

August 15, 2018

**Via U.S. Priority Mail**

USCIS  
PO Box 20700  
Phoenix, AZ 85036

**RE: Form I-821D, Consideration for Deferred Action for Childhood Arrivals**  
**Applicant:** Juan Luis Jimenez Parra  
**Alien No:** 210-654-987

Dear or Sir or Madam,

The above captioned Requestor, Juan Luis Jimenez Parra, submits this request to renew his DACA work permit. I have assisted him in completing organizing the following forms and documents submitted in support of his request:

**Filing Fees**

- A. Cashier's Check in the amount of \$495.00 payable to the U.S. Department of Homeland Security

**Photographs**

- B. Two Passport Style Photographs of Requestor

**Forms**

- C. I-1821D, Consideration for Deferred Action for Childhood Arrivals
- D. I-765, Application for Employment Authorization
- E. I-765WS, Form I-765 Worksheet

**Identity and Proof of Citizenship/Nationality Documents**

- F. Copy of Front and Back of Requestor's EAD Card
- G. Copy of Requestor's Mexican Passport
- H. Copy of Rent Receipts from February 2017 – August 2018 as evidence of physical presence since last DACA renewal.
- I. Copy of Requestors Social Security Earnings Statement as evidence of continuous physical presence since last DACA renewal.

Thank you in advance for your assistance and prompt attention to this matter. Do not hesitate to contact the Applicant with any questions or concerns.

Sincerely,

*Marjorie Magnifique*

Marjorie Magnifique

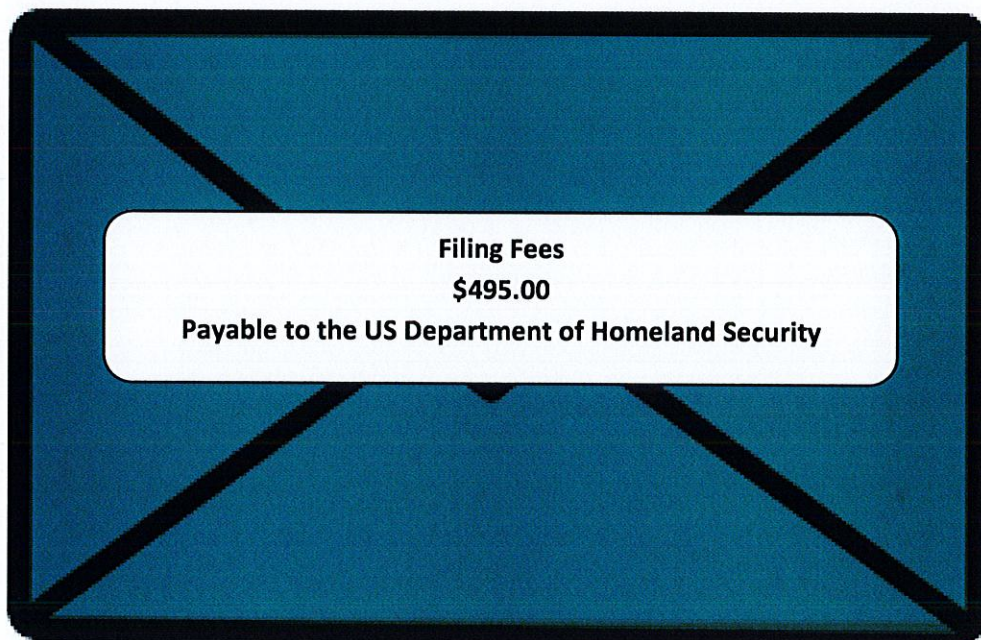


**EXHIBIT - A**

## Filing Fees

Remember to:

1. Cashier's Check, Money Order or Personal Check
2. Payable to: US Department of Homeland Security
3. Name and A# in Memo Line



**EXHIBIT - B**

## PASSPORT STYLE PHOTO GRAPHS

Remember to:

1. Label Each Photo with full name and A#
2. Photos should be 2 x 2
3. Photos **MUST** have white background
4. Label the Envelope



**EXHIBIT - C**



# 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: <input type="text"/>	Relocated	Received: <input type="text"/>	Remarks
Resubmitted: <input type="text"/>		Sent: <input type="text"/>	
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. 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) ▶

### 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

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; 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- 2 1 0 6 5 4 9 8 7
7. U.S. Social Security Number (if any)  
▶ 6 7 8 4 5 1 2 3 4
8. Date of Birth (mm/dd/yyyy) ▶ 09/28/1992
9. Gender  Male  Female
- 10.a. City/Town/Village of Birth  
OAXACA
- 10.b. Country of Birth  
MEXICO
11. Current Country of Residence  
UNITED STATES
12. Country of Citizenship or Nationality  
MEXICO
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) NONE
- 14.b. Given Name (First Name) NONE
- 14.c. Middle Name NONE

**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 5 Inches 11
18. Weight Pounds 1 7 5
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 ▶ 05/15/2012 To ▶ Present

2.b. Street Number and Name 14502 EAST 120TH STREET

2.c. Apt.  Ste.  Flr.

2.d. City or Town HAWTHORNE

2.e. State CA 2.f. ZIP Code 90250

**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 ZIP Code 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

**Departure 2**

7.a. Departure Date (mm/dd/yyyy) ▶

7.b. Return Date (mm/dd/yyyy) ▶

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?  
MEXICO

9.b. Passport Number  
B12345678

9.c. Passport Expiration Date (mm/dd/yyyy) ▶ 09/28/2022

10. Border Crossing Card Number (if any)  
NONE

**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) ▶ 07/04/2006

3. Place of **Initial** Entry into the United States  
SAN YSIDRO

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

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

Status 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).

▶ 6 9 6 5 1 2 3 6 5 0 1

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) ▶ 01/05/2007

**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)

GRADUATED HIGH SCHOOL

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

HAWTHORNE HIGH SCHOOL HAWTHORNE CA

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) ▶

06/08/2011

**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. 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

**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)

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

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

**Interpreter's Mailing Address**

3.a. Street Number and Name

3.b. Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

5. Interpreter's Email Address

**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)

MAGNIFIQUE

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

MARJORI

2. Preparer's Business or Organization Name

**Preparer's Mailing Address**

3.a. Street Number and Name  1234 MAIN STREET

3.b. Apt.  Ste.  Flr.

3.c. City or Town  LOS ANGELES

3.d. State  CA 3.e. ZIP Code  90010

3.f. Province

3.g. Postal Code

3.h. Country

USA

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

2135551212

5. Preparer's Fax Number


6. Preparer's Email Address

IMMIGRATION4U@YAHOO.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) ▶  08/15/2018

**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.

**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- 

2	1	0	6	5	4	9	8	7
---	---	---	---	---	---	---	---	---

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

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

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

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

**EXHIBIT - 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"/>
---	--	---

▶ **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)

5.b. Street Number and Name

5.c.  Apt.  Ste.  Flr.

5.d. City or Town

5.e. State  5.f. ZIP Code

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

7.b.  Apt.  Ste.  Flr.

7.c. City or Town

7.d. State  7.e. ZIP Code

**Other Information**

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

9. USCIS Online Account Number (if any)  
▶

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).  
▶

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)

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

18.b. Country

**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

OAXACA

19.b. State/Province of Birth

19.c. Country of Birth

MEXICO

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

09/28/1992

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

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

▶ 6 9 6 5 1 2 3 6 5 0 1

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

B12345678

21.c. Travel Document Number (if any)

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

MEXICO

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

09/28/2022

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

SAN YSIDRO

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

B-2

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

EXPIRED B-2 AND DACA RECIPIENT

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

▶ N-

**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)).

( c ) ( 33 ) ( )

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.**, , 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. 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. 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.

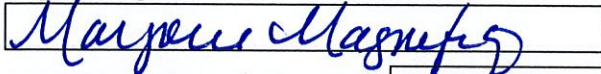
**NOTE:** If you are an attorney or accredited ay need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

**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)

08/15/2018

**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

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

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

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

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

6.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

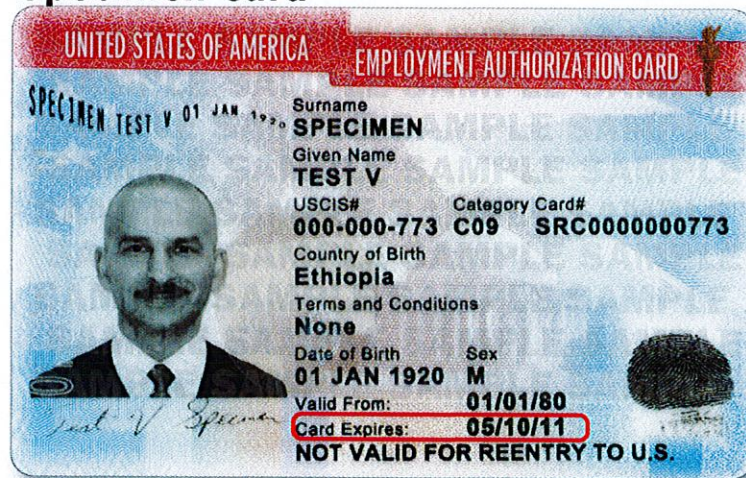
**EXHIBIT - E**



**EXHIBIT - F**

# COPY OF FRONT AND BACK OF EXPIRING/EXPIRED WORK PERMIT

## Specimen Card



**EXHIBIT - G**



**EXHIBIT - H**

# COPY OF RENT RECEIPTS

## FEBRUARY 2017 – AUGUST 2018

<h3>RENT RECEIPT</h3> <p>Month: _____ Receipt #: _____ Date: _____</p> <p>Rent Received From _____ of ₹ _____ for _____ against the settlement of amount agreed by _____ This amount is referring to the confirmation of compliance of rental agreement.</p> <table border="1"><tr><td>Total Amount to be Received</td></tr><tr><td>Amount Received</td></tr><tr><td>Balance Due</td></tr></table> <p>Signed By Tenant _____ Signed By Owner _____</p>	Total Amount to be Received	Amount Received	Balance Due	<h3>RENT RECEIPT</h3> <p>Month: _____ Receipt #: _____ Date: _____</p> <p>Rent Received From _____ of ₹ _____ for _____ against the settlement of amount agreed by _____ This amount is referring to the confirmation of compliance of rental agreement.</p> <table border="1"><tr><td>Total Amount to be Received</td></tr><tr><td>Amount Received</td></tr><tr><td>Balance Due</td></tr></table> <p>Signed By Tenant _____ Signed By Owner _____</p>	Total Amount to be Received	Amount Received	Balance Due
Total Amount to be Received							
Amount Received							
Balance Due							
Total Amount to be Received							
Amount Received							
Balance Due							
<h3>RENT RECEIPT</h3> <p>Month: _____ Receipt #: _____ Date: _____</p> <p>Rent Received From _____ of ₹ _____ for _____ against the settlement of amount agreed by _____ This amount is referring to the confirmation of compliance of rental agreement.</p> <table border="1"><tr><td>Total Amount to be Received</td></tr><tr><td>Amount Received</td></tr><tr><td>Balance Due</td></tr></table> <p>Signed By Tenant _____ Signed By Owner _____</p>	Total Amount to be Received	Amount Received	Balance Due	<h3>RENT RECEIPT</h3> <p>Month: _____ Receipt #: _____ Date: _____</p> <p>Rent Received From _____ of ₹ _____ for _____ against the settlement of amount agreed by _____ This amount is referring to the confirmation of compliance of rental agreement.</p> <table border="1"><tr><td>Total Amount to be Received</td></tr><tr><td>Amount Received</td></tr><tr><td>Balance Due</td></tr></table> <p>Signed By Tenant _____ Signed By Owner _____</p>	Total Amount to be Received	Amount Received	Balance Due
Total Amount to be Received							
Amount Received							
Balance Due							
Total Amount to be Received							
Amount Received							
Balance Due							
<h3>RENT RECEIPT</h3> <p>Month: _____ Receipt #: _____ Date: _____</p> <p>Rent Received From _____ of ₹ _____ for _____ against the settlement of amount agreed by _____ This amount is referring to the confirmation of compliance of rental agreement.</p> <table border="1"><tr><td>Total Amount to be Received</td></tr><tr><td>Amount Received</td></tr><tr><td>Balance Due</td></tr></table> <p>Signed By Tenant _____ Signed By Owner _____</p>	Total Amount to be Received	Amount Received	Balance Due	<h3>RENT RECEIPT</h3> <p>Month: _____ Receipt #: _____ Date: _____</p> <p>Rent Received From _____ of ₹ _____ for _____ against the settlement of amount agreed by _____ This amount is referring to the confirmation of compliance of rental agreement.</p> <table border="1"><tr><td>Total Amount to be Received</td></tr><tr><td>Amount Received</td></tr><tr><td>Balance Due</td></tr></table> <p>Signed By Tenant _____ Signed By Owner _____</p>	Total Amount to be Received	Amount Received	Balance Due
Total Amount to be Received							
Amount Received							
Balance Due							
Total Amount to be Received							
Amount Received							
Balance Due							
<h3>RENT RECEIPT</h3> <p>Month: _____ Receipt #: _____ Date: _____</p> <p>Rent Received From _____ of ₹ _____ for _____ against the settlement of amount agreed by _____ This amount is referring to the confirmation of compliance of rental agreement.</p> <table border="1"><tr><td>Total Amount to be Received</td></tr><tr><td>Amount Received</td></tr><tr><td>Balance Due</td></tr></table> <p>Signed By Tenant _____ Signed By Owner _____</p>	Total Amount to be Received	Amount Received	Balance Due	<h3>RENT RECEIPT</h3> <p>Month: _____ Receipt #: _____ Date: _____</p> <p>Rent Received From _____ of ₹ _____ for _____ against the settlement of amount agreed by _____ This amount is referring to the confirmation of compliance of rental agreement.</p> <table border="1"><tr><td>Total Amount to be Received</td></tr><tr><td>Amount Received</td></tr><tr><td>Balance Due</td></tr></table> <p>Signed By Tenant _____ Signed By Owner _____</p>	Total Amount to be Received	Amount Received	Balance Due
Total Amount to be Received							
Amount Received							
Balance Due							
Total Amount to be Received							
Amount Received							
Balance Due							

**EXHIBIT - I**

SOCIAL SECURITY ADMINISTRATION EARNINGS RECORD -  
SAMPLE

## Your Earnings Record

Years You Worked	Your Taxed Social Security Earnings	Your Taxed Medicare Earnings
1973	218	218
1974	553	553
1975	1,032	1,032
1976	1,822	1,822
1977	2,561	2,561
1978	3,309	3,309
1979	4,326	4,326
1980	5,868	5,868
1981	7,634	7,634
1982	9,056	9,056
1983	10,416	10,416
1984	11,913	11,913
1985	13,247	13,247
1986	14,370	14,370
1987	15,953	15,953
1988	17,365	17,365
1989	18,617	18,617
1990	19,986	19,986
1991	21,213	21,213
1992	22,744	22,744
1993	23,315	23,315
1994	24,294	24,294
1995	25,597	25,597
1996	27,177	27,177
1997	29,061	29,061