

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Date]
[Recipient's Name]
[Title]
[Immigration Office/Agency Name]
[Office Address]
[City, State, Zip Code]

Subject: Immigration Appeal for [Your Case/Applicant's Name]

Dear [Recipient's Name],

I am writing to formally appeal the decision made on [Date of Decision] regarding my [Type of Immigration Application] for [Your Name or Applicant's Name, if different]. My case reference number is [Case Number].

[In this paragraph, detail the reason for the appeal. Briefly explain why you believe the decision was incorrect, and include any new evidence or information that supports your case.]

[In this paragraph, you may want to refer to any specific laws, regulations, or policies that support your appeal, and articulate why your situation warrants reconsideration.]

I kindly request that you review my case with this new information and reconsider the initial decision. I am hopeful for a favorable outcome as the decision has significant implications for [explain how the decision affects you or others].

Thank you for your attention to this matter. I look forward to your response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]