

**Part 1. Non-Attorney Representative Information**

Name: First Zora Middle Emanuela Last Moses

Other name(s) used \_\_\_\_\_

Daytime phone number 410-588-0818 Email admin@orpe.org

Accreditation type(s) requested	<input checked="" type="checkbox"/> <b>Initial</b> <input checked="" type="checkbox"/> Partial (to practice before DHS only)
	<input type="checkbox"/> Full (to practice before DHS, immigration courts, and BIA)
	<input type="checkbox"/> <b>Renewal</b> _____ Partial <b>Accreditation expiration date</b> _____ _____ Full
<input type="checkbox"/> <b>Change of accreditation type</b> _____ Partial to full _____ Full to partial	

Name of organization requesting accreditation Orpe Human Rights Advocates

Organization website www.orpe.org

Is organization recognized?  No  Yes *If "no," submit a concurrent EOIR-31 application packet.*

Organization address(es) where non-attorney representative works or intends to work:

Address 1	Address 2	Address 3
<u>5457 Twin Knolls Rd Suite 300</u>	_____	_____
<u>Columbia, MD 21045</u>	_____	_____

**Part 2. Qualifications for Accreditation**

**A. About the Representative**

Is the representative an attorney as defined in 8 C.F.R. § 1001.1(f)?  No  Yes

Representative's status with the organization  Employee  
 Volunteer  
 Other \_\_\_\_\_

If a previous accreditation application has ever been submitted on the representative's behalf, please provide:  
(attach additional sheets if necessary)

Date	Organization Name	Outcome (e.g. Approved, Disapproved, Withdrawn)
1. _____	_____	_____

Reason(s) for leaving organization, if applicable: \_\_\_\_\_

2. \_\_\_\_\_

Reason(s) for leaving organization, if applicable: \_\_\_\_\_

## B. Representative's Knowledge and Experience

Does the representative possess broad knowledge and adequate experience in immigration law and procedure?  
 No  Yes *If "no," please explain.*

**If applying for partial accreditation**, attach the following documents:

- A description of the representative's qualifications, including education and immigration law experience
- A list of all relevant, formal, immigration-related training with proof of completion (*only for the past three years for renewal of accreditation*)
- Documentation of at least one course completed on the fundamentals of immigration law, procedure, and practice (*not required for renewal of accreditation*)
- Letters of recommendation from at least two persons familiar with the representative's broad knowledge and adequate experience in immigration law and procedure (*not required for renewal of accreditation*)

**If applying for full accreditation**, in addition to the above documents required for partial accreditation, also attach evidence that the representative:

- Possesses skills essential for effective litigation
- Has formal training, education, or experience related to trial and appellate advocacy

**If applying for renewal of accreditation**, how frequently has the representative provided direct legal representation before USCIS or EOIR within the past three years or since last accredited?

USCIS: \_\_\_\_\_ EOIR: \_\_\_\_\_

## C. Representative's Background

Does the representative possess the character and fitness to represent clients before the BIA, immigration courts, and/or DHS?  
 No  Yes *If "no," please explain.*

Representative's date of birth (mm/dd/yyyy) 08/04/1990

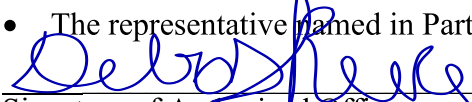
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*If you answer "yes" to any of the following questions, attach a separate explanation.*

- Has the representative ever practiced law, as defined in 8 C.F.R. § 1001.1(i), without authorization?  
No  Yes
- Has the representative ever committed a crime of any kind, even if he or she was not arrested, cited, charged with, or tried for that crime?  
No  Yes
- Has the representative ever been found guilty of, or pleaded guilty or nolo contendere to, a serious crime, as defined in 8 C.F.R. § 1003.102(h), in any court anywhere in the world?  
No  Yes
- Has the representative ever committed prior acts involving dishonesty, fraud, deceit, or misrepresentation?  
No  Yes
- Does the representative have a history of neglecting professional, financial, or legal obligations?  
No  Yes
- Does the representative have a current immigration status that presents an actual or perceived conflict of interest?  
No  Yes
- Has the representative ever resigned while a disciplinary investigation or proceeding was pending?  
No  Yes
- Is the representative subject to any order disbaring, suspending, enjoining, restraining, or otherwise restricting the individual in the practice of law or representation before a court or any administrative agency?  
No  Yes

### Part 3. Declaration of Authorized Officer

Under penalty of perjury, I attest that:

- I am the Authorized Officer of Debra S. Reece  
(organization); see *Form Instructions for who qualifies to be an Authorized Officer*
- I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete; and
- The representative named in Part 1 meets all of the eligibility criteria listed in 8 C.F.R. § 1292.12.

  
Signature of Authorized Officer

06/07/2021

Date

Debra Suzanne Reece

Printed Name of Authorized Officer

410-588-0818

Phone Number

Chief Operating Officer (COO)

Title of Authorized Officer


dreece@orpe.org

Email Address

### Part 4. Declaration of Representative

Under penalty of perjury, I attest that:

- I have examined this form regarding my qualifications for accreditation, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete;
- I meet all of the criteria listed in 8 C.F.R. § 1292.12, qualifying me to represent others before DHS and/or EOIR; and
- I consent to the publication of my name and findings of misconduct should I become subject to public discipline.

  
Signature of Representative

06/07/2021

Date

Zora Emanuela Moses

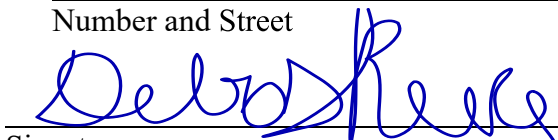
Printed Name of Representative

### Part 5. 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 06/07/2021 (month/day/year) to:

(1) USCIS District Director  
USCIS District Office  
2675 Prosperity 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

  
Signature