

MARCH 2021

ANNOTATED INITIAL DACA APPLICATION PACKET

A PAGE-BY-PAGE GUIDE ON COMPLETING YOUR FIRST REQUEST FOR DACA

OVERVIEW

The following guide is for individuals who are applying for Deferred Action for Childhood Arrivals (DACA) for the first time. This guide includes annotated forms I-821D, I-765, and I-765WS, which form a DACA application packet.

Please note that U.S. Citizenship & Immigration Services (USCIS) will only consider your application packet complete if all three forms and additional supporting documents are submitted.

Applicants who are interested in renewing their DACA should visit our other guide around DACA renewals.

It is important to note that if an individual's DACA expired more than a year ago or was terminated, they will have to file an application as a "renewal-initial." This means that extra documentation will be needed in order for the application to be considered complete and applicants will need to complete the application as if they were filing for the first time. Applicants renewing in this manner can look at this guide to see what information will be needed but a detailed analysis of that type of application packet is beyond the scope of this guide.

While the DACA program has been fully restored, allowing for applicants to submit DACA applications for the first time, applicants should note that there might be changes in the future that could impact who is eligible to apply.

Applicants can visit the ILRC website at https://www.**ilrc.org/daca** for more information on the program changes and updates as well as useful tools and community resources.

<u>USCIS will reject applications that are not filed using the most up to date edition of the forms.</u> Currently, USCIS is accepting the following editions for each form:

- √ I-821D form edition date 04/24/2019
- √ I-765 form edition date 08/25/2020; and
- √ I-765WS form edition 08/25/2020.

New forms can be downloaded free of cost from the USCIS website at: https://www.uscis.gov/i-821d.



Consideration of Deferred Action for Childhood Arrivals

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

USCIS Form I-821D

OMB No. 1615-0124 Expires 04/30/2021

| | Receipt | Action Block |
|------------------|--|--|
| | For USCIS Use Case ID: | Action Block |
| | Only Requestor interviewed on | |
| | Returned: | |
| Part 1 #1 | | this box if Form G-28 is attached to Attorney State Bar Number (if any): |
| for the fi | rst time should mark this box. | I-821D Instructions for information on how to complete this form. |
| | Part 1. Information About You (For Initial and | Removal Proceedings Information |
| ı | Renewal Requests) I am not in immigration detention and I have included Form I-765, Application for Employment Authorization, and Form I-765WS, Form I-765 Worksheet; and | 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)? |
| | I am requesting: | ☐ Yes ☐ No |
| ۲ | 1. Initial Request - Consideration of Deferred Action for Childhood Arrivals OR | NOTE: The term "removal proceedings" includes exclusion or deportation proceedings initiated before April 1, 1997; an Immigration and Nationality Act (INA) |
| | 2. Renewal Request - Consideration of Deferred Ba-3c. List name as it appears on birth te or most recent legal document (i.e. | section 240 removal proceeding; expedited removal; 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 alien under INA section 238. |
| | e certificate). Ensure that the name listed orm matches forms I-765 and I-765WS. | If you answered "Yes" to Item Number 5. , you must select a box below indicating your current status or outcome of your removal proceedings. |
| | Full Legal Name | Status or outcome: |
| 1 1 | 3.a. Family Name (Last Name) | 5.a. Currently in Proceedings (Active) |
| ш | 3.b. Given Name (First Name) | 5.b. Currently in Proceedings (Administratively Closed)5.c. Terminated |
| | 3.c. Middle Name | 5.d. Subject to a Final Order |
| • | U.S. Mailing Address (Enter the same address on | 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 | Part 1 #5. If you have been before an immigration judge |
| | 4.c. Apt. | or formally removed at the border you must answer |
| | 4.d. City or Town | "Yes" & submit documentation related to this. Applicants should speak to an immigration attorney or accredited |
| | 4.e. State 4.f. ZIP Code | representative if unsure how to answer. |

■III WAS ROW I VANDON I PONTON DESCRIPTOR DESCRIPTOR DESCRIPTOR DE LA CONTRACTION DE LA CONTRACTION

2

Part 1 #4a-4f. List address where DACA related documents should be mailed.

Form I-821D 04/24/19

continued on next page

Page 1 of 7



Teaching, Interpreting, and Changing Law **Since 1979** www.**ilrc**.org

Part 1 #6. Applicants who have been issued an A# by

information accordingly. A immigration should list the number here. Most first-time DACA best practice is to use ID/ applicants will not have one. The A# is a 9-digit number. driver's license information. Processing Information Renewal Requests) (continued) 15. Ethnicity (Select only one box) Other Information Hispanic or Latino Not Hispanic or Latino Alien Registration Number (A-Number) (if any) 16. Race (Select all applicable boxes) ► A-White U.S. Social Security Number (if any) Asian Black or African American American Indian or Alaska Native Date of Birth (mm/dd/yyyy) ▶ Native Hawaiian or Other Pacific Islander Part 1 #7. List your SSN, if applicable. Only list a real SSN 17. Height Feet Inches 0 that was given to you by the Social Security Administration. Weight Pounds Eye Color (Select only one box) Part 1 #11. Should be USA. □ Black ☐ Blue ☐ Brown Gray Green Hazel Current Country of Residence ☐ Pink Unknown/Other Maroon 20. Hair Color (Select only one box) Country of Citizenship or Nationality ☐ Bald (No hair) Black ☐ Blond Brown Gray Red 13. Marital Status White Sandy Unknown/ ☐ Married ☐ Widowed ☐ Single ☐ Divorced Other Other Names Used (If Applicable) Part 2. Residence and Travel Information (For Initial and Renewal Requests) If you need additional space, use Part 8. Additional Information. I have been continuously residing in the U.S. since at least 14.a. Family Name June 15, 2007, up to the present time. ☐ Yes ☐ No (Last Name) 14.b. Given Name NOTE: If you departed the United States for some period of (First Name) time before your 16th birthday and returned to the United States on or after your 16th birthday to begin your current period of 14.c. Middle Name continuous residence, and if this is an initial request, submit evidence that you established residence in the United States prior to 16 years of age as set forth in the instructions to this form. For Initial Requests: List your current address and, to the best Part 1 **#12**. Usually country of of your knowledge, the addresses where you resided since the birth, but can be different. date of your initial entry into the United States to present. For Renewal Requests: List only the addresses where you resided since you submitted your last Form I-821D that was Part 1 #14a-14c. List all other names used that approved. are different from your legal name (i.e. driver's license, passport, etc.), if applicable. If you require additional space, use Part 8. Additional Information. Part 1 #13. Check appropriate marital status. Note Part 2 #1. In order to qualify for DACA, you must have that if you're separated, but not legally divorced, been continuously residing in the U.S. since June 15, 2007. If the answer is "no," speak to a trusted legal service you are obligated to mark "Married".

provider before submitting this application. Page 2 of 7

Part 1 #15-20. Fill out

Form I-821D 04/24/19

■||| WEE投票本法的有效的有效的数据表现实现实现实现实现实现的数据表现是 WS ■||||



7) for more addresses.

Teaching, Interpreting, and Changing Law Since 1979 www.**ilrc**.org

Part 2 #8. Mark "no" if you have not left on or after August 15, 2012 without Advance Parole (i.e. you did not have a permit to travel). This should be "No" for most DACA initial applicants in order to be eligible for DACA. If you have traveled on or after August 15, 2012, please speak with a trusted legal representative before submitting your DACA request.

| Present Address | For Initial Requests: List all of your absences from the United States since June 15, 2007. | | |
|--|--|--|--|
| 2.a. Dates at this residence (mm/dd/yyyy) | For Renewal Requests: List only your absences from the United States since you submitted | | |
| From ▶ To ▶ Present | was approved. Part 2 #6a-7c. List all ab | | |
| 2.b. Street Number and Name | If you require additional space, use Information. from the U.S. since June 2007, if applicable. | | |
| 2.c. Apt. Ste. Flr. | Departure 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) ▶ | | |
| Address 1 | 6.c. Reason for Departure | | |
| 3.a. Dates at this residence (mm/dd/yyyy) | | | |
| From ► To ► | Departure 2 | | |
| 3.b. Street Number and Name | 7.a. Departure Date (mm/dd/yyyy) ▶ | | |
| 3.c. Apt. | 7.b. Return Date (mm/dd/yyyy) ▶ | | |
| 3.d. City or Town | 7.c. Reason for Departure | | |
| 3.e. State 3.f. ZIP Code | | | |
| Address 2 | 8. Have you left the United States without advance parole on or after August 15, 2012? | | |
| 4.a. Dates at this residence (mm/dd/yyyy) | 9.a. What country issued your last passport? | | |
| From ► To ► | | | |
| 4.b. Street Number and Name | 9.b. Passport Number | | |
| 4.c. Apt. Ste. Flr. | | | |
| 4.d. City or Town | 9.c. Passport Expiration Date | | |
| | (mm/dd/yyyy) ▶ | | |
| 4.e. State 4.f. ZIP Code | 10. Border Crossing Cord Number (if any) | | |
| Part 3 #1. Mark "yes" if you arrived in the U.S. before you turned 16. If the answer | Part 2 #9a-9c. Provide passport informat available, even if it is expired. Country is passport will be country of citizenship. | | |
| to this question is "no", you are not | Part 3. For Initial Requests Only | | |
| eligible to apply for DACA. | 1. I initially arrived and established residence in the U.S. | | |
| and Name | prior to 16 years of age. | | |
| Part 3 #2. Enter date or approximate | 2. Date of <i>Initial</i> Entry into the United States (on or about) | | |
| 5 date when you entered the U.S. (month/ | (mm/dd/yyyy) ► | | |
| year is ok). | 3. Place of <i>Initial</i> Entry into the United States | | |
| | | | |
| -5e. Provide current address and then work backw | rards 5. Be | | |



ent

Teaching, Interpreting, and Changing Law Since 1979 www.ilrc.org

Part 3 #4. Enter immigration status on June 15, 2012. If you had no immigration status on that date enter "No Lawful Status". If you overstayed a visa you can enter "Status Expired".

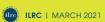
| Part 3. For Initial Requests Only (continued) 4. Immigration Status on June 15, 2012 (e.g., No Lawful | | | Part 4. Criminal, National Security, and Public Safety Information (For Initial and Renewal | | | |
|---|--|------|--|--|--|--|
| | Status, Status Expired, Parole Expired) | | equests) any of 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)? Yes No | Tind | Additional Information to describe the circumstances and include a full explanation. | | | |
| 5.b. | If you answered "Yes" to Item Number 5.a. , provide your Form I-94, I-94W, or I-95 number <i>(if available)</i> . | 1. | Part 3 #5a-5c. Mark "no" if you have never received Form I-94, I-94W, or I-95. Applicants who have been issued an I-94, I-94W, or I-95 should mark "yes" and enter | | | |
| 5.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>). | L | the number and expiration date on the document if available. | | | |
| | (mm/dd/yyyy) ▶ | 1 | 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? | | | |
| | 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 state-authorized exam) or, if currently in school, date of last | 4. | Are you NOW or have you EVER been a member of a gang? | | | |
| | attendance. (mm/dd/yyyy) ▶ | 5. | Have you EVER engaged in, ordered, incited, assisted, o otherwise participated in any of the following: | | | |
| Mil | litary Service Information | 5.4 | a. Acts involving torture, genocide, or human trafficking? | | | |
| | Were you a member of the U.S. Armed Forces or U.S. Coast Guard? Yes No u answered "Yes" to Item Number 9., you must provide onses to Item Numbers 9.a 9.d. | 5.0 | Part 3 #9-9d. If applicable, enter military information. If not, answer "no" and skip forward. | | | |
| • | Military Branch | 5.0 | Any kind of sexual contact or relations with any person who was being forced or threatened? Yes No. | | | |
| 9.b. | Service Start Date (mm/dd/yyyy) ▶ | 6. | Part 4 #1-7. If your answer is "Yes" to any | | | |
| 9.c. | Discharge Date (mm/dd/yyyy) ▶ | | of the following questions (1-7), speak to a trusted legal service provider before | | | |
| 9.d. | | 7. | | | | |
| equ ently ou v | er information on how you meet the irement. If you are still in school, in school" and the date you last will need to submit documents with with your initial DACA packet. | | you have any criminal history documents, they must be submitted to USCIS with your application. Consult an immigration | | | |

Form I-821D 04/24/19

| Part 5. Statement, Certification, Signature, and #1a. If you did not use a translator to are your application, check this box. | 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 |
| 1.a. | 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) |
| #1b. If you used a translator to prepare your ation, check this box AND list translator's name. | Interpreter's Mailing Address |
| Requestor's Certification | 3.a. Street Number and Name |
| I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct and that copies of documents submitted are exact photocopies of unaltered original documents. I understand that I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date. I also understand that knowingly and willfully providing materially false information on this form is a federal felony punishable by a #2α-2b. IT IS VERY IMPORTANT TO SIGN AND DATE THIS FOR THE DACA APPLICATION TO BE PROCESSED. determination on my deferred action request. 2.a. Requestor's Signature 2.b. Date of Signature (mm/dd/yyyy) ▶ | 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 |
| Requestor's Contact Information | 5. Interpreter's Email Address |
| 3. Requestor's Daytime Telephone Number | |
| 4. Requestor's Mobile Telephone Number | |
| 5. Requestor's Email Address #3-5 List your (the applicant) information here | Part 6 #1a-5. If you used a translator, list appropriate information for translator here. Note: If the interpreter does not |

they can leave those parts blank.

continued on next page



Page 5 of 7



Part 6 #6a-6b. If you used a translator, clarify the translated lang

| and have the translator sign and date. | Preparer's Mailing Address | | | |
|---|---|--|--|--|
| Signature of the Interpreter (For Initial and Renewal Requests) (continued) | 3.a. Street Number and Name | | | |
| Interpreter's Certification | 3.b. Apt. Ste. Fir. | | | |
| I certify that: | 3.c. City or Town | | | |
| I am fluent in English and which is the same language provided in Part 5., Item Number 1.b.; | 3.d. State 3.e. ZIP Code | | | |
| I have read to this requestor each and every question and instruction on this form, as well as the answer to each question, | 3.f. Province | | | |
| in the language provided in Part 5., Item Number 1.b.; and | 3.g. Postal Code | | | |
| The requestor has informed me that he or she understands each and every instruction and question on the form, as well as the answer to each question. | 3.h. Country | | | |
| 6.a. Interpreter's Signature | Preparer's Contact Information | | | |
| | 4. Preparer's Daytime Telephone Number | | | |
| 6.b. Date of Signature (mm/dd/yyyy) ▶ | | | | |
| | 5. Preparer's Fax Number | | | |
| Part 7. Contact Information, Declaration, and | | | | |
| Signature of the Person Preparing this Request, | 6. Preparer's Email Address | | | |
| If Other than the Requestor (For Initial and Renewal Requests) | | | | |
| • , | Preparer's Declaration | | | |
| Preparer's Full Name | I declare that I prepared this Form I-821D at the requestor's | | | |
| Provide the following information concerning the preparer: | behest, and it is based on all the information of which I have | | | |
| 1.a. Preparer's Family Name (Last Name) | knowledge. | | | |
| 11. Percent Circo Nova (Circo | 7.a. Preparer's Signature | | | |
| 1.b. Preparer's Given Name (First Name) | | | | |
| 2. Preparer's Business or Organization Name | 7.b. Date of Signature (mm/dd/yyyy) ▶ | | | |
| 2. Proparer 8 Dusmiess of Organization (value | NOTE: If you need extra space to complete any item within this request, see the next page for Part 8. Additional Information. | | | |

Part 7 #1a-7b. If someone else prepared your application on your behalf, list information here and have the preparer sign and date.

Form I-821D 04/24/19

Page 6 of 7

| Part 8 #1a-2. Reenter | all of your information |
|-----------------------|-------------------------|
| as listed on Page 1. | |

| a on Pa | ge I | | | | | |
|--------------------------|--|------|-------------|-------------------------|---|--|
| | nrt 8. Additional Information (For Initial and inewal Requests) | 4.a. | Page Number | 4.b. Part Number | 4.c. Item Number | |
| requestion page and indi | ou need extra space to complete any item within this test, use the space below. You may also make copies of this to complete and file with this request. Include your name A-Number (if any) at the top of each sheet of paper; cate the Page Number, Part Number, and Item Number thich your answer refers; and sign and date each sheet. | 4.d. | | | | |
| Fu | ll Legal Name | | | | | |
| 1.a. | Family Name (Last Name) | | | | | |
| 1.b. | Given Name (First Name) | | | | | |
| 1.c. | Middle Name | | | | | |
| 2. | A-Number (if any) ► A- | | | | | |
| T 3.a. | Page Number 3.b. Part Number 3.c. Item Number | | | | | |
| 3.d. | | | | | | |
| | | 5.a. | Page Number | 5.b. Part Number | 5.c. Item Number | |
| | | 5.d. | | | | |
| | | | | | | |
| ı | | | | | | |
| ı | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 1 | | | | | | |
| | | | | | | |
| 1 | | | | | | |
| | | | | | | |
| | | | | | use this section to incl that did not fit in other | |

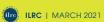
MINI MANAGEMENT A SAMPLE I

Form I-821D 04/24/19

■■■関連機能はおければはないできたが、またではないできませんできます。

Page 7 of 7

of the application, like extra addresses.



Part 1 #1 first time applied t

Part 2 #10 or most re Ensure th and I-765

1.c. Middle Name

Application For Employment Authorization

USCIS Form I-765

Department of Homeland Security

OMB No. 1615-0040 Expires 07/31/2022

| U.S. Citizenship and In | nmigration Serv | rices Expires 07/31/2022 |
|--|--|--|
| Authorization/Extension Fee Stamp Valid From | | Action Block |
| For Valid Through | | |
| Only Alien Registration Number A- | | |
| Remarks | | |
| To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any). | oox if Form G-28 | Attorney or Accredited Representative USCIS Online Account Number (if any) |
| uld mark this box if they have never mployment authorization. Part 1. Reason for Applying | Other Name | s Used |
| am applying for (select only one box): | | r names you have ever used, including aliases, |
| a. Initial permission to accept employment. | maiden name, a | nd nicknames. If you need extra space to |
| Replacement of lost, stolen, or damaged employment | Additional Info | ection, use the space provided in Part 6. ormation. |
| authorization document, or correction of my employment authorization document NOT DUE to | 2.a. Family No. | |
| U.S. Citizenship and Immigration Services (USCIS) error. | (Last Nan 2.b. Given Na (First Nan | me |
| NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not | 2.c. Middle N | ame |
| require a new Form I-765 and filing fee. Refer to Replacement for Card Error in the What is the | 3.a. Family Na (Last Nan | |
| Filing Fee section of the Form I-765 Instructions for | 3.b. Given Na (First Nar | |
| e. List name as it appears on birth certificate nt legal document (i.e. marriage certificate). nt lested on this form match forms I-821D | 3.c. Middle N | |
| • | 4.a. Family Na (Last Nan | |
| Part 2. Information About You | 4.b. Given Na (First Nar | me |
| | | |
| Your Full Legal Name | 4.c. Middle N | , |
| a. Family Name | 4.c. Middle N | , |
| | 4.c. Middle N | , |

from your legal name (i.e. driver's license, passport, etc.).

Form I-765 Edition 08/25/20 Page 1 of 7

ILRC | MARCH 2021



Teaching, Interpreting, and Changing Law Since 1979 www.**ilrc**.org

Part 2 #5a-6. Enter your mailing address here. This is where you would like to receive your work permit. If your current mailing address is the same as your physical address,

| mailing address is the same as your physical address, | | your information with SSA check "yes" for both. | | |
|---|--|--|--|--|
| you can r complete | mark "no" for 6. If it is different, mark "yes" and e 7a-7d. | 14. Do you want the SSA to issue you a Social Security card? | | |
| | Your U.S. Mailing Address (USPS ZIP Code Lookup) | (You must also answer "Yes" to Item Number 15., Consent for Disclosure, to receive a card.) Yes No | | |
| 1 т | 5.a. In Care Of Name (if any) | NOTE: If you answered "No" to Item Number 14., skip | | |
| ш | 5.b. Street Number and Name | to Part 2., Item Number 18.a. If you answered "Yes" to Item Number 14., you must also answer "Yes" to Item Number 15. | | |
| | 5.c. Apt. Ste. Flr. | 15. Consent for Disclosure: I authorize disclosure of | | |
| ш | 5.d. City or Town | information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card. | | |
| | 5.e. State S.f. ZIP Code | NOTE: If you answered "Yes" to Item Numbers | | |
| | 6. Is your current mailing address the same as your physical address? Yes No | 14 15., provide the information requested in Item Numbers 16.a 17.b. | | |
| | NOTE: If you answered "No" to Item Number 6., | Father's Name | | |
| | provide your physical address below. | Provide your father's birth name. | | |
| | U.S. Physical Address | 16.a. Family Name (Last Name) | | |
| | 7.a. Street Number and Name | 16.b. Given Name (First Name) | | |
| | 7.b. Apt. Ste. Flr. | Mother's Name | | |
| Part 2 #8. List A# if applicable. This 9-digit | | Provide your mother's birth name. | | |
| number is | s not required to apply for initial DACA. | 17.a. Family Name | | |
| | 7.d. State 7.c. Zii code | (Last Name) | | |
| | Other Information | 17.b. Given Name (First Name) | | |
| | 8. Alien Registration Number (A-Number) (if any) | | | |
| | ► A- | Your Country or Countries of Citizenship or Nationality | | |
| | . Check appropriate marital status. Note | List all countries where you are currently a citizen or national. | | |
| | u're separated, but not legally divorced bligated to mark "Married". | If you need extra space to complete this item, use the space | | |
| , , , , , , , , , | 10. Gender Male Female | provided in Part 6. Additional Information. | | |
| | 11. Marital Status | 18.a. Country | | |
| | Single Married Divorced Widowed | | | |
| — | 12. Have you previously filed Form I-765? | 18.b. Country | | |
| | 13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? | Part 2 #16a-17b. List the names of your father and | | |
| | Yes No | mother (first and last name). This information will be | | |
| | NOTE: If you answered "No" to Item Number 13.a., | shared with the SSA so they may issue you a number. Once your DACA and work authorization are approved, | | |
| | skip to Item Number 14. If you answered "Yes" to Item Number 13.a., provide the information requested in Item Number 13.b. | SSA will send you your Social Security card. | | |
| | 13.b. Provide your Social Security number (SSN) (if known). | | | |
| | > | Part 2 #18a. Enter country of citizenship. | | |
| | 2. If you have not applied for | Must be the same as on I-821D. | | |

continued on next page



Part 2 #14-15. If you would like the SSA to issue you a Social Security card and authorize USCIS to share

Part 2 #27. DACA eligibility category is: (c) (33).

| | Part 2. Information About You (continued) | Information About Your Eligibility Category |
|--------|--|--|
| | Place of Birth List the city/town/village, state/province, and country where you were born. 2 #21b-21e. List passport or travel ament information, if you have it. | 27. Eligibility Category. Refer to the Who May File Form I-765 section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)). |
| | 19.b. State/Province of Birth | 8. (c)(3)(C) STEM OPT Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 27., provide the information requested in Item Numbers 28.a 28.c. |
| | 19.c. Country of Birth | 28.a. Legree 28.b. Employer's Name as Listed in E-Verify |
| Part 2 | 2 #21a. Leave blank if you have no I-94. Information About Your Last Arrival in the United States 21.a. Form I-94 Arrival-Departure Record Number (if any) | 28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number 29. (c)(26) Eligi ility Category. If you entered the eligibility |
| | 21.b. Passport Number of Your Most Recently Issued Passport 21.c. Travel Document Number (if any) | category (c)(2) in Item Number 27. , provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form 129, Petition for a Nonimmigrant Worker. |
| | 21.d. Country That Issued Your Passport or Travel Document 21.e. Expiration Date for Passport or Travel Document | 30. (c)(8) Eligibility Cate on If you entered the eligibility Part 2 #28-31. You can skip questions 28-31. They pertain to other eligibility categories, not DACA related. |
| | 22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 23. Place of Your Last Arrival Into the United States | NOTE: If you answered "Yes" Item Number 30.a., refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(1) of the Form I-765 Instructions for information about previding court dispositions. |
| | 24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status) | 3 .b. Did you enter the United States lawfully through a U.S. port of entry and were you inspected and admitted or peroled after inspection by an immigration officer? (If |
| | 25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category) | Part 2 #22. Enter the date of when you LAST entered the U.S. This might be different than what is on the I-821D, which asks for your INITIAL |
| | 26. Student and Exchange Visitor Information System (SEVIS) Number (if any) N- 2 #26. Enter SEVIS number is applicable (usually ains to those who entered with student visas). | entry into the U.S. within the United States of express a lear of persecution or torture in your home country? Yes No |
| Part 2 | 2 #23-25. Enter the location and immigration status where | |

| Par | t 2. Information About You (continued) |
|-------------|--|
| | u answered "Yes" to Item Number 30.c., provide the wing information: |
| 30.d. | . Date you presented yourself to DHS |
| 39.e. | Location where you presented yourself to DHS |
| 30.f. | Country of claimed persecution |
| 30.g. | Provide an explanation for why you did not enter the Unit d States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in Part 6. Additional Information. |
| | |
| | |
| They DAC | 2 #28-31. You can skip questions 28-31. pertain to other eligibility categories, not A related. |
| I-765 | 5 Instructions for more infolmation. |
| 31.a. | (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) a Item Number 27., please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition fo. Alien Worker. If you entered the eligibility category (c)(36) in Item Number 27., please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140. |
| | > |
| 31.b. | If you entered the eligibility category (c)(15) or (c)(36) in Item Number 27. , have you EVER been a rested for and/or convicted of any crime? Ys No |
| | NOTE: If you answered "Yes" to Item Number 31.b., |

refer to Employment-Based Nonimmigrant Citegories,

Items 8. - 9., in the Who May File Form I-765 action of

the Form I-765 Instructions for information about

providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

Part 3 #1b. If you used a translator to prepare your application, check this box AND enter translator's name.

Form 1-765 while in the United States.

$Part\ 3\ \#1a.$ If you <u>did not</u> use a translator to prepare your application, check this box.

applicable, select the box for Item Number 1.a. of 1.b. 11

| 1.a. | Ш | I can read and understand English, and I have read |
|------|---|---|
| | | and understand every question and instruction on this |
| | | application and my answer to every question. |
| | | |

| 1.b. | The interpreter named in Part 4. read to me every question and instruction on this application and my answer to every question in | |
|------|--|----|
| | a language in which I am fluent, and I understood everything. |], |

| 2. | At my request, the preparer named in Part 5., |
|----|---|
| | |

prepared this application for me based only upon

Part 3 #3-5. List your (the applicant) information here.

Applicant's Contact Information

| 3. | Applicant's Daytime Telephone Number |
|----|--|
| 4. | Applicant's Mobile Telephone Number (if any) |
| 5. | Applicant's Email Address (if any) |

6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

Form I-765 Edition 08/25/20 Page 4 of 7

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand

Part 3 #7a-7b. IT IS VERY IMPORTANT TO SIGN AND DATE THIS PART FOR THE DACA APPLICATION TO BE PROCESSED.

Applicant's Signature

7.a. Applicant's Signature

7.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

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)

Part 4 #1a-6. If you used a translator, list appropriate information for translator here. Note: If the interpreter does not have a business or organizational affiliation, they can leave those parts blank.

Form I-765 Edition 08/25/20

Part 4. Interpreter's Contact Information, Certification, and Signature

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 Mobile Telephone Number (if any) |
| 6. | Interpreter's Email Address (if any) |

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and which is the same language specified in **Part 3.**, **Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

Part 4 #7a-7b. If you used a translator, clarify the translated language (in the blank box above #7a) and have the translator sign and date.

Page 5 of 7



| | t 5. Contact Information, Declaration, and | Preparer's Statement |
|------------|--|---|
| Ap | nature of the Person Preparing this plication, If Other Than the Applicant | 7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent. |
| Prov | ide the following information about the preparer. | 7.b. I am an attorney or accredited representative and my |
| Pre | parer's Full Name | representation of the applicant in this case extends does not extend beyond the |
| 1.a. | Preparer's Family Name (Last Name) | preparation of this application. |
| 1.b. 2. | Preparer's Given Name (First Name) | NOTE: If you are an attorney or accredited representative, you need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application. |
| 2. | Preparer's Business or Organization Name (if any) | Preparer's Certification |
| | | • |
| Pre | parer's Mailing Address | By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The |
| 3.a. | Street Number and Name | applicant then reviewed this completed application and |
| 3.b. | Apt. Ste. Flr. | informed me that he or she understands all of the information contained in, and submitted with, his or her application, |
| | | including the Applicant's Declaration and Certification, and |
| 3.c. | City or Town | that all of this information is complete, true, and correct. I completed this application based only on information that the |
| 3.d. | State 3.e. ZIP Code | applicant provided to me or authorized me to obtain or use. |
| 3.f. | Province | Preparer's Signature |
| 3.g. | Postal Code | 8.a. Preparer's Signature |
| 3.h. | Country | |
| | | 8.b. Date of Signature (mm/dd/yyyy) |
| Pre | parer's Contact Information | |
| 4. | Preparer's Daytime Telephone Number | |
| 5. | Preparer's Mobile Telephone Number (if any) | |
| 6. | Preparer's Email Address (if any) | I |
| | | |

Part 5 #1a-8b. If someone else prepared your application on your behalf, list information here and have the preparer sign and date.

Form I-765 Edition 08/25/20 Page 6 of 7

14



| Part 6 #1a | -2. Reenter | all of your | information | as |
|-------------|-------------|-------------|-------------|----|
| listed on P | age 1. | | | |

| | Part 6. Additional Information | 5.a. | Page Number | 5.b. | Part Number | 5.c. | Item Number |
|----------------|---|------|-------------|--------|-------------|-------|--|
| 1 S | If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the op of each sheet; indicate the Page Number, Part Number, and item Number to which your answer refers; and sign and date each sheet. | 5.d. | | | | | |
| | La. Family Name (Last Name) | | | | | | |
| | (First Name) | | | | | | |
| | 2. A-Number (if any) ► A- | | | | | | |
| T ^s | 3.a. Page Number 3.b. Part Number 3.c. Item Number | 6.a. | Page Number | 6.b. | Part Number | 6.c. | Item Number |
| 3 | 3.d. | 6.d. | | | | | |
| 4 | 4.a. Page Number 4.b. Part Number 4.c. Item Number | 7.a. | Page Number | 7.b. | Part Number | 7.c. | Item Number |
| 4 | 1.d. | 7.d. | | | | | |
| | | | | | | | |
| L | | | additic | onal i | | hat c | his section to include tid not fit in other par addresses. |

Form I-765 Edition 08/25/20 Page 7 of 7







Form I-765 Worksheet

USCIS Form I-765WS OMB No. 1615-0040 Expires 07/31/2022

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

If you are applying for employment authorization under the (c)(14), Deferred Action, or (c)(33), Consideration of Deferred Action for Part 1 #1a-1c. Reenter all of your information as listed on Page 1 of I-821D and I-765.

The provided Heaville of the content o

| | r Full Name | |
|--|---|---|
| My currents. My currents. The total of the t | ame annual income is: t annual expenses are: surrent value of my assets is: | Part 2 #1-3. List your financial information. Expenses should include all expenses: School, transportation, rent, family support, etc. If you do not work, you are allowed to list income as \$0. DO NOT leave blank. Assets are property, under an applicant's name, that are completely paid off like a vehicle, boat, motorcycle, etc. You are allowed to list \$0 if you have no assets. DO NOT leave blank. |
| emproyment aut | Part 3. In this write-in section there explanation; though some thought | |

ilre







