

**Notice of Appeal to the Board of Immigration Appeals from a Decision of a DHS Officer**

**WHERE TO FILE THIS APPEAL:**

**Do not file this directly with the Board of Immigration Appeals.**

This Notice of Appeal must be filed with the Department of Homeland Security (DHS) within 30 calendar days after service of the decision of the DHS Officer. Please read the complete instructions on the back of this form.

**1. Choose one of the boxes:**

I am filing an appeal from a decision of a DHS Officer:

(e.g., Visa Petition (I-130) decision):

Name of Beneficiary:

A-Number, if any, of Beneficiary:

Petition Form Number:

**Fee Stamp (Official Use Only)**

I am filing a different type of appeal from a decision of a DHS Officer (e.g., carrier and fine decision, INA 212(d)(3)(A)(ii) waiver decision):

Name:

A-Number, if any:

Carrier and fine number:

Any other relevant information:

**2. I hereby appeal to the Board of Immigration Appeals from the decision of the**

\_\_\_\_\_ issued by \_\_\_\_\_,  
*(Title of DHS Officer)* *(Office Where DHS Decision was Issued)*

dated \_\_\_\_\_ in the above titled case.  
*(Date of DHS Decision)*

**3. Specify reasons for this appeal and continue on separate sheets if necessary. Please refer to Instruction #2 for further guidance. *Warning: If the factual or legal basis for the appeal is not sufficiently described, the appeal may be summarily dismissed.***

**4. Do you desire oral argument before the Board of Immigration Appeals?**  Yes  No

**5. Do you intend to file a separate written brief or statement after filing this Notice of Appeal?**  
*Warning: If you indicate "yes" and fail to do so the appeal may be summarily dismissed. Please refer to the Instructions for further information.*  Yes  No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Appellant/Petitioner (or Attorney or Representative)

\_\_\_\_\_  
*(Print or Type Name)*

\_\_\_\_\_  
*Address (Number, Street, City, State, Zip Code)*

## GENERAL INSTRUCTIONS

### (Please read carefully before completing and filing Form EOIR-29)

1. **General Information.** You are the “appellant” if you are filing an appeal from a decision of a DHS Officer. The Notice of Appeal (Form EOIR-29) asks for specific details about the underlying application you filed with DHS. Please refer to the decision of the DHS Officer for specific appeal instructions and for the requested details about the underlying application you filed with DHS.
2. **Filing.** You must file this Notice of Appeal with the Department of Homeland Security (DHS), U.S. Citizenship and Immigration Services (USCIS), or U.S. Customs and Border Protection (CBP). If the decision was handed to you by a DHS Officer, you must file this Notice of Appeal within 30 calendar days. If the decision was mailed to you by DHS, this Notice of Appeal must be received within 30 calendar days from the date the decision was mailed to you. Follow the instructions included with the decision. Do not send this Notice of Appeal directly to the Board of Immigration Appeals (Board).
3. **Review.** Most appeals are reviewed by a single Board Member. If you assert that your appeal warrants review by a three-Board Member panel, you may identify the specific factual or legal basis for your contention.

Cases will be reviewed by a three-member panel only if the case presents one of these circumstances:

- The need to establish a precedent construing the meaning of laws, regulations, or procedures;
- The need to review a decision by DHS that is not in conformity with the law or with applicable precedents;
- The need to resolve a case or controversy of major national import; or,
- The need to reverse the decision of DHS, other than a reversal under 8 C.F.R § 1003.1(e)(5).

4. **Fees.** A fee of one hundred and ten U.S. dollars (\$110.00) must be paid for filing this appeal. It cannot be refunded regardless of the action taken on the appeal. **All fees must be submitted in the exact amount. Do not mail cash.** Payment by bank drafts, cashier’s checks, certified checks, personal checks, and money orders must be drawn on U.S. financial institutions and payable in U.S. funds. If you live in the United States or its territories, make the check or money order payable to U.S. Department of Homeland Security (not “USDHS” or “DHS”). If you live outside the United States or its territories, and are filing your application or petition where you live, contact the nearest U.S. Embassy or consulate for instructions on the method of payment. When a check is drawn on the account of a person other than the appellant, the name of the appellant must be entered on the face of the check. Personal checks are accepted subject to collectability. If you are filing your form at a USCIS Lockbox facility, you have the option to pay for your form filing fees using a credit card. Please see Form G-1450, Authorization for Credit Card Transactions, at <https://www.uscis.gov/g-1450> for more information. Payment that is uncollectable does not satisfy a fee requirement and may result in the rejection of the appeal.

5. **Counsel.** An appellant may be represented, at no expense to the Government, by an attorney or other duly authorized representative. Only the petitioner, or a self-petitioner, may appeal the denial of a visa petition by DHS. An attorney or authorized representative must file a separate notice of appearance on behalf of the petitioner (Form EOIR-27) with this Notice of Appeal. In presenting and prosecuting this appeal, DHS may be represented by appropriate counsel.
6. **Briefs.** Briefs, if desired, are filed with DHS, at the same office as the Notice of Appeal (Form EOIR-29) and within the time frame specified by DHS. See 8 C.F.R § 1003.3(c)(2).
7. **Oral Argument.** The Board will consider every case on the record submitted, whether or not oral arguments are presented. Oral argument may be requested. If approved, you will be notified.
8. **Summary Dismissal of Appeal.** The Board may summarily dismiss any appeal or portion of any appeal in which:  
(1) The appellant fails to specify the reasons for the appeal;  
(2) The only reason specified by the appellant for his/her appeal involves a finding of fact or conclusion of law which was conceded by him/her at a prior proceeding;  
(3) The appeal is from an order that granted the appellant the relief that had been requested;  
(4) The appeal is filed for an improper purpose, such as to cause unnecessary delay, or lacks an arguable basis in fact or law, unless the Board determines that it is supported by a good faith argument for extension, modification, or reversal of existing law;  
(5) The appellant indicates on Form EOIR-29 that he/she will file a separate brief or statement in support of the appeal and, thereafter, does not file such brief or statement, or reasonably explain his/her failure to do so, within the time set for filing;  
(6) The appeal does not fall within the Board’s jurisdiction;  
(7) The appeal is untimely or barred by an affirmative waiver of the right to appeal that is clear on the record; or  
(8) The appeal fails to meet essential statutory or regulatory requirements or is expressly excluded by statute or regulation.
9. **Privacy Act Notice.** The information requested on this form is authorized by 8 C.F.R § 1003.3(a)(2) in order to appeal a decision of a DHS officer. The information you provide is mandatory and required to file an appeal. Failure to provide the requested information may result in rejection of your appeal. EOIR may share this information with others in accordance with approved routine uses described in EOIR’s system of records notices, EOIR-001, Records and Management Information System, 69 Fed. Reg. 26,179 (May 11, 2004), and EOIR-003, Practitioner Complaint-Disciplinary Files, 64 Fed. Reg. 49237 (September 1999), or their successors.

**For further guidance please see the Board of Immigration Appeals *Practice Manual* which is available on the EOIR website at [www.justice.gov/eoir](http://www.justice.gov/eoir).**

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete this form is thirty (30) 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, Virginia 22041.