



**ANNUAL UPDATE FORM  
FOR THE ATTORNEY OF THE DAY PROGRAM**

Certified Attorneys of the Day must complete this form annually ***by February 1 of each year*** to keep JDC apprised of any changes relevant to their participation. An electronic version is available at [www.sfbar.org/jdc/legal-services/immigration/sfildc/aod.aspx](http://www.sfbar.org/jdc/legal-services/immigration/sfildc/aod.aspx).

Submit this form via mail, email, or fax to:

Mail: Immigrant Legal Defense Program  
The Justice & Diversity Center  
301 Battery Street, 3rd Floor  
San Francisco, CA 94111

Email: AOD@sfbar.org

Fax: (415) 477-2389

Name: \_\_\_\_\_

**Updates to biographical information**

1. Did your office or cell phone number, email, or address change in the past year?  Yes  No

If yes, please provide updated information:

\_\_\_\_\_  
\_\_\_\_\_

2. In the past year, have you been or are you currently the subject of an investigation or prosecution for professional misconduct/discipline?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

3. Are you currently a member of the American Immigration Lawyers Association, Northern California Chapter (AILA NorCal)?  Yes  No

4. Are you currently covered by legal malpractice insurance for your immigration law practice?  Yes  No

5. Are you currently registered to practice with before EOIR?  Yes  No

6. What is your EOIR ID #? \_\_\_\_\_

7. What other changes to your professional qualifications should JDC be aware of?  
\_\_\_\_\_

**Ongoing Practice and CLE Certification**

*Please initial:*

\_\_\_\_\_ I continue to actively practice removal defense (i.e., removal defense cases constitute at least 50% of my professional time).

\_\_\_\_\_ In the past year, I have completed at least 5 units of Continuing Legal Education approved for credit by the State Bar of California relating to removal defense education.

	Title of CLE	Date	Hours	Provider
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I hereby declare under penalty of perjury that all of the foregoing information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_