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): Valera

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

2.c. Middle Name: Silvano

Address of Attorney or Accredited Representative

3.a. Street Number and Name: 3900 Jermantown Road

3.b. ☐ Apt. ☒ Ste. ☐ Flr. 100

3.c. City or Town: Fairfax

3.d. State: VA 3.e. ZIP Code: 22030

3.f. Province:

3.g. Postal Code:

3.h. Country: United States

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 703-273-1196

5. Mobile Telephone Number (if any): 703-675-6334

6. Email Address (if any): arnedo@valeralaw.com

7. Fax Number (if any): 703-273-4838

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: United States Supreme Court

1.b. Bar Number (if applicable): 2542488

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, 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): Law Offices of Valera & Associates, PC

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. [X] U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

Immigration Matters

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):

[X] 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) Romero Martinez

6.b. Given Name (First Name) Gaudencio

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- N / A

Client's Contact Information

10. Daytime Telephone Number

(540) 846-4249

11. Mobile Telephone Number (if any)

(540) 846-4249

12. Email Address (if any)

jorge540auto@gmail.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 336 Riverside Manor Blvd.

13.b. [ ] Apt. [ ] Ste. [ ] Flr.

13.c. City or Town Fredericksburg

13.d. State VA **13.e.** ZIP Code 22401

13.f. Province

13.g. Postal Code

13.h. Country

United States

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. [X] 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

➡ Gaudencio Romero

2.b. Date of Signature (mm/dd/yyyy) 03/14/2020

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) 03/14/2020

2.a. Signature of Law Student or Law Graduate

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

Part 6. Additional Information

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.a Family Name (Last Name): Romero Martinez

1.b. Given Name (First Name): Gaudencio

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.

En caso de que el titular de este pasaporte requiera de asistencia o protección del gobierno mexicano, se recomienda que acuda a la representación diplomática o consular mexicana más cercana.

Baja California Sur

EN CASO DE EMERGENCIA NOTIFICAR A/
IN CASE OF AN EMERGENCY PLEASE NOTIFY
EN CAS D'URGENCE, PRIÈRE DE NOTIFIER A

Nombre: _____

Dirección: _____

Entidad Federativa: _____

C.P. _____ Teléfono: _____

DOMICILIO DEL TITULAR / HOLDER'S ADDRESS
ADRESSE DU TITULAIRE

Dirección: _____

Entidad Federativa: _____

C.P. _____ Teléfono: _____

ESTE PASAPORTE ES VÁLIDO PARA TODOS LOS PAÍSES
THIS PASSPORT IS VALID FOR ALL COUNTRIES
CE PASSEPORT EST VALABLE POUR TOUS LES PAYS

PASAPORTE Pasaporte / Passport

15811833

Estados Unidos Mexicanos

Tipo / Type / Catégorie: **P**

Clave del país de expedición / Issuing state code / Code de pays émetteur: **MEX**

Pasaporte No. / Passport No. / Numéro de passeport: **G34440352**

Apellidos / Surname / Nom
ROMERO MARTINEZ

Nombres / Given names / Prénoms
GAUDENCIO

Nacionalidad / Nationality / Nationalité
MEXICANA

Observaciones / Remarks / Observations

Fecha de nacimiento / Date of birth / Date de naissance: **22 01 1981**

CURP / Personal No. / No. personnel: **[illegible]81012HVZMRD08**

Sexo / Sex / Sexe: **M**

Lugar de nacimiento / [illegible]: **JUCHIQUE DE [illegible]RRER, [illegible], MEX**

Fecha de expedición / Issue date / Date de délivrance: **11 10 2019**

Fecha de caducidad / Expiry date / Date d'expiration: **11 10 2022**

Firma del titular / Holder's signature / Signature du titulaire

Autoridad / Authority / Autorité: **WASHINGTON**

P<MEXROMERO<MARTINEZ<<GAUDENCIO<<<<<<<<<<<<<

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