



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)
2.b. Given Name (First Name)
2.c. Middle Name

Address of Attorney or Accredited Representative

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

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number
5. Mobile Telephone Number (if any)
6. Email Address (if any)
7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
I-821D I-765 I-765WS
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
4. Receipt Number (if any)
▶
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
☒ Applicant ☐ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
8. Client's USCIS Online Account Number (if any)
▶
9. Client's Alien Registration Number (A-Number) (if any)
▶ A-

Client's Contact Information

10. Daytime Telephone Number

11. Mobile Telephone Number (if any)

12. Email Address (if any)

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 13.c. City or Town
- 13.d. State 13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

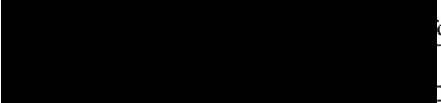

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☐ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select Item Number 1.c.

- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity


- 2.a.  or an Entity
- 2.b. Date of Signature (mm/dd/yyyy)  2019

Part 5. Signature of Attorney or Accredited Representative


I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.


1. a. Signature of Attorney or Accredited Representative



- 1.b. Date of Signature (mm/dd/yyyy)  2019

- 2.a. Signature of Law Student or Law Graduate



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

If you need extra space to provide any additional information within this form, 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 form or attach a separate sheet of paper. Type or print your name 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.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d.

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

[illegible]

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

4.d.

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

[illegible]

6.a. Page Number	6.b. Part Number	6.c. Item Number
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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

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: <input type="text"/> / <input type="text"/> / <input type="text"/>	Received: <input type="text"/> / <input type="text"/> / <input type="text"/>	Remarks	
Resubmitted: <input type="text"/> / <input type="text"/> / <input type="text"/>	Sent: <input type="text"/> / <input type="text"/> / <input type="text"/>			
To Be Completed by an Attorney or Accredited Representative, if any.		<input checked="" type="checkbox"/> Select this box if Form G-28 is attached to represent the requestor.	Attorney State Bar Number (if any): 6306574	

► **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 and 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

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

(mm/dd/yyyy) ► /2019

Full Legal Name

- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name

U.S. Mailing Address (Enter the same address on 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 Chicago Heights
- 4.e. State IL 4.f. ZIP Code 60411

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; an Immigration and Nationality Act (INA) 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.

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

Part 1. Information About You (For Initial and Renewal Requests) (continued)

Other Information

6. Alien Registration Number (A-Number) (if any)
▶ A- [REDACTED]
7. U.S. Social Security Number (if any)
▶ [REDACTED]
8. Date of Birth (mm/dd/yyyy) ▶ [REDACTED]
9. Gender ☐ Male ☒ Female
- 10.a. City/Town/Village of Birth
[REDACTED]
- 10.b. Country of Birth
[REDACTED]
11. Current Country of Residence
United States
12. Country of Citizenship or Nationality
[REDACTED]
13. Marital Status
☐ Married ☐ Widowed ☒ Single ☐ Divorced

Other Names Used (If Applicable)

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

- 14.a. Family Name (Last Name) [REDACTED]
- 14.b. Given Name (First Name) [REDACTED]
- 14.c. Middle Name [REDACTED]

Processing Information

15. Ethnicity (Select **only one** box)
☒ Hispanic or Latino
☐ Not Hispanic or Latino
16. Race (Select **all applicable** boxes)
☒ White
☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
17. Height Feet [REDACTED] Inches [REDACTED]
18. Weight Pounds [REDACTED]
19. Eye Color (Select **only one** box)
☐ Black ☐ Blue ☒ Brown
☐ Gray ☐ Green ☐ Hazel
☐ Maroon ☐ Pink ☐ Unknown/Other
20. Hair Color (Select **only one** box)
☐ Bald (No hair) ☐ Black ☐ Blond
☒ Brown ☐ Gray ☐ Red
☐ Sandy ☐ White ☐ Unknown/Other

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

1. I have been continuously residing in the U.S. since at least June 15, 2007, up to the present time. ☒ Yes ☐ No

NOTE: If you departed the United States for some period of time before your 16th birthday and returned to the United States on or after your 16th birthday to begin your current period of 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 of your knowledge, the addresses where you resided since the 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 approved.

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

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

Present Address

2.a. Dates at this residence (mm/dd/yyyy)
From ► 2017 To ► Present

2.b. Street Number and Name

2.c. Apt. ☐ Ste. ☐ Flr. ☐

2.d. City or Town Chicago Heights

2.e. State IL 2.f. ZIP Code 60411

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

Travel Information

For Initial Requests: List all of your absences from the United States since June 15, 2007.

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
 N/A

Departure 2

7.a. Departure Date (mm/dd/yyyy) ►

7.b. Return Date (mm/dd/yyyy) ►

7.c. Reason for Departure
 N/A

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. Passport Number

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

Part 3. For Initial Requests Only (continued)

4. Immigration Status on June 15, 2012 (e.g., *No Lawful Status, Status Expired, Parole Expired*)

- 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. Additional Information** to describe the circumstances and include a full explanation.

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 alcohol- or drug-related.* ☒ Yes ☐ No

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.

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 while such person was under age 15? ☐ Yes ☒ No

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? ☐ Yes ☒ No

Part 5. Statement, Certification, Signature, and Contact Information of the Requestor (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.

1.b. ☐ The interpreter named in Part 6. has read to me 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 by my interpreter, and have provided true and correct responses in the language indicated above.

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 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 fine, imprisonment up to 5 years, or both, under 18 U.S.C. 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.

2.a.



2.b. Date of Signature (mm/dd/yyyy) 2019

Requestor's Contact Information

3. Requestor's Daytime Telephone Number

4. Requestor's Mobile Telephone Number

5. Requestor's Email Address

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

Interpreter's Full Name

Provide the following information concerning the interpreter:

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

None

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

None

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

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 instruction on this form, as well as the answer to each question, in the language provided in **Part 5., Item Number 1.b.**; and

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.

6.a. Interpreter's Signature

6.b. Date of Signature (mm/dd/yyyy) ►

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Request, If Other than the Requestor (For Initial and Renewal Requests)

Preparer's Full Name

Provide the following information concerning the preparer:

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

McLean

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

William

2. Preparer's Business or Organization Name

Law Office of William G McLean

Preparer's Mailing Address

3.a. Street Number and Name 401 S LaSalle St

3.b. Apt. ☐ Ste. ☒ Flr. ☐ 801R

3.c. City or Town Chicago

3.d. State IL 3.e. ZIP Code 60605

3.f. Province

3.g. Postal Code

3.h. Country

USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

3127145603

5. Preparer's Fax Number

3122687427

6. Preparer's Email Address

mcleanlaw.chicago@gmail.com

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) ► 2019

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

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.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any)

3.d. No additional arrests since grant of
initial DACA request.

[illegible][illegible]



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

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

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).

☒ Select this box if Form G-28 is attached.

Attorney or Accredited Representative USCIS Online Account Number (if any)

► **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.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.

- 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 (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

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 (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 3.a. Family Name (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

Part 2. Information About You (continued)

Your U.S. Mailing Address

- 5.a. In Care Of Name (if any)
[Redacted]
- 5.b. Street Number and Name [Redacted]
- 5.c. ☐ Apt. ☐ Ste. ☐ Flr. [Redacted]
- 5.d. City or Town **Chicago Heights**
- 5.e. State **IL** 5.f. ZIP Code **60411**
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

- 7.a. Street Number and Name [Redacted]
- 7.b. ☐ Apt. ☐ Ste. ☐ Flr. [Redacted]
- 7.c. City or Town [Redacted]
- 7.d. State [Redacted] 7.e. ZIP Code [Redacted]

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- [Redacted]
9. USCIS Online Account Number (if any)
▶ [Redacted]
10. Gender ☐ Male ☒ Female
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).
▶ [Redacted]

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.

Father's Name

Provide your father's birth name.

- 16.a. Family Name (Last Name) [Redacted]
- 16.b. Given Name (First Name) [Redacted]

Mother's Name

Provide your mother's birth name.

- 17.a. Family Name (Last Name) [Redacted]
- 17.b. Given Name (First Name) [Redacted]

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
[Redacted]
- 18.b. Country
[Redacted]

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)

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

21.c. Travel Document Number (if any)

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)

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

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

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.a. Degree

28.b. Employer's Name as Listed in E-Verify

28.c. Employer's E-Verify Company Identification Number or a 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 for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please 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 Instructions before completing this section. You must file Form I-765 while in the United States.

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.**,

William McLean

, prepared this application for me based only upon information I provided or authorized.

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.

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:

- 1) 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 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.
- 7.b. Date of Signature (mm/dd/yyyy)

2019

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)

None
- 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 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 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)

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 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

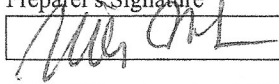

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. ☒ I am an attorney or accredited representative and my representation of the applicant in this case ☒ extends ☐ does not extend beyond the 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)  2019

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.

[illegible]

4.d.

[illegible][illegible]



Form I-765 Worksheet
Department of Homeland Security
U.S. Citizenship and Immigration Services

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

If you are applying for employment authorization under the (c)(14), Deferred Action, or (c)(33), Consideration of Deferred Action for Childhood Arrivals, categories, you must complete this worksheet so we can determine whether you have an economic need to work. In the spaces provided, indicate your current annual income, your current annual expenses, and the total current value of your assets. Supporting evidence is not required, but U.S. Citizenship and Immigration Services (USCIS) will accept and review any documentation that you submit. You do not need to include other household members' financial information to establish your own economic necessity.

Part 1. Your Full Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Part 2. Financial Information

1. My current annual income is: \$

2. My current annual expenses are: \$

3. The total current value of my assets is: \$

Part 3. Explanation

If you would like to provide an explanation regarding your current financial information or your economic need for employment authorization, use the space below.

I need to continue to work lawfully with secure employment so that I can continue to help my family grow and be protected financially.

UNITED STATES OF AMERICA

EMPLOYMENT AUTHORIZATION CARD

Surname

Given Name

USCIS#

Category Card#

Country of Birth

Terms and Conditions

None

Date of Birth

Sex

Valid From:

17

Card Expires:

19

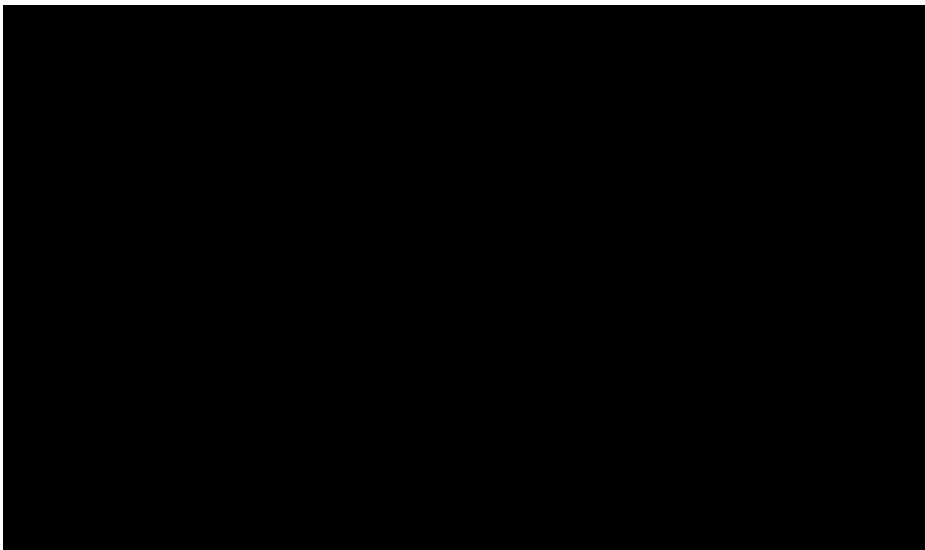
NOT VALID FOR REENTRY TO U.S.



U.S. Citizenship
and Immigration
Services

This card is not evidence of U.S. citizenship or permanent residence.
This document is void if altered, and may be revoked by the U.S. Government.
The person identified is authorized to work in the U.S. for the validity of this card.

FORM I-766 Rev 11-0-2014



PASAPORTE

