Prepared by the ILRC, July 2014



Renewal applicants: best to apply between 120 and 150 days before current Employment Consideration of Deferred Authorization and DACA expires. You cannot for Childhood Arrival apply earlier than 150 days before expiration date.

Department of Homeland Security U.S. Citizenship and Immigration Services

Form I-821D OMB No. 1615-0124 Expires 06/30/2016

A-	Receipt Action Block
If you received DACA from ICE, select Number 2 in part 1, but rviewed the infor	g to renew DACA, make sure to have a copy of your initial I-821D form to nat the information you include in your renewal request is consistent with mation you originally submitted.
answer all other questions, not just those for renewal, and submit all supporting documents as if applying for the first time. Received: / / Sent: / Sent: / / Sent: / / Sent: / Sent: / / Sent: / Sent: / Sent: / Sent: / Sent: / / Sent: / Sent	Select this box if Form G-28 is attached to represent the requestor. Attorney State Bar Number (if any):
START HERE - Type or print in black ink. Read	Form I-821D Instructions for information on how to complete this form.
Part 1. Information About You (For Initial of Renewal Requests) I am not in immigration detention and I have included Fo I-765, Application for Employment Authorization, and Fo I-765WS, Form I-765 Worksheet; and I am requesting: 1. Initial Request - Consideration of Deferred Action Childhood Arrivals OR Check this box if your received DACA and to renew your request. AND For this Renewal request, my most recent period of Deference of the period	5. Are you NOW or have you EVER been in removal proceedings, or do you have a removal order issued in any other context (for example, at the border or within the United States by an immigration agent)? NOTE: The Include expedited removals at the border. However, voluntary returns are not April 1, 199 removal proceedings and do not count for section 240 removal; an INA section. reinstatement of a final order of exclusion, deportation, or removal; an INA section 217 removal after admission under the Visa Waiver Program; or removal as a criminal
Action for Childhood Arrivals expires on (mm/dd/yyyy) ► You can find th the work perm Notice of Actio	If you answered "Yes" to Item Number 5. , you must select a box below indicating your current status or outcome of your removal proceedings.
3.a. Family Name (Last Name) 3.b. Given Name (First Name) 3.c. Middle Name 3.c. Middle Name 3.c. Mailing Address (Emer me same accress)	5.d. Subject to a Final Order 5.e. Other. Explain in Part 8. Additional Information.
Form I-765) 4.a. In Care Of Name (if applicable)	5.f. Most Recent Date of Proceedings (mm/dd/yyyy) ▶ 5.g. Location of Proceedings
4.b. Street Number and Name 4.c. Apt. Ste. Flr. 4.d. City or Town 4.e. State 4.f. ZIP Code	Check "other" if unsure of immigration history. Explain in part 8 that you do not know what happened.

	All renewal applicants	will hav	ve an A#. It is th	ne 9-digit numbe	er writte	n on	
	your employment auth						
Part 1. Information About You	number on your receipthave an A# if have nev		•			9000	
Renewal Requests) (continued)	Thave all A# II have hev	15.		ct only one box)	Tauthor	ities.	to and the second
Other Information		15.	Hispanic o	• .			
6. Alien Registration Number (A-Num)	per) (if any)		Not Hispa	nic or Latino			
► A-		16.	Race (Select al	ll applicable boxe	s)		
7. U.S. Social Security Number (if any)			White				
	at was issued to you O	NLY!	Asian Black or A	African American			
8. Date of Birth $(mm/dd/yyyy)$,			Indian or Alaska			
			Native Ha	waiian or Other F	acific Isl	lander	
9. Gender Male Female		17.	Height	This informatio			lo
10.a. City/Town/Village of Birth				background che naturalization a			rtions
		18.	Weight	for a definition	of these	e ethnicity	/ and
10.b. Country of Birth	e	19.		race categories default/files/fil			
			☐ Black ☐ Gray	Select whateve			-
11. Current Country of Residence Should be USA.			☐ Maroon	you feel apply t	o you.		unci
		20.	Hair Color (Se.	lect only one box)		
12. Country of Citizenship or Nationality Usually the country of birth.	/		Bald (No l			Blond	Į
			Brown	Gray		Red	
13. Marital Status	le Divorced		Sandy	Whit	e	Unkno	
Married Widowed Sing	le [] Divorced					Other	
Other Names Used (If Applicable)		Pai	rt 2. Residen	ce and Trave	l Infori	mation (For
If you need additional space, use Part 8. A	dditional	Init	ial and Renev	wal Requests)			
Information.		1.		ntinuously residin		U.S. since	at least
14.a. Family Name (Last Name)			June 15, 2007,	up to the present	time.	Yes [☐ No
14.b. Given Name (First Name)	,		hould be "Yes"			some perio	
14.c. Middle Name			ant is not eligib val. A brief dep	parture from	your cu	the United Irrent perio	od of
14.C. IVIIddie Name		the U	S. does not neg	gate		equest, subr United Stat	
		contir	nuous residence	2.		s to this for	
				s: List your curre			
		-	•	the addresses whe ntry into the Unite	•		
		resid		ests: List only the bmitted your last			
		-	u require addition	onal space, use Pa	ırt 8. Ad	lditional	

Renewals: if moved since filing initial DACA request, be sure to notify USCIS of your change of address by filling out form AR-11 online or by filling out and mailing the form to USCIS. Information available at www.uscis.gov/ar-11.

	rt 2. Residence and Travel Info		Tra	vel Information	7				
	Initial and Renewal Requests) (continued) Present Address			For Initial Requests: List all of your absences from the United States since June 15, 2007.					
			For 1	Renewal Requests	: List only vo	ur absences from the			
2.a.	Dates at this residence (mm/dd/vvvv) From ► If can't remember exact handwrite month and y		Unite	For Renewal Requests: List only your absences from the United States since you submitted your last Form I-821D that was approved.					
2.b.	Street Numb or handwrite "approx."	next to the date.	If yo	u require additiona r mation.	l space, use Pa	art 8. Additional			
2.c.	Apt. Ste. Flr.		Depa	arture 1					
2.d.	City or Town		6.a.	Departure Date	(mm/dd/yyyy)	▶			
2.e.	State 2.f. ZIP Code		6.b.	Return Date	(mm/dd/yyyy)) >			
Add	ress 1		6.c.	Reason for Depar	ture				
3.a.	Dates at this residence (mm/dd/yyyy)								
	al applicants need To ▶		Depa	rture 2					
	ovide addresses eir previous DACA		7.a.	Departure Date	(mm/dd/yyyy)	•			
applica	tion.		7.b.	Return Date	(mm/dd/yyyy)	If traveled without advance parole since receiving DAC			
3.d.	City or Town		7.c.	Reason for Depar	ture	then DACA is automaticall			
3.e.	State 3.f. ZIP Code					terminated. If traveled w i advance parole, then mar			
Add	ress 2		8	Have you left the or after August 15		without advance parole on Yes No			
4.a.	Dates at this residence (mm/dd/yyyy)		9.a.	What country issu	ied vour last pa	assport?			
	From ► To ►								
4.b.	Street Number and Name		9.b.	Passport Number	•	on if available,			
4.c.	Apt. Ste. Flr.				even ii it i	nas expired.			
4.d.	City or Town		9.c.	Passport Expiration					
					(mm/dd/yyyy)				
4.e.	State 4.f. ZIP Code		10.	Border Crossing (Card Number ((if any)			
Add	ress 3					This should be "Yes"			
5.a.	Dates at this residence (mm/dd/yyyy)					or else the applicant			
	From ▶ To ▶		Par	t 3. For Initial	Requests (Only not eligible for DACA			
5.b.	Street Number and Name	Part 3, is only for the applying for the firs		I initially arrived a prior to 16 years of		d residence in the U.S. Yes No			
5.c.	Apt. Ste. Flr.	Renewal applicants have to fill out this				Yes No			
5.d.	City or Town				nm/dd/yyyy) 1	· · · · · · · · · · · · · · · · · · ·			
5.e.	State 5.f. ZIP Code		3.	Place of <i>Initial</i> En	ntry into the U	nited States			
				oximate dates lik					
				th and year or jus	it 🖊				
			the y	ear are okay.					

Part 3, is only for those applying for the first time, renewal applicants do not have to fill out this part.

rene	ewal applicants do not have to fill out this part.	ехр	perienced immigration attorney.				
Par	rt 3. For Initial Requests Only (continued)		rt 4. Criminal, National Security, and Public				
4.	Immigration Status on June 15, 2012 (e.g., No Lawful Status, Status Expired, Parole Expired)	Safety Information (For Initial and Renewal Requests)					
			y of the following questions apply to you, use Part 8 .				
5.a.	Were you EVER issued an Arrival-Departure Record (Form I-94, I-94W, or I-95)?	inclu	itional Information to describe the circumstances and ade a full explanation.				
	If you answered "Yes" to Item Number 5.a., provide your Form I-94, I-94W, or I-95 number (if available).	1.	Have you EVER been arrested for, charged with, or convicted of a felony or misdemeanor, including incidents handled in juvenile court, in the United States? Do not include minor traffic violations unless they were alcoholor drug-related. Yes No				
s.c.	If you answered "Yes" to Item Number 5.a. , provide the date your authorized stay expired, as shown on Form I-94, I-94W, or I-95 (<i>if available</i>). (mm/dd/yyyy) ▶		If you answered "Yes," you must include a certified court disposition, arrest record, charging document, sentencing record, etc., for each arrest, unless disclosure is prohibited under state law.				
Edi	ucation Information	2.	Have you EVER been arrested for, charged with, or				
6.	Indicate how you meet the education guideline (e.g., Graduated from high school, Received a general		convicted of a crime in any country other than the United States? Yes No				
	educational development (GED) certificate or equivalent state-authorized exam, Currently in school)		If you answered "Yes," you must include a certified court disposition, arrest record, charging document, sentencing record, etc., for each arrest.				
7.	Name, City, and State of School Currently Attending or Where Education Received	3.	Have you EVER engaged in, do you continue to engage in, or plan to engage in terrorist activities?				
8.	Date of Graduation (e.g., Receipt of a Certificate of Completion, GED certificate, other equivalent stateauthorized exam) or, if currently in school, date of last attendance. (mm/dd/yyyy)	4.	Are you NOW or have you EVER been a member of a gang? Yes No				
	(mm/awyyyy)	5.	Have you EVER engaged in, ordered, incited, assisted, or otherwise participated in any of the following:				
<i>Mii</i> 9.	litary Service Information Were you a member of the U.S. Armed Forces or U.S.	5.a.	Acts involving torture, genocide, or human trafficking? Yes No.				
	Coast Guard? Yes No	5.b.	Killing any person?				
	ou answered "Yes" to Item Number 9. , you must provide conses to Item Numbers 9.a 9.d.	5.c.	Severely injuring any person?				
9.a.	Military Branch	5.d.	Any kind of sexual contact or relations with any person who was being forced or threatened? Yes No				
9.b. 9.c.	Service Start Date (mm/dd/yyyy) ▶ Discharge Date (mm/dd/yyyy) ▶	6.	Have you EVER recruited, enlisted, conscripted, or used any person to serve in or help an armed force or group while such person was under age 15? Yes No.				
9.d.	Type of Discharge	7.	Have you EVER used any person under age 15 to take part in hostilities, or to help or provide services to people in combat?				
			Renewal applicants who have already submitted documents of their criminal history with their first DA application do not need to re-submit that evidence.				

If answer is yes to any question in part 4, consult with an

Can indicate in Part 8 that USCIS already has criminal history documents. Provide all documentation for any

new incidents.

Part 5. Statement, Certification, Signature, and Contact Information of the Requestor (For Initial and Renewal Requests)	Part 6. Contact Information, Certification, and Signature of the Interpreter (For Initial and Renewal Requests)
NOTE: Select the box for either Item Number 1.a. or 1.b.	Interpreter's Full Name
	Interpreter's Full Name Provide the following information concerning the interpreter: 1.a. Interpreter's Family Name (Last Name) 1.b. Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any) Interpreter's Mailing Address 3.a. Street Number and Name 3.b. Apt. Ste. Flr. 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country Interpreter's Contact Information 4. Interpreter's Daytime Telephone Number
	5. Interpreter's Email Address
Requestor's Contact Information	3. Interpreter's Email Address
3. Requestor's Daytime Telephone Number	
4. Requestor's Mobile Telephone Number	
5. Requestor's Email Address	

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Part 6. Contact Information, Certification, and		Preparer's Mailing Address				
Signature of the Interpreter (For Initial and Renewal Requests) (continued)			Street Number and Name			
Inte	erpreter's Certification	3.b.	Apt. Ste. Flr.			
I cer	rtify that:	3.c.	City or Town			
	fluent in English and which e same language provided in Part 5., Item Number 1.b.;	3.d.	State 3.e. ZIP Code			
nstrı	re read to this requestor each and every question and uction on this form, as well as the answer to each question, e language provided in Part 5., Item Number 1.b.; and	3.f. 3.g.	Province Postal Code			
Γhe 1 and ε	requestor has informed me that he or she understands each every instruction and question on the form, as well as the ver to each question.	3.h.	Country			
6.a.	Interpreter's Signature	Pro	eparer's Contact Information			
		4.	Preparer's Daytime Telephone Number			
6.b.	Date of Signature (mm/dd/yyyy) ▶					
	cant indicated that the	5.	Preparer's Fax Number			
	ranslated, the interpreter y the translation here. n, Declaration, and					
Sig If (nature of the Person Preparing this Request, Other than the Requestor (For Initial and newal Requests)	6.	Preparer's Email Address			
		Pro	eparer's Declaration			
	eparer's Full Name ride the following information concerning the preparer:	I de	clare that I prepared this Form I-821D at the requestor's			
	Preparer's Family Name (Last Name)		est, and it is based on all the information of which I have wledge.			
		7.a.	Preparer's Signature			
1.b.	Preparer's Given Name (First Name)					
		7.b.	Date of Signature (mm/dd/yyyy) ▶			
			= (······· ///// ·			

For more assistance in filling out the DACA application forms, see our videocast at www.ilrc.org//node/7497 entitled How to Complete DACA Request Forms.

SERVED TO SERVED	rt 8. Additional Information (Information (I	For Initial and	4.a.	Page Number	4.b.	Part Number	4.c.	Item Number
reque page and A indic	u need extra space to complete any iten est, use the space below. You may also to complete and file with this request. A-Number (if any) at the top of each shate the Page Number , Part Number , and sign and design and	make copies of this Include your name eet of paper; and Item Number	4.d.					
Ful	l Legal Name							
	Family Name (Last Name) Given Name							
1.0.	(First Name)							
1.c.	Middle Name							
2.	A-Number (<i>if any</i>) ▶ A-							
3.a.	Page Number 3.b. Part Number 3	3.c. Item Number						
3.d.								
	On all additional pages, write applicants name a A# on the top of page, a write the page number, part number, item num and applicant's signatur and date.	ber	5.a. 5.d.	Page Number	5.b.	Part Number	5.c.	Item Number
		pplicant must also sign d date this page.	6.a.	Signature				
			6 h	Date of Signati	ure 6	mm/dd/nnnu)	$\overline{}$	

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