

**Section 1. Complete This Section if Filing for O or P Classification**

**Q-1 Extraordinary achievement in motion pictures or television:**

Name of Labor Organization

Daytime Telephone # (Area/Country Code)

Complete Address

Date Sent (mm/dd/yyyy)

Name of Management Organization

Daytime Telephone # (Area/Country Code)

Complete Address

Date sent (mm/dd/yyyy)

**Q-2 or P alien:**

Name of Labor Organization

Daytime Telephone # (Area/Country Code)

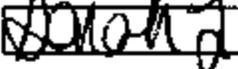
Complete Address

Date Sent (mm/dd/yyyy)

**Section 2. Statement by the Petitioner**

I certify that I, the petitioner, and the employer whose offer of employment formed the basis of status (if different from the petitioner) will be jointly and severally liable for the reasonable costs of return transportation of the beneficiary abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

Signature of Petitioner

Date (mm/dd/yyyy)

02/17/2012

Print or Type Name

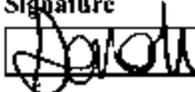
Sarah 

**Part 7. Signature** *Read the information on penalties in the instructions before completing this section.*

I certify, under penalty of perjury that this petition and the evidence submitted with it are true and correct to the best of my knowledge. I authorize the release of any information from my records, or from the petitioning organization's records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that supporting evidence submitted may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

Signature

Daytime Phone Number (Area/Country Code)

(917) 855-3363

Print Name

Sarah 

Date (mm/dd/yyyy)

02/17/2012

**NOTE:** If you do not completely fill out this form and the required supplement, or fail to submit required documents listed in the instructions, the person(s) filed for may not be found eligible for the requested benefit and this petition may be denied.

**Part 8. Signature of Person Preparing Form, If Other Than Above**

I declare that I prepared this petition at the request of the above person and I certify that it is true and correct to the best of my knowledge.

Signature



Daytime Phone Number (Area/Country Code)



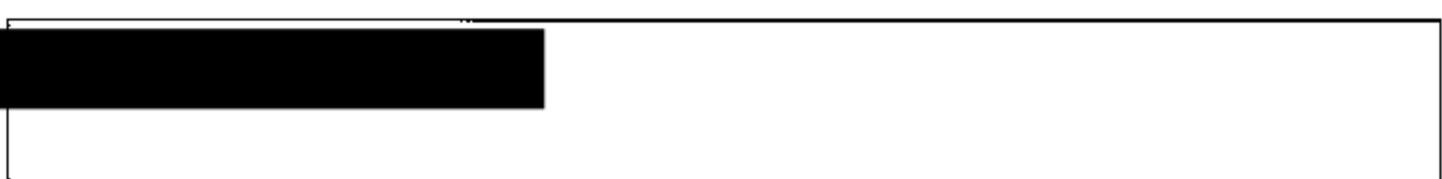
Print Name

Davis Wood

Date (mm/dd/yyyy)



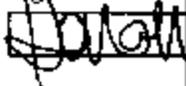
Firm Name and Address



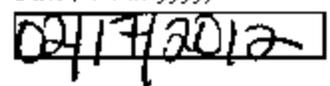
**Part 9. Explanation Page**

[Empty explanation area]

Signature

  \_\_\_\_\_

Date (mm/dd/yyyy)



Print Name

Sarah  \_\_\_\_\_

**G-28, Notice of Entry of Appearance  
as Attorney or Accredited Representative**

Department of Homeland Security

**Part 1. Notice of Appearance as Attorney or Accredited Representative**

**A. This appearance is in regard to immigration matters before:**

- USCIS - List the form number(s): I-129  CBP - List the specific matter in which appearance is entered:  
 ICE - List the specific matter in which appearance is entered: \_\_\_\_\_

**B. I hereby enter my appearance as attorney or accredited representative at the request of:**

List Petitioner, Applicant, or Respondent. **NOTE:** Provide the mailing address of Petitioner, Applicant, or Respondent being represented, and not the address of the attorney or accredited representative, except when filed under VAWA.

<b>Principal Petitioner, Applicant, or Respondent</b>				A Number or Receipt Number, if any	<input type="checkbox"/> Petitioner
Name: Last First Middle					<input type="checkbox"/> Applicant
Address: Street Number and Street Name Apt. No. City State Zip Code					
301 E 66th Street 14G New York NY 10065					

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, USCBP, or USICE.

Signature of Petitioner, Applicant, or Respondent: [Signature] Date: 2/17/12

**Part 2. Information about Attorney or Accredited Representative (Check applicable item(s) below)**

- A.  I am an attorney and a member in good standing of the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia: New York/D.C./ Virginia  
 I am not  or  am subject to any order of any court or administrative agency disbarring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law (If you are subject to any order(s), explain fully on reverse side).
- B.  I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 1292.2. Provide name of organization and expiration date of accreditation:
- C.  I am associated with \_\_\_\_\_  
 The attorney or accredited representative of record previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request (If you check this item, also complete item A or B above in Part 2, whichever is appropriate).

**Part 3. Name and Signature of Attorney or Accredited Representative**

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

Name of Attorney or Accredited Representative	Attorney Bar Number(s), if any
Edward J. Cuccia/Michael J. Campise	
Signature of Attorney or Accredited Representative	Date
Complete Address of Attorney or Organization of Accredited Representative (Street Number and Street Name, Suite No., City, State, Zip Code)	
Ferro & Cuccia _____	
Phone Number (include area code)	Fax Number, if any (include area code)
_____	_____
E-Mail Address, if any	
_____	