



e-Notification of Application/Petition Acceptance

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

USCIS
Form G-1145
Expires 09/30/2016

What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

ROUTINE USES: The information provide on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [[DHS/USCIS-007 - Benefits Information System](#) and [DHS/USCIS-001 -Alien File \(A-File\) and Central Index System \(CIS\)](#)], which can be found at www.dhs.gov/privacy. The information may also be made available, as appropriate,for law enforcement purposes or in the interest of national security.

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name DOE	Applicant/Petitioner Full First Name Juana	Applicant/Petitioner Full Middle Name Maria
Email Address juana@email.com		Mobile Phone Number (Text Message) 222-222-2222



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: <input type="text"/>	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) ► 03/04/2018

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

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

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

Other Information

6. Alien Registration Number (A-Number) (if any)
▶ A- 4 4 4 4 4 4 4 4 4
7. U.S. Social Security Number (if any)
▶ 1 2 3 4 5 6 7 8 9
8. Date of Birth (mm/dd/yyyy) ▶ 01/01/1985
9. Gender ☐ Male ☒ Female
- 10.a. City/Town/Village of Birth
Ciudad Juarez
- 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)
- 14.b. Given Name (First Name)
- 14.c. Middle Name

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 2
18. Weight Pounds 1 2 0
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 ► 01/01/2013 To ► Present

2.b. Street Number and Name 123 Main St.

2.c. Apt. ☒ Ste. ☐ Flr. ☐ 1

2.d. City or Town Anytown

2.e. State NY 2.f. ZIP Code 10000

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

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
1234567890

9.c. Passport Expiration Date
(mm/dd/yyyy) ► 01/01/2024

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. 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)*

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

2. Preparer's Business or Organization Name

The Legal Aid Society

Preparer's Mailing Address

3.a. Street Number and Name 199 Water Street

3.b. Apt. ☐ Ste. ☐ Flr. ☒ 3rd Fl

3.c. City or Town New York

3.d. State NY **3.e.** ZIP Code 10038

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number 212-577-3300

5. Preparer's Fax Number 212-509-8941

6. Preparer's Email Address

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.

Full Legal Name

1.a. Family Name *(Last Name)*

1.b. Given Name (<i>First Name</i>)	Juana
---	-------

1.c. Middle Name	Maria
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2. A-Number (if any)

► A-

4	4	4	4	4	4	4	4	4
---	---	---	---	---	---	---	---	---

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

3.d.

[illegible]

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

4.d.

[illegible]

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

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5.d.

[illegible]



Application For Employment Authorization

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

USCIS
Form I-765

OMB No. 1615-0040
Expires 02/28/2018

For USCIS Use Only	Fee Stamp	Action Block	Initial Receipt	Resubmitted
			Relocated	
			Received	Sent
			Completed	
<input type="checkbox"/> Application Approved <input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid To _____ Subject to the following conditions: _____		<input type="checkbox"/> Application Denied - Failed to establish: <input type="checkbox"/> Eligibility under 8 CFR 274a.12 (a) or (c) <input type="checkbox"/> Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f) <input type="checkbox"/> Applicant is filing under section 274a.12 _____		Approved A# _____ Denied

► **START HERE - Type or print in black ink.**

I am applying for:

- ☐ Permission to accept employment.
- ☐ Replacement (of lost employment authorization document).
- ☒ Renewal of my permission to accept employment (attach a copy of your previous employment authorization document).

1. Full Name

Family Name	First Name	Middle Name
DOE	Juana	Maria

2. Other Names Used (include Maiden Name)

Family Name	First Name	Middle Name

3. U.S. Mailing Address

Street Number and Name	Apt. Number	
123 Main St.	1	
Town or City	State	ZIP Code
Anytown	NY	10000

4. Country of Citizenship or Nationality

Mexico

5. Place of Birth

Town or City	State/Province	Country
Ciudad Juarez		Mexico

6. **Date of Birth** (mm/dd/yyyy)

01/01/1985

7. **Gender** ☐ Male ☒ Female

8. Marital Status

☒ Single ☐ Married ☐ Divorced ☐ Widowed

9. **Social Security Number** (Include all numbers you have ever used, if any)

123-45-6789

10. **Alien Registration Number (A-Number) or Form I-94 Number** (if any)

444-444-444

11. **Have you ever before applied for employment authorization from USCIS?**

☒ Yes (Complete the following questions.)

Which USCIS Office?	Dates
SRC	01/01/2015
Results (Granted or Denied - attach all documentation)	
Granted	

☐ No (Proceed to **Question 12.**)

12. **Date of Last Entry into the U.S., on or about** (mm/dd/yyyy)

01/01/1995

13. **Place of Last Entry into the U.S.**

US/Mexico border

14. **Status at Last Entry** (B-2 Visitor, F-1 Student, No Lawful Status, etc.)

No lawful status

15. **Current Immigration Status** (Visitor, Student, etc.)

DACA

16. **Eligibility Category.** Go to the "Who May File Form I-765?" section of the Instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. For example, (a)(8), (c)(17)(iii), etc.

(c) (33) ()

- 17. (c)(3)(C) Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Question 16** above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.

Degree Employer's Name as listed in E-Verify

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Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

--

- 18. (c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Question 16** above, please provide the receipt number of your H-1B principal spouse's most recent Form I-797 Notice of Approval for Form I-129.

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19. (c)(35) and (c)(36) Eligibility Category

- a.** If you entered the eligibility category (c)(35) or (c)(36) in **Question 16** above, please provide the receipt number of the Form I-140 beneficiary's Form I-797 Notice of Approval for Form I-140.

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- b.** Have you **EVER** been arrested for and/or convicted of any crime? ☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Numbers 19.b.**, refer to **Item Number 5.**, **Item H.** or **Item 1.** in the **Who May File Form I-765** section of these Instructions for information about providing court dispositions.

Certification

I certify, under penalty of perjury, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "**Who May File Form I-765?**" section of the instructions and have identified the appropriate eligibility category in **Question 16.**

Applicant's Signature

--

Date of Signature (mm/dd/yyyy)

--

Telephone Number

111-111-1111

Signature of Person Preparing Form, If Other Than Applicant

I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Preparer's Signature

--

Date of Signature (mm/dd/yyyy)

--

Printed Name

--

Address

The Legal Aid Society

199 Water Street, 3rd Fl

New York, NY 10038



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

USCIS
Form I-765WS
OMB No. 1615-0040
Expires 02/28/2018

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 that USCIS can determine whether you have an economic need to work. In the spaces provided, please indicate your current annual income, your current annual expenses, and the total current value of your assets. It is not necessary to submit supporting documentation, though it will be accepted and reviewed if you choose to submit it. You do not need to include other household members' financial information to establish your own economic necessity.

Part 1. Full Name

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

Part 2. Financial Information

2. My current annual income is: \$
3. My current annual expenses are: \$
4. 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, please use the space below.

I would like to renew my work permit so that I can continue to work to support myself and my 3 year old U.S. citizen daughter, whom I am raising on my own. I am also paying my own way through college, which I am attending part time as I work part time. If I am unable to renew my work permit, I will lose my job and will have to drop out of college.