U.S. Department of Justice
Executive Office for Immigration Review
Board of Immigration Appeals

OMB# 1125-0002

Notice of Appeal from a Decision of an Immigration Judge

Staple Check or Money Order Here. Include Name(s) and "A" Number(s) on the face of the check or money order.

1. List Name(s) and "A" Number(s) of all Respondent(s)/Applicant(s):

For Official Use Only

WARNING: Names and "A" Numbers of **everyone** appealing the Immigration Judge's decision must be written in item #1. The names and "A" numbers listed will be the only ones considered to be the subjects of the appeal.

2. I am ☐ the Respondent/Applicant ☐ DHS-ICE *(Mark only one box.)*

3. I am ☐ DETAINED ☐ NOT DETAINED *(Mark only one box.)*

4. My last hearing was at _____ *(Location, City, State)*

5. **What decision are you appealing?**

Mark only one box below. If you want to appeal more than one decision, you must use more than one Notice of Appeal (Form EOIR-26).

☐ I am filing an appeal from the Immigration Judge's decision *in **merits** proceedings* (example: removal, deportation, exclusion, asylum, etc.) dated_____.

☐ I am filing an appeal from the Immigration Judge's decision *in **bond** proceedings* dated _____. (For DHS use only: Did DHS invoke the automatic stay provision before the Immigration Court? ☐ Yes. ☐ No.)

☐ I am filing an appeal from the Immigration Judge's decision ***denying a motion to reopen or a motion to reconsider*** dated_____.

(Please attach a copy of the Immigration Judge's decision that you are appealing.)

Form EOIR-26
Rev. Nov. 2022
Exp. Jan. 2026

6. **State in detail the reason(s) for this appeal. Please refer to the General Instructions at item F for further guidance. You are not limited to the space provided below; use more sheets of paper if necessary. Write your name(s) and "A" number(s) on every sheet.**

(Attach additional sheets if necessary)

WARNING: You must clearly explain the specific facts and law on which you base your appeal of the Immigration Judge's decision. The Board may summarily dismiss your appeal if it cannot tell from this Notice of Appeal, or any statements attached to this Notice of Appeal, why you are appealing.

7. Do you desire oral argument before the Board of Immigration Appeals? ☐ Yes ☐ No

8. Do you intend to file a separate written brief or statement after filing this Notice of Appeal? ☐ Yes ☐ No

9. If you are unrepresented, do you give consent to the BIA Pro Bono Project to have your case screened by the Project for potential placement with a free attorney or accredited representative, which may include sharing a summary of your case with potential attorneys and accredited representatives? *(There is no guarantee that your case will be accepted for placement or that an attorney or accredited representative will accept your case for representation)* ☐ Yes ☐ No

WARNING: If you mark "Yes" in item #7, you should also include in your statement above why you believe your case warrants review by a three-member panel. The Board ordinarily will not grant a request for oral argument unless you also file a brief.

If you mark "Yes" in item #8, you will be expected to file a written brief or statement after you receive a briefing schedule from the Board. The Board may summarily dismiss your appeal if you do not file a brief or statement within the time set in the briefing schedule.

10. **Print Name:** _____

11. **Sign Here:** **X** _____ _____

Signature of Person Appealing
(or attorney or representative)

Date

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12.

Mailing Address of Respondent(s)/Applicant(s)	Mailing Address of Attorney or Representative for the Respondent(s)/Applicant(s)
_____ (Name)	_____ (Name)
_____ (Street Address)	_____ (Street Address)
_____ (Apartment or Room Number)	_____ (Suite or Room Number)
_____ (City, State, Zip Code)	_____ (City, State, Zip Code)
_____ (Telephone Number)	_____ (Telephone Number)

NOTE: You must notify the Board within five (5) working days if you move to a new address or change your telephone number. You must use the Change of Address Form/Board of Immigration Appeals (Form EOIR-33/BIA).

NOTE: If an attorney or representative signs this appeal for you, he or she must file *with this appeal*, a Notice of Entry of Appearance as Attorney or Representative Before the Board of Immigration Appeals (Form EOIR-27).

13.

PROOF OF SERVICE (You Must Complete This)

I _____ (Name) mailed or delivered a copy of this Notice of Appeal

on _____ (Date) to _____ (Opposing Party)

at _____ (Number and Street, City, State, Zip Code)

☐ No service needed. I electronically filed this document, and the opposing party is participating in ECAS.

SIGN HERE ➔ **X** _____ Signature

NOTE: If you are the Respondent or Applicant, the "Opposing Party" is the Assistant Chief Counsel of DHS - ICE.

WARNING: If you do not complete this section properly, your appeal will be rejected or dismissed.

WARNING: If you do not attach the fee payment receipt, fee, or a completed Fee Waiver Request (Form EOIR-26A) to this appeal, your appeal may be rejected or dismissed.

HAVE YOU?

- ☐ Read all of the General Instructions.
- ☐ Provided all of the requested information.
- ☐ Completed this form in English.
- ☐ Provided a certified English translation for all non-English attachments.
- ☐ Signed the form.
- ☐ Served a copy of this form and all attachments on the opposing party, if applicable.
- ☐ Completed and signed the Proof of Service
- ☐ Attached the required fee payment receipt, fee, or Fee Waiver Request.
- ☐ If represented by attorney or representative, attach a completed and signed EOIR-27 for each respondent or applicant.