



# ANNOTATED DACA APPLICATION PACKET

March 2019

The following guide is for individuals whose DACA expired **after September 5, 2016** and are looking to file a “renewal” application in the coming months. This guide includes annotated forms I-821D, I-765 and I-765ws which form a renewal application packet. Please note that U.S. Citizenship & Immigration Services (USCIS) will only consider your application packet as complete if all three forms and a copy of your current work permit (EAD, front and back) is submitted.

If an individual’s DACA **expired on or before September 5, 2016** or was DACA terminated, they will need 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. That type of application packet is beyond the scope of this guide.

On January 2018 USCIS issued new guidance on renewing DACAs, which can be located at <https://www.uscis.gov/humanitarian/deferred-action-childhood-arrivals-response-january-2018-preliminary-injunction>.

Per these guidelines, all applicants whose **DACA expired on or before September 5, 2016 or was terminated will need to file as “initials”** and applicants whose **DACA expired after September 5, 2016 or currently have DACA will file as “renewals.”**

USCIS will reject applications that is not filed using the current edition of the forms. Currently, USCIS is accepting the following editions for each form:

- I-821D form edition date 01/09/2017;
- I-765 form edition date 05/31/2018; and
- I-765ws form edition 05/31/2018.

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

Applicants can visit the ILRC website at <https://www.ilrc.org/daca> for more information on the program changes and updates.



Prepared by ILRC on  
March 2019

# 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 01/31/2019

For USCIS Use Only	A- <input type="text"/>	Receipt	Action Block
	Case ID: <input type="text"/>		
	<input type="checkbox"/> Requestor interviewed on <input type="text"/>		
Returned: / /	Relocated	Received: / /	Remarks
Resubmitted: / /	Sent: / /		
To Be Completed by an Attorney or Accredited Representative, if any.		<input type="checkbox"/> Select this box if Form G-28 is attached to represent the requestor.	Attorney State Bar Number (if any): <input type="text"/>

▶ **START HERE - Type or print in black ink. Read Form I-821D Instructions for information on how to complete this form.**

## Part 1. Info Renewal Request

**Renewals should mark this box—this includes anyone who in the past has had DACA or has DACA.**

I am not in imm I-765, Applicati I-765WS, Form

I am requesting:

1.  **Initial Request** - Consideration of Deferred Action for Childhood Arrivals

OR

2.  **Renewal Request** - Consideration of Deferred Action for Childhood Arrivals

AND

For this Renewal request, my most recent period of Deferred Action for Childhood Arrivals expires on

**This date can be located on the work permit or I-797 Notice of Action**

(yyyy)

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

**List name as it appears on birth certificate or most recent legal document (i.e. marriage certificate). Ensure that name listed on this form matches forms I-765 and I-765WS**

## U.S. Mailing Address (Form I-765)

4.a. In Care Of Name (if applicable)

4.b. Street Number and Name

4.c. Apt.  Ste.  Flr.

4.d. City or Town

4.e. State

4.f. ZIP Code

## Removal Proceedings Information

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)?

Yes  No

**NOTE:** The term "removal proceedings" includes exclusion or deportation proceedings initiated before April 1, 1997, or Immigration and Nationality Act (INA)

**If you have been before an Immigration Judge or formally removed at the border must answer "Yes" and submit documentation. Speak to an immigration attorney or accredited representative if unsure how to answer this.**

If you answered "Yes" to **Item Number 5.**, you must select a box below indicating your current status or outcome of your removal proceedings.

Status or outcome:

5.a.  Currently in Proceedings (Active)

5.b.  Currently in Proceedings (Administratively Closed)

5.c.  Terminated

5.d.  Subject to a Final Order

5.e.  Other. Explain in **Part 8. Additional Information.**

5.f. Most Recent Date of Proceedings

(mm/dd/yyyy)

5.g. Location of Proceedings

**List address where DACA related documents should be mailed.**



**Only list travel done on advance parole since last renewal—if it has been disclosed on previous applications, no need to relist.**

**Part 2. Residence and Travel Information (For Initial and Renewal Requests) (continued)**

**Present Address**

**Only need to provide addresses since previous DACA application. If you have moved since your last renewal, list those addresses, starting with current.**  
**If you cannot remember exact date, can handwrite month/year (eg May/2016) or write Approx. May 5, 2017.**

**Address 1**

3.a. Dates at this residence (mm/dd/yyyy)  
From ▶ [ ] To ▶ [ ]  
3.b. Street Number and Name [ ]  
3.c. Apt.  Ste.  Flr.  [ ]  
3.d. City or Town [ ]  
3.e. State [ ] 3.f. ZIP Code [ ]

**Address 2**

4.a. Dates at this residence (mm/dd/yyyy)  
From ▶ [ ] To ▶ [ ]  
4.b. Street Number and Name [ ]  
4.c. Apt.  Ste.  Flr.  [ ]  
4.d. City or Town [ ]  
4.e. State [ ] 4.f. ZIP Code [ ]

**Address 3**

5.a. Dates at this residence (mm/dd/yyyy)  
From ▶ [ ] To ▶ [ ]  
5.b. Street Number and Name [ ]  
5.c. Apt.  Ste.  Flr.  [ ]  
5.d. City or Town [ ]  
5.e. State [ ] 5.f. ZIP Code [ ]

**For Renewal Requests:** List only your absences from the United States since you submitted your last Form I-821D that was approved.

If you require additional space, use **Part 8. Additional Information.**

**Departure 1**

6.a. Departure Date (mm/dd/yyyy) ▶ [ ]  
6.b. Return Date (mm/dd/yyyy) ▶ [ ]  
6.c. Reason for Departure [ ]

**Mark "no" if you have not left on or after August 15, 2012. You can also mark "no" if the travel was with Advanced Parole. Note that if traveled without advance parole since receiving DACA, then DACA is automatically terminated.**

7.a. [ ]  
7.b. [ ]  
7.c. Reason for Departure [ ]

8. Have you left the United States without advance parole on or after August 15, 2012?  Yes  No

9.a. What country issued your last passport? [ ]

9.b. Provide passport information if available, even if expired. Country issuing passport will be country of citizenship. [ ]

9.c. Passport Expiration Date (mm/dd/yyyy) ▶ [ ]

10. Border Crossing Card Number (if any) [ ]

**Part 3. For Initial Requests Only**

1. I initially arrived and established residence in the U.S. prior to 16 years of age.  Yes  No

2. Date of **Initial** Entry into the United States (on or about) (mm/dd/yyyy) ▶ [ ]

3. Place of **Initial** Entry into the United States [ ]

**A RENEWAL APPLICANT CAN IGNORE PART 3 BECAUSE THIS IS ONLY FOR INITIALS!!**

**Part 3. For Initial Requests Only (continued)**

**A RENEWAL APPLICANT CAN IGNORE PART 3 BECAUSE THIS IS ONLY FOR INITIALS!!**

5.a. Were you **EVER** issued an Arrival-Departure Record (Form I-94, I-94W, or I-95)?  Yes  No

5.b. If you answered "Yes" to **Item Number 5.a.**, provide your Form I-94, I-94W, or I-95 number (if available).  
▶

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 (if available).  
(mm/dd/yyyy) ▶

**Education Information**

6. Indicate how you meet the education guideline (e.g., *Graduated from high school, Received a general educational development (GED) certificate or equivalent state-authorized exam, Currently in school*)

7. Name, City, and State of School Currently Attending or Where Education Received

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 attendance. (mm/dd/yyyy) ▶

**Military Service Information**

9. Were you a member of the U.S. Armed Forces or U.S. Coast Guard?  Yes  No

If you answered "Yes" to **Item Number 9.**, you must provide responses to **Item Numbers 9.a. - 9.d.**

9.a. Military Branch

9.b. Service Start Date (mm/dd/yyyy) ▶

9.c. Discharge Date (mm/dd/yyyy) ▶

9.d. Type of Discharge

**Part 4. Criminal, National Security, and Public Safety Information (For Initial and Renewal Requests)**

If any of the following questions apply to you, use **Part 8.**

**If your answer is "Yes" to any of the following questions (1-7), speak to a trusted legal service provider before filling renewal!**

**These questions ask "if ever" so even if event was before previous renewal, you must still disclose. Any changes in answers should be discussed with legal service providers.**

**sentencing record, etc., for each arrest, unless disclosure is prohibited under state law.**

2. Have you **EVER** been arrested for, charged with, or convicted of a crime in any country other than the United States?  Yes  No

**If you answered "Yes," you must include a certified court disposition, arrest record, charging document, sentencing record, etc., for each arrest.**

3. Have you **EVER** engaged in, do you continue to engage in, or plan to engage in terrorist activities?  Yes  No

4. Are you **NOW** or have you **EVER** been a member of a gang?  Yes  No

5. Have you **EVER** engaged in, ordered, incited, assisted, or otherwise participated in any of the following:

5.a. Acts involving torture, genocide, or human trafficking?  Yes  No

5.b. Killing any person?  Yes  No

5.c. Severely injuring any person?  Yes  No

5.d. Any kind of sexual contact or relations with any person who was being forced or threatened?  Yes  No

6. Have you **EVER** recruited, enlisted, conscripted, or used any person to serve in or help an armed force or group

**No need to resubmit criminal documents already given to USCIS. Indicate in part 8 that USCIS already has criminal history documents and you previously disclosed on prior applications.**

7. **Consult an immigration attorney or accredited representative for any new incidents before filling.**

**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.**

1.a.  I can read and understand English, and have read and understand each and every question and instruction on this form, as well as my answer to each question, in a language in which I am fluent. I understand each and every question and instruction on this form as translated to me above.

1.b.  The interpreter named \_\_\_\_\_ and every question and instruction on this form as translated to me above.

**If no translator was used to prepare application, check this box.**

**If a translator was used to prepare application, check this box AND list translator's name.**

**Requestor's Certification**

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 to the Department of Homeland Security, Immigration and Customs Enforcement, information on the fine, imprisonment, or other criminal record, section 1001. Furthermore, I authorize the release of any information from my records that USCIS may need to reach a determination on my deferred action request.

**IT IS VERY IMPORTANT TO SIGN AND DATE (XX/XX/XXXX) FOR RENEWAL TO BE PROCESSED.**

2.a. Requestor's Signature

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

**Requestor's Contact Information**

3. Requestor's Daytime Telephone Number

4. Requestor's Mobile Telephone Number

5. Requestor's Email Address

**Applicant's information goes here.**

**Interpreter's Full Name**

Provide the following information concerning the interpreter:

1. Interpreter's Family Name (Last Name)

2. Interpreter's Given Name (First Name)

3. 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.

3.d.

3.f.

3.g. Postal Code

3.h. Country

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

5. Interpreter's Email Address

**Part 6. Contact Information, Certification, and Signature of the Interpreter (For Initial and Renewal Requests) (continued)**

**Interpreter's Certification**

I certify that:

I am fluent in English and  which is the same language provided in **Part 5, Item Number 1.b.**;

I have read to this requestor each and every question and

**List the language translated to and have interpreter sign and date form.**

and every instruction and question on the form, as well as the answer to each question.

6.a. Interpreter's Signature

6.b. Date of Signature (mm/dd/yyyy) ►

**Part 7. Contact Information, Declaration, and Signature of the Preparer (For Initial and Renewal Requests) If Other than the Requestor (For Initial and Renewal Requests)**

**List information the information of person who helped prepare the application on your behalf and have their preparer sign/date.**

**Preparer's Full Name**

Provide the following information concerning the preparer:

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name

**Preparer'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

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

5. Preparer's Fax Number

**Preparer's Declaration**

I declare that I prepared this Form I-821D at the requestor's behest, and it is based on all the information of which I have knowledge.

7.a. Preparer's Signature

7.b. Date of Signature (mm/dd/yyyy) ►

**NOTE:** If you need extra space to complete any item within this request, see the next page for **Part 8. Additional Information.**

**Part 8. Additional Information (For Initial and Renewal Requests)**

If you need extra space to complete any item within this request, use the space below. You may also make copies of this page to complete and file with this request. Include your name and A-Number (if any) at the top of each sheet of paper; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d. \_\_\_\_\_

**Relist your information as listed on the first page of the 821D**

**Full Legal Name**

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any)  
 ▶ A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d. \_\_\_\_\_

**This space is to add additional information. Write name, A#, page number, and item number of sections you are adding information to.**

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d. \_\_\_\_\_



# Application For Employment Authorization

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

USCIS  
Form I-765  
OMB No. 1615-0040  
Expires 05/31/2020

<b>For USCIS Use Only</b>	<input type="checkbox"/> Authorization/Extension Valid From _____	<b>Fee Stamp</b>	<b>Action Block</b>
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input type="text"/>		
	Remarks		

<b>To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).</b>	<input type="checkbox"/> Select this box if Form G-28 is attached.	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <input type="text"/>
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▶ **START HERE - Type or print in black ink.**

## Part 1. Reason for Applying

I am applying for (select only one box):

- 1.a.  Initial permission to accept employment.
- 1.b.  Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.  

To renew work permit, must check this box.
- 1.c.  Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

## Part 2. Information About You

### Your Full Legal Name

1.a. Family Name

Name as it appears on birth certificate or most recent legal document (i.e. marriage certificate). Ensure that name listed on this form matches name on Form I-821D

### Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

#### Additional Information.

2.a. Family Name

List all other names that are different from legal name—should match what is listed on I-821D

2.b.

2.c.

3.a.

(Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

List real SSN that was given to you!!

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
List address where you want renewal work permit mailed to.

5.c. Apt. Ste. Flr.

5.d. City or Town

5.e. State 5.f. ZIP Code (USPS ZIP Code Lookup)

6. Is your current mailing address the same as your physical address? Yes No

NOTE: If you answered "No" to Item Number 6., provide your physical address below.

U.S. Physical Address

If mailing address is the same as the physical address, mark "Yes."
If physical address different, mark "No" and fill physical address here.

Other Information

8. Alien Registration Number (A-Number) (if any) A-

9. A# can be found on the work permit, I-797 (Notice of Action) or DACA approval letter. On a work permit, it is the 9-digit number listed after USCIS #. It is ok to leave Q 9 blank.

11. Marital Status Single Married Divorced Widowed

12. Have you previously filed Form I-765? Yes No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? Yes No

NOTE: If you answered "No" to Item Number 13.a., skip to Item Number 14. If you answered "Yes" to Item Number 13.a., provide the information requested in Item Number 13.b.

13.b. Provide your Social Security number (SSN) (if known).

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 15., Consent for Disclosure, to receive a card.) Yes No

NOTE: If you answered "No" to Item Number 14., skip to Part 2., Item Number 18.a. If you answered "Yes" to Item Number 14., you must also answer "Yes" to Item Number 15.

15. Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card. Yes No

NOTE: If you answered "Yes" to Item Numbers 14. - 15., provide the information requested in Item Numbers 16.a. - 17.b.

16. Generally, can mark "no" because you already have a social security card. If you mark "No," can skip questions 15-17.

16.b. Given Name (First Name)

Mother's Name Provide your mother's birth name.

17.a. Family Name (Last Name)

17.b. Given Name (First Name)

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

18.a. Country Country of Citizenship. Same as on I-821D

18.b. Country

Should generally mark "Yes," since you are renewing and have previously filed for a work permit and have been issued a SSN.

**Part 2. Information About You (continued)**

**Place of Birth**

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

19.b. State/Province of Birth

19.c. Country of Birth

20. Date of Birth (mm/dd/yyyy)

**Information About Your Last Arrival in the United States**

21.a. Form I-94 Arrival-Departure Record Number (if any)

▶ Leave blank if applicant has no I94.

21.b. Passport Number of Your Most Recently Issued Passport

21.c. List passport or travel document information for question 21b-21e, if you have one.

21.d. Country That Issued Your Passport or Travel Document

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

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

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

No Lawful Status (Unless entered with Visa)

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

DACA Recipient

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

▶ N- Leave blank if applicant has no SEVIS #

**Information About Your Eligibility Category**

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)).

( ) ( ) ( )

28. (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.**

28. **DACA Renewal eligibility category is (c)(33).**  
28. **Can skip Q 28-31.**

Valid E-Verify Client Company Identification Number

29. (c)(26) **Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

▶

30. (c)(8) **Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes  No

**NOTE:** If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions

**Reference previously submitted work permit application for date of entry and location.**

31.a. Provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for 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)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes  No

**NOTE:** If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

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

NOTE: Read the **Penalties** section of the Form I-765

Instruct Form I-765 **If you did not use a translator to prepare your application, check this box.**

#### Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a.  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 information I provided or authorized.

#### Applicant's Contact Information

3. Applicant's Daytime Telephone Number  **List applicant's information.**
4. Applicant's Mobile Telephone Number (if any)
5. Applicant's Email Address (if any)  **List applicant's information.**
6.  Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

**If used a translator, list appropriate information for translator. Note: if the Interpreter does not have a business or organization affiliation, they can leave parts blank.**

#### 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.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or  provide that:

**If you used a translator to prepare application, check this box AND list translator's name.**

- 1)  All of this information was complete, true, and correct at the time of filing.
- 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 all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

#### 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.

**IT IS VERY IMPORTANT FOR TO SIGN AND DATE FOR RENEWAL TO BE PROCESSED.**

Part  
Certi

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. 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

**If used a translator, clarify the translated language and have the translator sign and date.**

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 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant**

Provide the following information about the preparer.

**Preparer's Full Name**

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

3.a.

3.b.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**If used a translator, list appropriate information for the translator. Note: if the Interpreter does not have a business or organization affiliation, they can leave parts blank.**

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant**  
(continued)

**Preparer's Statement**

- 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.
- 7.b.  I am an attorney or accredited representative and my representation of the applicant in this case  extends  does not extend beyond the preparation of this application.

**NOTE:** If you are an attorney or accredited ay need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and 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 that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

**Preparer's Signature**

8.a. Preparer's Signature

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

**If someone else prepared your application on your behalf list information here and have the preparer sign/date.**

**Part 6. Additional Information**

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 top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

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5.a. Page Number  5.b. Part Number  5.c. Item Number

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**Relist all of your information as listed on page 1.**

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