



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) Arnold

2.b. Given Name (First Name) Deuntavious-Decorey

2.c. Middle Name []

Address of Attorney or Accredited Representative

3.a. Street Number and Name c/o []

3.b. [] Apt. [] Ste. [] Flr. []

3.c. City or Town Grand Prairie

3.d. State TX 3.e. ZIP Code 75054

3.f. Province []

3.g. Postal Code []

3.h. Country USA

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. [X] 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 Holy Apostolic Ministries

2.c. Date of Accreditation (mm/dd/yyyy) 05/04/2022

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.

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)

Client's Contact Information

10. Daytime Telephone Number

11. Mobile Telephone Number (if any)

12. Email Address (if any)

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

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

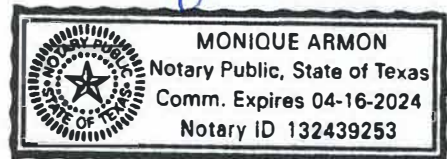
- 2.a. Signature of Client or Authorized Signatory for an Entity
➔ DEUNTAVIOUS DECOREY ARNOLD @
- 2.b. Date of Signature (mm/dd/yyyy) 01/31/2024

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
By: *Deuntavious Decorey Arnold*
: Arnold: Decorey-Deuntavious
1.b. Date of Signature (mm/dd/yyyy) 01/31/2024
- 2.a. Signature of Law Student or Law Graduate
[]
- 2.b. Date of Signature (mm/dd/yyyy) []

Monique Armon





UNITED STATES DISTRICT COURT
DISTRICT OF KANSAS

Pro Se Electronic Notification
Registration Form

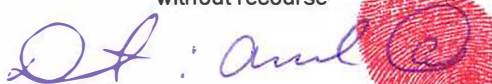
Name: Deuntavious-Decorey: Arnold
Address: c/o [REDACTED]
City: Grand Prairie State: TX Zip: 75054
Phone: 913-333-2034

Internet E-mail Address: andcertifiedadjusters@pm.me

I AM REGISTERING FOR ELECTRONIC NOTIFICATION ONLY*

By registering, I consent to electronic service of all documents. Documents will be sent to the email address provided above. I agree that it is my responsibility to notify the court of any change to my email address and acknowledge that failing to maintain a current email address in the court's records may result in failing to receive documents filed in my case by the court or opposing counsel. I also acknowledge that I will be responsible for any costs incurred if I should choose to print documents that I receive electronically.

02/12/2024
Date

without recourse
By: 
Applicant's Signature
Note: You must sign this form with your original "wet" signature. The "s/ typed name" format is not allowed here.

: Arnold: Decorey-Deuntavious. AGENT

Return this form via hand delivery or U.S. Mail to : Clerk, U.S. District Court
Electronic Filing Registration
259 U.S. Courthouse
500 State Avenue
Kansas City, KS 66101

OR fax completed form to: 913-735-2201

OR email completed form to: ksd_attorney_registration@ksd.uscourts.gov

*If you want to electronically file your documents in addition to receiving electronic notifications, you must complete the electronic filing registration process for non-attorneys through PACER.gov. For complete information, contact Attorney Registration at the phone number or email address above, or visit ksd.uscourts.gov .