# Change of Address/Contact Information Form Board of Immigration Appeals

A-Number:

Executive Office for Immigration Review

Name – Last, First, Middle, Suffix (if applicable):

Instructions: This form is to be used by the parties in proceedings before the Board of Immigration Appeals (BIA). To complete this form, fill out all blanks below, including proof of service, which certifies that you will provide a copy of this form to the Department of Homeland Security (DHS). After filling in the blanks and signing both the declaration and proof of service, you must submit the form to the BIA Clerk's Office electronically, in person, or by mail. If submitting electronically, file in Respondent Portal at <a href="https://respondentaccess.eoir.justice.gov">https://respondentaccess.eoir.justice.gov</a>. Attorneys and fully accredited representatives submitting this form electronically must file in Case Portal at <a href="https://portal.eoir.justice.gov">https://portal.eoir.justice.gov</a>. If submitting by mail, follow the mailing instructions on Page 2. You must submit a separate copy of this form for each individual with an appeal pending before the BIA and whom the change of information affects.

You must file this form with the BIA within five working days of the change to your contact information. The BIA will send all official correspondence (e.g., notices, decisions) to the address you provide. The BIA will only make any change(s) to your contact information in EOIR's records upon receipt of this form; the BIA will not change your contact information based on different information on pleadings, motions, or other communications with the BIA. Note: Attorneys and fully accredited representatives who are representing a respondent before the BIA should not use this form to indicate their own change of address; such changes should instead be reflected on a Form EOIR-27 (Notice of Entry of Appearance as Attorney or Representative Before the Board).

My FORMER address and phone number were:	My CURRENT address and phone number are:
"in care of" other person (if any)	"in care of" other person (if any)
Number; Street; Apartment (if any)	Number; Street; Apartment (if any)
City, State, and ZIP code; Country (if other than U.S.)	City, State, and ZIP code; Country (if other than U.S.)
Phone Number (include country code if other than U.S.)	Phone Number (include country code if other than U.S.)
Email Address	Email Address
SIGN HERE X	nature Date
PROOF OF	SERVICE
,, provided a copy of this Change of Address Form on,	
to the Office of the Principal Legal Advisor for DHS Immigration a	· ,
(Indicate if electronic/email service, or in-person or mail ser By signing, I agree to provide a copy of this Change of Address For Immigration and Customs Enforcement-ICE at the location I selecte electronically through the DHS eService portal (register at	

Form EOIR-33/BIA Rev. Nov. 2024 Exp. Nov. 2027

## **SERVICE INSTRUCTIONS**

- 1. Provide a copy of the completed form to the DHS ICE Office of the Principal Legal Advisor (OPLA) per the method you specified in the PROOF OF SERVICE above. Copies provided electronically can be done through DHS ICE eService Portal, located at <a href="https://eserviceregistration.ice.gov">https://eserviceregistration.ice.gov</a> Addresses for DHS ICE OPLA Field Locations where copies can be mailed or delivered in-person are available online at <a href="https://www.ice.gov/contact/legal">https://www.ice.gov/contact/legal</a>. Failure to comply with these requirements may result in EOIR rejecting the filing.
- 2. To mail the form to the Board of Immigration Appeals, fold the page at the dotted lines marked "Fold Here" so that the address is visible. (**Important**: Ensure the address section is visible after you fold the page.)
- 3. Staple, or otherwise secure, the folded form along the open end marked "Fasten Here."
- 4. Place appropriate postage stamp in the area marked "Place Stamp Here."
- 5. Write your return address in the area marked "PUT YOUR ADDRESS HERE."
- 6. Mail the original form to the Board of Immigration Appeals.

Fold Here	
PUT YOUR ADDRESS HERE	
	Place Stamp
	Here

# **U.S. Department of Justice**

Executive Office for Immigration Review Board of Immigration Appeals Clerk's Office 5107 Leesburg Pike, Suite 2000 Falls Church, VA 22041

## Fold Here

### **Privacy Act Notice**

The information on this form is required by 8 U.S.C. § 1229(a)(1)(F)(ii) and 8 C.F.R § 1003.15(d)(2) in order to notify EOIR's Board of Immigration Appeals of any change(s) of address or phone number. The information you provide is mandatory. Failure to provide the requested information limits the notification you will receive and may result in adverse consequences noted above. EOIR may share this information with others in accordance with approved routine uses described in EOIR's system of records notice EOIR–001, Records and Management Information System, and EOIR-003, Practitioner Complaint-Disciplinary Files.

#### **Paperwork Reduction Act Notice**

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The estimated average time to complete this form is five (5) minutes. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Executive Office for Immigration Review, Office of the General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, VA 22041, or EOIR.PRA.Comments@usdoj.gov.

