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.

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.

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

Signature: _________________________________ Date: ________________