and I am applying for a reentry permit.
- 1.b. ☐ I now hold U.S. refugee or asylee status, and I am applying for a Refugee Travel Document.
- 1.c. ☐ I am a permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.
- 1.d. ☒ I am applying for an Advance Parole Document to allow me to return to the United States after temporary foreign travel.
- 1.e. ☐ I am outside the United States, and I am applying for an Advance Parole Document.
- 1.f. ☐ I am applying for an Advance Parole Document for a person who is outside the United States.

If you checked box "1.f." provide the following information about that person in 2.a. through 2.p.

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

2.d. Date of Birth (mm/dd/yyyy) ▶

2.e. Country of Birth

2.f. Country of Citizenship

2.g. Daytime Phone Number () -

Physical Address (If you checked box 1.f.)

2.h. In Care of Name

2.i. Street Number and Name

2.j. Apt. ☐ Ste. ☐ Flr. ☐

2.k. City or Town

2.l. State 2.m. ZIP Code

2.n. Postal Code

2.o. Province

2.p. Country

Part 3. Processing Information

1. Date of Intended Departure (mm/dd/yyyy) ▶
2. Expected Length of Trip (in days)
- 3.a. Are you, or any person included in this application, now in exclusion, deportation, removal, or rescission proceedings? ☐ Yes ☒ No
- 3.b. If "Yes", Name of DHS office:

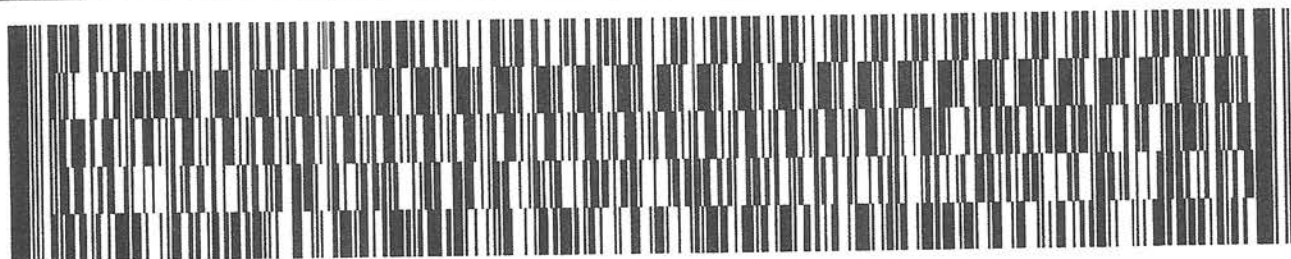
4.a. Have you ever before been issued a reentry permit or Refugee Travel Document? (If "Yes" give the following information for the last document issued to you):

☐ Yes ☒ No

4.b. Date Issued (mm/dd/yyyy) ▶

4.c. Disposition (attached, lost, etc.):

If you are applying for a non-DACA related Advance Parole Document, skip to Part 7; DACA recipients must complete Part 4 before skipping to Part 7.



Part 3. Processing Information (continued)

Where do you want this travel document sent? (Check one)

5. ☒ To the U.S. address shown in Part 1 (2.a through 2.i.) of this form.

6. ☐ To a U.S. Embassy or consulate at:

6.a. City or Town

6.b. Country

7. ☐ To a DHS office overseas at:

7.a. City or Town

7.b. Country

If you checked "6" or "7", where should the notice to pick up the travel document be sent?

8. ☐ To the address shown in Part 2 (2.h. through 2.p.) of this form.

9. ☐ To the address shown in Part 3 (10.a. through 10.i.) of this form.:

10.a. In Care of Name

10.b. Street Number and Name

10.c. Apt. ☐ Ste. ☐ Flr. ☐

10.d. City or Town

10.e. State 10.f. ZIP Code

10.g. Postal Code

10.h. Province

10.i. Country

10.j. Daytime Phone Number () -

Part 4. Information About Your Proposed Travel

1.a. Purpose of trip. (If you need more space, continue on a separate sheet of paper.)

Parole in Place

1.b. List the countries you intend to visit. (If you need more space, continue on a separate sheet of paper.)

Not applicable

Part 5. Complete Only If Applying for a Re-entry Permit

Since becoming a permanent resident of the United States (or during the past 5 years, whichever is less) how much total time have you spent outside the United States?

1.a. ☐ less than 6 months

1.b. ☐ 6 months to 1 year

1.c. ☐ 1 to 2 years

1.d. ☐ 2 to 3 years

1.e. ☐ 3 to 4 years

1.f. ☐ more than 4 years

2. Since you became a permanent resident of the United States, have you ever filed a Federal income tax return as a nonresident or failed to file a Federal income tax return because you considered yourself to be a nonresident? (If "Yes" give details on a separate sheet of paper.)

☐ Yes ☐ No

Part 6. Complete Only If Applying for a Refugee Travel Document

1. Country from which you are a refugee or asylee:

If you answer "Yes" to any of the following questions, you must explain on a separate sheet of paper. Include your Name and A-Number on the top of each sheet.

2. Do you plan to travel to the country named above? ☐ Yes ☐ No

Since you were accorded refugee/asylee status, have you ever:

- 3.a. Returned to the country named above? ☐ Yes ☐ No

- 3.b. Applied for and/or obtained a national passport, passport renewal, or entry permit of that country? ☐ Yes ☐ No

- 3.c. Applied for and/or received any benefit from such country (for example, health insurance benefits)? ☐ Yes ☐ No

Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act:

- 4.a. Reacquired the nationality of the country named above? ☐ Yes ☐ No

- 4.b. Acquired a new nationality? ☐ Yes ☐ No

- 4.c. Been granted refugee or asylee status in any other country? ☐ Yes ☐ No

Part 7. Complete Only If Applying for Advance Parole

On a separate sheet of paper, explain how you qualify for an Advance Parole Document, and what circumstances warrant issuance of advance parole. Include copies of any documents you wish considered. (See instructions.)

1. How many trips do you intend to use this document?
☐ One Trip ☒ More than one trip

If the person intended to receive an Advance Parole Document is outside the United States, provide the location (City or Town and Country) of the U.S. Embassy or consulate or the DHS overseas office that you want us to notify.

- 2.a. City or Town

Person in the US

- 2.b. Country

If the travel document will be delivered to an overseas office, where should the notice to pick up the document be sent?:

3. ☐ To the address shown in Part 2 (2.h. through 2.p.) of this form.
4. ☐ To the address shown in Part 7 (4.a. through 4.i.) of this form.

- 4.a. In Care of Name

- 4.b. Street Number and Name

- 4.c. Apt. ☐ Ste. ☐ Flr. ☐

- 4.d. City or Town

- 4.e. State

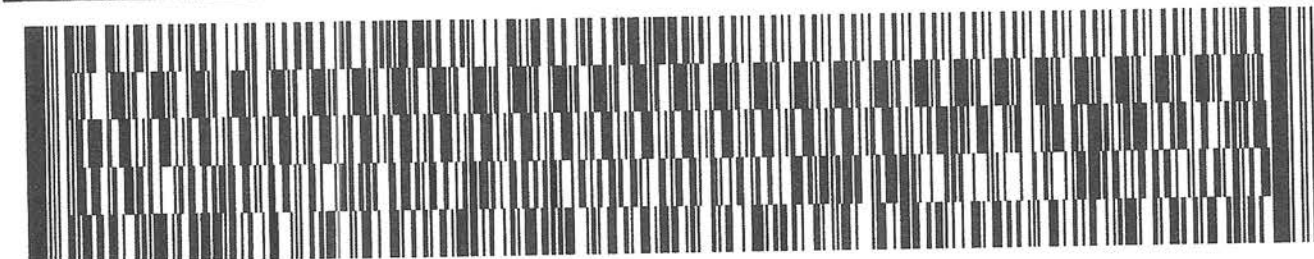
- 4.f. ZIP Code

- 4.g. Postal Code

- 4.h. Province

- 4.i. Country

- 4.j. Daytime Phone Number () -



Part 8. Signature of Applicant (Read the information on penalties in the Form instructions before completing this Part.) If you are filing for a Re-entry Permit or Refugee Travel Document, you must be in the United States to file this application.

- 1.a. I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Sig

1.b. Date of Signature (mm/dd/yyyy) ▶

2. Daytime Phone Number (

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, your application may be denied.

Part 9. Information About Person Who Prepared This Application, If Other Than the Applicant

NOTE: If you are an attorney or representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with this application.

Preparer's Full Name

Provide the following information concerning the preparer:

1.a. Preparer's Family Name (Last Name)

McLean

1.b. Preparer's Given Name (First Name)

William

2. Preparer's Business or Organization Name

Law Office of William G McLean III

Preparer's Mailing Address

3.a. Street Number and Name 401 S LaSalle St

3.b. Apt. ☐ Ste. ☒ Flr. ☐ 801R

3.c. City or Town Chicago

3.d. State IL 3.e. ZIP Code 60605

3.f. Postal Code

3.g. Province

3.h. Country USA

Preparer's Contact Information

4. Preparer's Daytime Phone Number

Extension

(3 1 2) 7 1 4 - 5 6 0 3

5. Preparer's E-mail Address (if any)

mcleanlaw.chicago@gmail.com

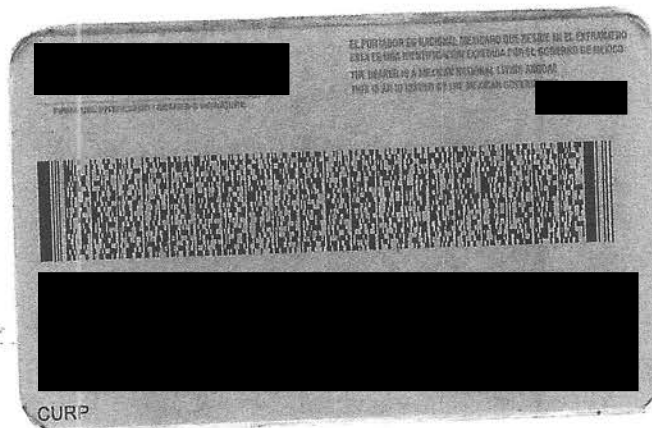
Declaration

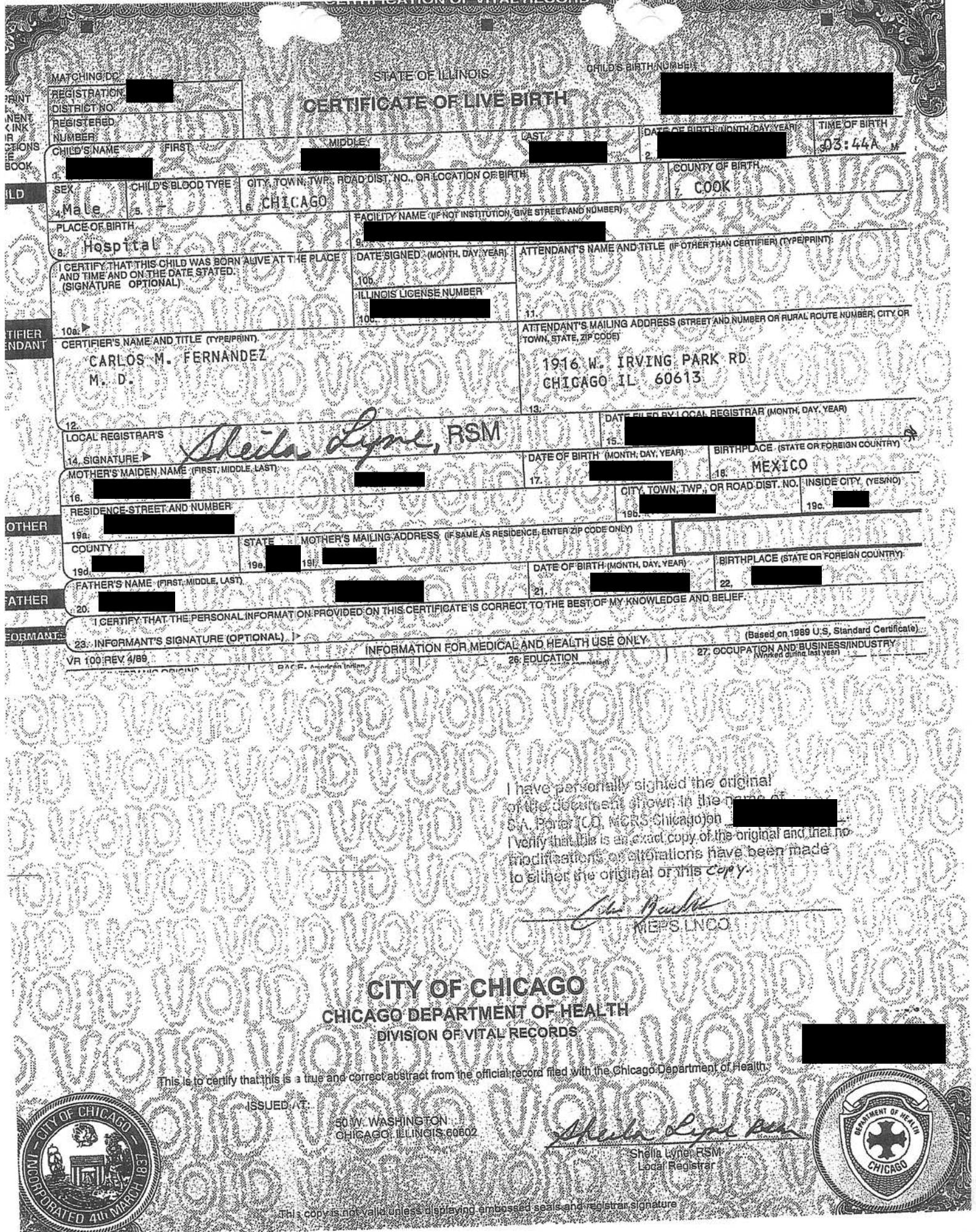
To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this benefit request at the request of the applicant, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.

6.a. Signature of Preparer

6.b. Date of Signature (mm/dd/yyyy) ▶

NOTE: If you require more space to provide any additional information, use a separate sheet of paper. You must include your Name and A-Number on the top of each sheet.





MATCHING DO
REGISTRATION
DISTRICT NO.
REGISTERED
NUMBER

STATE OF ILLINOIS
CERTIFICATE OF LIVE BIRTH

CHILD'S BIRTH NUMBER
[Redacted]

CHILD'S NAME FIRST MIDDLE LAST
[Redacted]
DATE OF BIRTH (MONTH, DAY, YEAR) 2 [Redacted] TIME OF BIRTH 03:44 A.M.
COUNTY OF BIRTH 2 COOK

SEX 4 Male CHILD'S BLOOD TYPE 5 CITY, TOWN, TWP., ROAD, DIST. NO., OR LOCATION OF BIRTH 6 CHICAGO
PLACE OF BIRTH 8 Hospital FACILITY NAME (IF NOT INSTITUTION, GIVE STREET AND NUMBER) 9 [Redacted]
I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED. (SIGNATURE OPTIONAL) 10a [Redacted] DATE SIGNED (MONTH, DAY, YEAR) 10b [Redacted] ATTENDANT'S NAME AND TITLE (IF OTHER THAN CERTIFIER) (TYPE/PRINT) 11 [Redacted]
ILLINOIS LICENSE NUMBER 10c [Redacted] ATTENDANT'S MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP CODE) 13 1916 W. IRVING PARK RD. CHICAGO IL 60613

CERTIFIER'S NAME AND TITLE (TYPE/PRINT) 10a CARLOS M. FERNANDEZ M. D. ATTENDANT'S MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP CODE) 13 1916 W. IRVING PARK RD. CHICAGO IL 60613

LOCAL REGISTRAR'S 12 SHEILA LYNE, RSM DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 15 [Redacted]
SIGNATURE 14 [Redacted] DATE OF BIRTH (MONTH, DAY, YEAR) 17 [Redacted] BIRTHPLACE (STATE OR FOREIGN COUNTRY) 18 MEXICO
MOTHER'S MAIDEN NAME (FIRST, MIDDLE, LAST) 16 [Redacted] CITY, TOWN, TWP., OR ROAD, DIST. NO. 19b [Redacted] INSIDE CITY (YES/NO) 19c [Redacted]

RESIDENCE-STREET AND NUMBER 19a [Redacted] COUNTY 19d [Redacted] STATE 19e [Redacted] MOTHER'S MAILING ADDRESS (IF SAME AS RESIDENCE, ENTER ZIP CODE ONLY) 19f [Redacted]
FATHER'S NAME (FIRST, MIDDLE, LAST) 20 [Redacted] DATE OF BIRTH (MONTH, DAY, YEAR) 21 [Redacted] BIRTHPLACE (STATE OR FOREIGN COUNTRY) 22 [Redacted]

I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
INFORMANT'S SIGNATURE (OPTIONAL) 23 [Redacted] INFORMATION FOR MEDICAL AND HEALTH USE ONLY (Based on 1989 U.S. Standard Certificate)
VR 100/REV 4/89 26 EDUCATION 27 OCCUPATION AND BUSINESS/INDUSTRY (Worked during last year)

I have personally sighted the original of the document shown in the name of [Redacted] S.A. Porter (C.O. MCRS Chicago) and I verify that this is an exact copy of the original and that no modifications or alterations have been made to either the original or this copy.

[Signature]
MEPS LNCO

CITY OF CHICAGO
CHICAGO DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS

This is to certify that this is a true and correct abstract from the official record filed with the Chicago Department of Health.

ISSUED AT:
50 W. WASHINGTON
CHICAGO, ILLINOIS 60602

[Signature]
Sheila Lyne RSM
Local Registrar



Barcode

DoD ID Number

Benefits Number

Geneva Conv. Category

United States Government

AUG2020

Affiliation
**Uniformed
Services**

Agency/Department
Marine Corps

Expires
2020AUG23

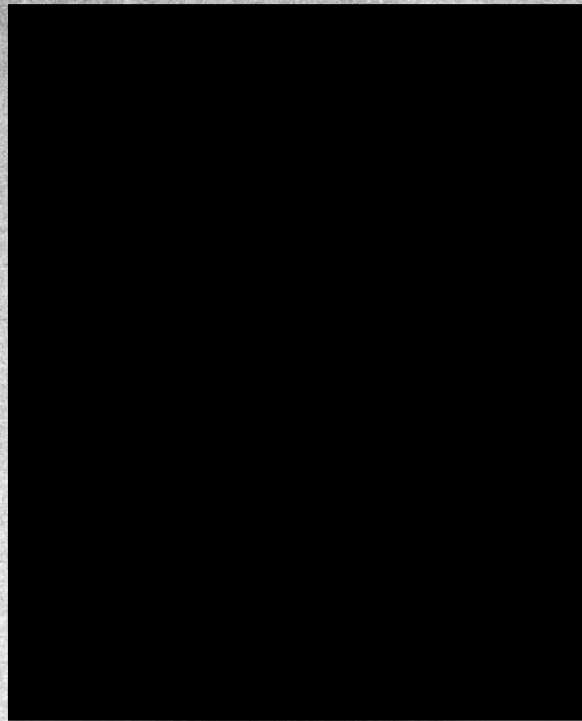
(W)

Pay Grade Rank

Geneva Conventions Identification Card

United States Government

AUG2021



Affiliation

**Uniformed
Services**

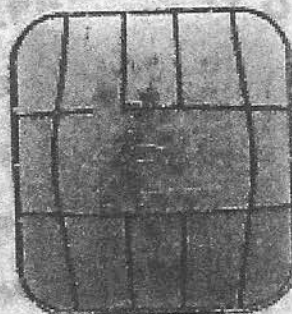
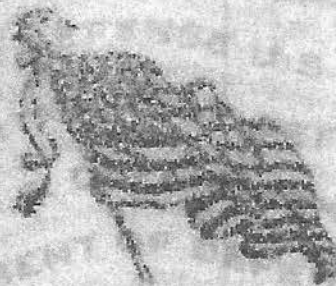
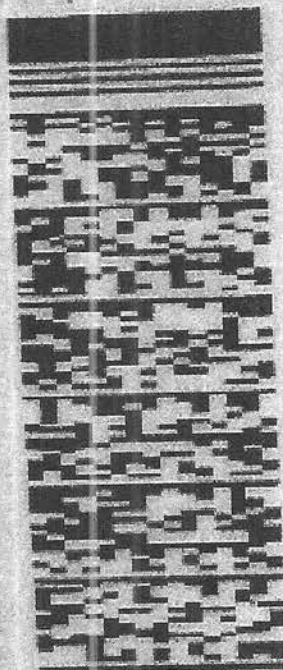
Agency/Department

Marine Corps

Expires

2021AUG20

**CORONEL,
RODRIGO JAVIER**



Rank



Geneva Conventions Identification Card

Oberthur ID One

[REDACTED]

Medical

[REDACTED]

Date of Birth

[REDACTED]

DoD ID Number

[REDACTED]

[REDACTED]

Geneva Conv.
Category I



[REDACTED]