

**Instructions:** To complete this form, fill out all blanks below, including proof of service, which certifies that you have provided 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 in person at the BIA Clerk's Office or by mail. If submitting the form by mail, follow the mailing instructions on page two. You must submit a separate copy of this form for each individual with an appeal pending before the Board of Immigration Appeals (BIA) and whom the change of address or phone number affects.

You must file this form with the BIA within five working days of the change to your address or phone number, or your receipt of a charging document (e.g., a Notice to Appear) with incorrect 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 address and phone number in EOIR's records upon receipt of this form; the BIA will not change your address or phone number based on a different address or phone number on pleadings, motions, or other communications with the BIA. *Note:* Attorneys and fully accredited representatives who are representing an alien 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).

Name (Last, First, Middle): _____	Alien Registration Number: _____
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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	_____ Phone Number

I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that I am the person named above associated with the alien registration number listed above, and that the information contained in this form is true and correct to the best of my knowledge.

<b>SIGN HERE →</b>	X _____ Signature	_____ Date
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**PROOF OF SERVICE**

I, \_\_\_\_\_, mailed or delivered a copy of this Change of Address Form on, \_\_\_\_\_,  
(Name) (date)  
to the Office of the Chief Counsel for DHS, Immigration and Customs Enforcement-ICE, located at: \_\_\_\_\_  
\_\_\_\_\_  
(Number and Street, City, State, Zip Code)

<b>SIGN HERE →</b>	X _____ Signature
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## MAILING INSTRUCTIONS

1. Mail or deliver a copy of the completed form to the DHS-ICE Office of the Chief Counsel at the address you inserted in the PROOF OF SERVICE above.
2. 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

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**PUT YOUR ADDRESS HERE**

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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

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### 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.

Fasten Here