

Part 1. Organization Contact Information

Organization Name Orpe Human Rights Advocates, Inc

Check this box if your organization's name has officially changed. See Form Instructions.

Other Name(s) Used _____

Physical Address (where organization provides immigration legal services)

5457 Twin Knolls Rd	Suite 300	Columbia	MD	21045
Number and Street	Suite Number	City	State	Zip Code

Mailing Address (if different than address above)

Same

Number and Street	Suite Number	City	State	Zip Code
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Telephone 410-588-0818 Email admin@orpe.org Website www.orpe.org

Check this box if your organization's contact information has changed. See Form Instructions.

Part 2. Type(s) of Recognition Requested (check all that apply)

Initial Recognition Complete Parts 1-4, 6, 8, 9

What organization name(s) has your organization or Authorized Officer previously applied under?

Orpe Human Rights Advocates

Prior disapproval or termination date (if applicable): 10/27/2017 (Month/Day/Year)

Renewal of Recognition Complete Parts 1, 2, 4-6, 8, 9; to report updates, complete Part 3.

Recognition expiration date: _____ (Month/Day/Year)

Extension of Recognition Complete Parts 1, 2, 7-9; to report updates, complete Part 3.

Number of offices for which requesting extension of recognition (excluding headquarters): _____

Part 3. Information About Organization

Does your organization have current non-profit status? No Yes Attach proof from appropriate state agency

Is your organization a religious, charitable, social service, or similar organization?

No Yes Attach organizing documents, including statement of mission or purpose

Does your organization provide immigration legal services? No Attach description of services to be provided

Yes Attach description of services provided

Does your organization serve primarily low-income and indigent clients? No Yes

Does your organization charge fees? No Yes Attach fee schedule and fee waiver/reduction policy

Is your organization a federal tax-exempt organization? No Attach proof of pending IRS application

Yes Attach proof of currently valid tax-exempt status

Part 4. Information About Organization's Immigration Law Practice

Attach the following documents:

- Immigration budget for current year and prior year
- Description of the legal resources to which your organization has access
- Organizational chart identifying names and titles of immigration legal staff and supervisors at all locations

Does your organization have on staff any attorney(s) licensed in the United States and in good standing?

- No Yes *Attach description of qualifications, experience, and breadth of immigration knowledge*

Does your organization have any formal agreement(s) to consult with and/or receive technical legal support from private counsel, Recognized Organizations, or other qualified sources?

- No
- Yes *Attach* *All agreements; and*
 Description of other party's qualifications, experience, and breadth of immigration knowledge

Part 5. Renewal of Recognition

Attach the following documents:

- Fee Schedules** *Include any versions used since last recognition*
- Annual Summaries** *Include one for each calendar year since last recognition*
- Federal Tax-Exempt Status** *If your tax-exempt status is based on a larger entity's group ruling, provide evidence of current tax-exempt status*

Has your organization experienced any changes since last being recognized that might affect your recognition eligibility? No Yes *Attach description and supporting documentation*

Part 6. Information About Organization's Accredited Representative(s)

Number of accreditation applications (Form EOIR-31A) concurrently submitted, if applicable: 2

Name(s) of applicant(s) for accreditation: 1) Edward T. Moises ; 2) Zora E. Moses

If renewing recognition, list name(s) of current Accredited Representative(s) or indicate "none": *(attach additional sheets if necessary)* _____

Part 7. Extension of Recognition

(If more than one office, attach additional sheets of paper with the information contained below.)

Extension Office Name _____

Physical Address (where organization provides immigration legal services)

Number and Street City State Zip Code

Mailing Address (if different than address above)

Number and Street City State Zip Code

Telephone _____ Email _____ Website _____

Attach documentation and/or a narrative that demonstrates each of the following:

- Frequency with which Organization in Part 1 conducts inspections of proposed Extension Office
- Joint operations
- Joint management structure
- Joint funding sources and financial oversight
- Extension Office has access to the same legal resources as the Organization in Part 1

Part 8. Declaration of Authorized Officer

Under penalty of perjury, I attest that:

- I am the Authorized Officer of Orpe Human Rights Advocates
(organization); *see Form Instructions for who qualifies to be an Authorized Officer*
- I have examined this form, including the accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete;
- The Organization and its Extension Offices, if any, will provide immigration legal services primarily to low-income and indigent clients;
- The Organization will conduct regular inspections of its Extension Offices, if any;
- The Organization will supervise its Accredited Representatives at all recognized locations; and
- I consent to the publication of the Organization's name and findings of misconduct should the Organization become subject to public discipline.

Debra S. Reece
Signature of Authorized Officer

06/09/2021
Date

Debra S. Reece
Printed Name of Authorized Officer

410-588-0818
Phone Number

Chief Operating Officer
Title of Authorized Officer

dreece@orpe.org
Email Address

Part 9. Proof of Service on USCIS District Director(s) (attach additional sheets of paper as necessary)

I, Debra S Reece, on behalf of the organization, Orpe Human Rights Advocates, mailed or delivered a copy of this Form EOIR-31 and its attachments on 09/2021 (month/day/year) to:

(1) USCIS District Director
USCIS District Office
2675 Prospeity Avenue. MS2480 Fairfax VA 20598
Number and Street City State Zip Code

(2) Baltimore District Office
USCIS District Office
3701 Koppers Street Baltimore MD 21227
Number and Street City State Zip Code

Debra S. Reece
Signature