U.S. Department of Justice

Executive Office for Immigration Review

OMB# 1125-0022

Change of Address/Contact Information Form
Board of Immigration Appeals

Instructions: This form is to be used by the parties in proceedings before the Board of Immigration Appeals (BIA). 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 to the BIA Clerk's Office 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 with an appeal pending before the BIA and whom the change of information affects.

You must file this form with the BIA within five working days of the change to your 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 contact information in EOIR's records upon receipt of this form; the BIA will not change your contact information based on different information on pleadings, motions, or other communications with the BIA. Note: Attorneys and fully accredited representatives who are representing a respondent 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, Suffix (if applicable):	A-Number:
Joao Lucas Rocha Silveira	220-350-514

My FORMER address and phone number were:	My CURRENT address and phone number are:
Number; Street; Apartment (if any) 602 Main Street	Number; Street; Apartment (if any) 2378 S Barton Ave
City, State, and ZIP code; Country (if other than U.S.) Pittsburgh, PA 15202	City, State, and ZIP code; Country (if other than U.S.) Inverness, FL 34450
Phone Number (include country code if other than U.S.) N/A	Phone Number (include country code if other than U.S.) (912) 736-0009
Email Address N/A	Email Address grazielajiacinti@gmail.com

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 Joao Lucas Rocha Silveira (Signature) 05/25/2026 (Date)

PROOF OF SERVICE

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

N/A

(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)