

Change of Address/Contact Information Form Immigration Court

Executive Office for Immigration Review

Instructions: 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 electronically, in person, or by mail. If submitting electronically, file in Respondent Portal at <https://respondentaccess.eoir.justice.gov>. Attorneys and fully accredited representatives submitting this form electronically must file in Case Portal at <https://portal.eoir.justice.gov>. If submitting by mail, follow the mailing instructions on Page 2. You must submit a separate copy of this form for each individual who has a case pending in immigration court and whom the change of information affects.

You must file this form with the immigration court within five working days of the change to your contact information, or your receipt of a charging document (e.g., a Notice to Appear) with incorrect contact information. The immigration court will send all official correspondence (e.g., notices, decisions) to the address you provide. The immigration court will only make any change(s) to your contact information in EOIR’s records upon receipt of this form; the immigration court will not change your contact information based on different information on pleadings, motions, or other communications with the court.

If you fail to appear at any hearing before an immigration judge when notice of that hearing or other official correspondence was served on you or sent to the address you provided, DHS may take you into custody. In addition, the immigration court may conduct your hearing in your absence and enter an order of removal, deportation, or exclusion against you. If the court enters such an order, you may be ineligible for certain forms of relief from removal under the Immigration and Nationality Act as follows:

- If you are in *removal* proceedings: You will be subject to an order of removal for a period of ten years after the date of entry of the final order. You may also become ineligible for voluntary departure, cancellation of removal, and adjustment of status or change of status.
- If you are in *deportation* proceedings: You will be subject to an order of deportation for a period of five years after the date of the entry of the final order. You may also become ineligible for voluntary departure, suspension of deportation or voluntary departure, and adjustment of status or change of status.
- If you are in *exclusion* proceedings: Your application for admission to the United States may be considered withdrawn.

| | |
|---|-----------|
| Name – Last, First, Middle, Suffix (if applicable): | A-Number: |
|---|-----------|

| My FORMER address and phone number were: |
|---|
| “in care of” other person (if any) |
| Number; Street; Apartment (if any) |
| City, State, and ZIP code; Country (if other than U.S.) |
| Phone Number (include country code if other than U.S.) |
| Email Address |

| My CURRENT address and phone number are: |
|---|
| “in care of” other person (if any) |
| Number; Street; Apartment (if any) |
| City, State, and ZIP code; Country (if other than U.S.) |
| Phone Number (include country code if other than U.S.) |
| Email Address |

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

| | | |
|------------------|-----------|------|
| SIGN HERE | X | Date |
| | Signature | |

PROOF OF SERVICE

I, _____, provided a copy of this Change of Address Form on, _____ to the
(Name) (date)
to the Office of the Principal Legal Advisor for DHS Immigration and Customs Enforcement-ICE at:

(Indicate if electronic/email service, or in-person or mail service (provide Number and Street, City, State, ZIP Code))

By signing, I agree to provide a copy of this Change of Address Form to the Office of the Principal Legal Advisor for DHS Immigration and Customs Enforcement-ICE at the location I selected above. I understand that I can provide DHS with a copy either electronically through the DHS eService portal (register at <https://eserviceregistration.ice.gov>), or by mail or personal delivery.

No service needed. I am an ECAS-registered user who filed through the ECAS Case Portal.

| | | |
|------------------|-----------|--|
| SIGN HERE | X | |
| | Signature | |

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 <https://eserviceregistration.ice.gov>. Addresses for DHS ICE OPLA Field Locations where copies can be mailed or delivered in-person are available online at <https://www.ice.gov/contact/legal>. Failure to comply with these requirements may result in EOIR rejecting the filing.
2. To mail the form to the immigration court, 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 immigration court.

Fold Here

PUT YOUR ADDRESS HERE

Place
Stamp
Here

U.S. Department of Justice
Executive Office for Immigration Review
Immigration Court

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 immigration court 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