



Login with USCIS account Username and Password

Name

Password

- InfoPass
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MYUSCIS REQUEST BENEFIT CHECK CASE STATUS

REQUEST TYPE EVIDENCE UPLOAD REVIEW E-SIGN

Online Account Setup

Getting Started - Privacy Act Statement

To protect your privacy and to ensure that your data is secure, there are 5 main steps required to set up your USCIS ELIS Online Account. You must have a valid Email address to complete the account setup.

To create your USCIS ELIS Online Account, please read and agree to the USCIS Privacy Act Statement below.

USCIS Privacy Act Statement

AUTHORITIES: The information and associated evidence you provide is collected pursuant to the Immigration and Nationality Act of 1952 (P.L. 82-414), as amended; the Homeland Security Act of 2002 (P.L. 107-296); and Title 8 of the Code of Federal Regulations.

PURPOSE: The information that you submit may be used (1) to create or update your USCIS ELIS Account, (2) determine your eligibility for a requested benefit, which includes required national security and law enforcement checks, and/or (3) determine your eligibility to act as an attorney or accredited representative in USCIS ELIS.

ROUTINE USES: This information will be shared outside USCIS to assist in determining your eligibility for your requested benefit and in accordance with the approved routine uses described in the associated systems of records notices.

DISCLOSURE: The information you provide is voluntary. However, failure to provide accurate information may delay a final decision after submission of a benefit request or result in denial of any pending benefit requests. Please note that the system will record user information such as Internet Protocol Address and Web Browser type and version upon submission.

* I have read and agree to the Privacy Act Statement.



U.S. Citizenship
and Immigration
Services

Available Benefits*:

Application for Temporary Protected Status (I-821)

If your Attorney or Accredited Representative has provided you with a **Case Passcode**, click [Enter Case Passcode](#).

Important Notes:

1. USCIS captures your Internet Protocol address and your web browser information when you file a benefit request.
2. USCIS cannot electronically process fee waivers at this time in USCIS ELIS. Payment processing is completed entirely through the Department of Treasury's secure Pay.gov system. USCIS will not store or have access to your payment or credit card information.
3. NEVER give out your USCIS ELIS account number or password to another individual or allow another person to use your USCIS ELIS account and password to file a benefit request.

USCIS Privacy Act Statement

AUTHORITIES: Section 244 of the Immigration and Nationality Act (INA), as amended, and 8 CFR 244.9 authorize USCIS to collect the information and the associated evidence for this form. INA 264(f) (8 U.S.C. 1304(f)) also provides the Secretary of Homeland Security with the authority to collect Social Security Number (SSN) information.

PURPOSE: The primary purpose for providing the requested information on this form is to determine if you have established eligibility for the Temporary Protected Status for which you are filing. The information you provide may also be used to grant or deny the benefit sought.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision or result in denial of your request for Temporary Protected Status.

ROUTINE USES: The information you provide on this form may be disclosed to other Federal, state, local, and foreign government agencies and authorized organizations in accordance with approved routine uses, as described in the associated published system of records notices, DHS-USCIS-007 - Benefits Information System, DHS/USCIS-001 - Alien File, Index, and National File Tracking System of Records and DHS/USCIS-015 - Electronic Immigration System-2 Account and Case Management System of Records, 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.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 1 hour and 45 minutes per response, including the time for gathering the required documentation and information, reviewing the instructions, and completing and submitting the application. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0043. **Do not mail your completed Form I-821 to this address.**

MYUSCIS	REQUEST BENEFIT	CHECK CASE STATUS
I-821 APPLICATION FOR TPS	EVIDENCE UPLOAD	REVIEW
E-SIGN	Form Instructions	Save Draft

Type of Application (check one):

- This is my initial (*first-time*) application for Temporary Protected Status (TPS). I was not previously granted TPS.
- This is my re-registration application for TPS. I was previously granted TPS.

Are you also filing a request for employment authorization?

- Yes. I am requesting an Employment Authorization Document (EAD), and I am filing an Application for Employment Authorization (I-765) together with my Application for TPS (I-821).
- No. I am not currently requesting employment authorization, but I am filing an Application for Employment Authorization (I-765) (*as required for administrative purposes*) together with my Application for TPS (I-821).

Information About You

Family Name (*Last Name*): Given Name (*First Name*): Middle Name:

I do not have a Given Name (*First Name*). I do not have a Middle Name.

Have you ever used any other names? Yes No

Other Name(s) Used *List all other names you have ever used, including maiden names, aliases, and nicknames.*

Family Name (*Last Name*): Given Name (*First Name*): Middle Name:

[Submit](#)

Family Name (<i>Last Name</i>)	Given Name (<i>First Name</i>)	Middle Name		
[Last Name]	[First Name]	Middle Name]	Delete	Edit

U.S. Mailing Address

In Care of Name:

Street Number and Name: City or Town:

Apt., Ste., Flr.: State:

ZIP Code:

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

U.S. Physical Address

Street Number and Name: City or Town:

Apt., Ste., Flr.: State:

ZIP Code:

Other Information

USCIS may contact me by:

- Email Email Address
- Daytime Telephone Daytime Telephone Number
- Mobile Telephone Mobile Telephone Number

Provide your Alien Registration Number (A-Number) (*if any*):

Provide your USCIS ELIS Account Number (*if any*):

Provide your U.S. Social Security Number (*if any*):

Date of Birth:

Have you ever used any other date(s) of birth? Yes No

Provide any other date(s) of birth you have used.

[Submit](#)

Other Dates of Birth		
[date of birth]	Delete	Edit

City/Town/Village of Birth: Country of Residence:

Country of Birth: Country of Citizenship/Nationality (if any):

Gender Male Female

What is your ethnicity? Hispanic or Latino
(Select only one) Not Hispanic or Latino

What is your race? (Select all applicable)

White American Indian or Alaska Native

Asian Native Hawaiian or Other Pacific Islander

Black or African American

What is your eye color? (Select only one)

What is your hair color? (Select only one)

What is your height? Feet Inches

What is your weight? Pounds

U.S. Entry Information

When did you last enter the United States?

What was your immigration status when you last entered the United States? (e.g., visitor, student, entered without inspection (EWI))

Where did you last enter the United States? U.S. Port of Entry:

City or Town:

State:

What is your Arrival-Departure Record Number (I-94) (if any)?

Has your authorized period of stay in the United States expired (as shown on Form I-94 or I-95)? Yes No

Please enter the date your authorized period of stay expired.

Do you have a passport or travel document? Yes No

Provide your Passport Number.

OR

Provide your Travel Document Number.

Provide the name of the country that issued your Passport or Travel Document.

Provide the date your Passport or Travel Document expires.

Your Current Immigration Status

What is your current immigration status?(e.g., visitor, student, visa overstay, EWI)

Are you now or were you ever in immigration proceedings? Yes No

Type of Proceedings (Select only one):

Exclusion Removal/Deportation Recission I am no longer in immigration proceedings, but I was in Federal court proceedings regarding immigration issues.

Please provide the location where your proceedings were held (or are currently being held).

Please provide the dates for your proceedings (if your proceedings are ongoing, leave the "To" date blank): From: To:

Information About Your Spouse and Children (if any)

What is your current marital status?

Married Widowed Single Divorced

Provide the following information about your spouse:

Family Name (Last Name): Given Name (First Name): Middle Name:

No Given Name (First Name). No Middle Name.

Does your spouse have a USCIS ELIS Account Number? Yes No Provide your spouse's USCIS ELIS Account Number:

Does your spouse have an Alien Registration Number (A-Number)? Yes No Provide your spouse's Alien Registration Number (A-Number):

Is your spouse's mailing address the same as your mailing address?

Yes No

Mailing Address of Spouse

Street Number and Name	<input type="text"/>	City or Town	<input type="text"/>
Apt., Ste., Flr.	<input type="text"/>	State	<input type="text" value="Select"/>
Country	<input type="text" value="United States"/>	ZIP Code	<input type="text"/>
		Province	<input type="text"/>
		Postal Code	<input type="text"/>

Other Information About Your Spouse

What is your spouse's date of birth?

Provide the date of your present marriage.

Provide the place of your present marriage.

Do you have any children? Yes No

Provide the following information about your children:

Family Name (<i>Last Name</i>):	Given Name (<i>First Name</i>):	Middle Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> No Given Name (<i>First Name</i>).	<input type="checkbox"/> No Middle Name

What is this child's date of birth?

Does this child have a USCIS ELIS Account Number?
 Yes No

Provide this child's USCIS ELIS Account Number:

Does this child have an Alien Registration Number (A-Number)?
 Yes No

Provide this child's Alien Registration Number (A-Number):

Is this child's address the same as your physical address?
 Yes No

Address of Child

Street Number and Name	<input type="text"/>	City or Town	<input type="text"/>
Apt., Ste., Flr.	<input type="text"/>	State	<input type="text" value="Select"/>
Country	<input type="text" value="United States"/>	ZIP Code	<input type="text"/>
		Province	<input type="text"/>
		Postal Code	<input type="text"/>

Submit

Child's Family Name (<i>Last Name</i>)	Child's Given Name (<i>First Name</i>)	Child's Middle Name		
[Last Name]	[First Name]	[Middle Name]	Delete	Edit

Back to Benefit Selection

NEXT



MYUSCIS	REQUEST BENEFIT	CHECK CASE STATUS
I-821 APPLICATION FOR TPS	EVIDENCE UPLOAD	REVIEW
	E-SIGN	<input type="button" value="Form Instructions"/> <input type="button" value="Save Draft"/>

Eligibility Standards

Provide the following information:

I am a national of (or an alien having no nationality, who last habitually resided in the country of):

I entered the United States on the following date, and have resided in the United States since that time.

Have you ever resided in any country(ies) other than the one you listed above? Yes No

Provide the following information about any other country(ies) in which you have resided:

Provide the name of the other country in which you resided.

Provide the dates that you resided in this country. From: To:

Provide your immigration status in this country (for example: citizen, permanent resident, refugee, asylee, visitor, temporary resident).

Name of Country:	Date From:	Date To:	Immigration Status:		
[country name]	[date from]	[date to]	[immigration status]	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
[country name]	[date from]	[date to]	[immigration status]	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

To be eligible for TPS, you must be admissible as an immigrant to the United States, with certain exceptions.

If any of the questions below apply to you, you must describe the circumstances and include a full explanation. Space to provide this information will be provided in the next page of this application, if necessary.

If you were **EVER** arrested, charged, or convicted for any criminal offense, you must provide dispositions (outcomes) for all such arrests, charges, or convictions in the **Evidence Upload** section. For example, you can provide a disposition from the appropriate authority indicating that your case was dismissed.

NOTE ABOUT WAIVERS: A TPS applicant must be admissible under the applicable grounds in section 212 of the Immigration and Nationality Act (INA).

A discretionary waiver may be granted for some, but not all, of the applicable inadmissibility grounds based on humanitarian, family unity or public interest reasons.

If you answer "Yes" to certain Item Numbers in the questions below, you may be eligible for a waiver of some of the grounds of inadmissibility. Please see the General Requirements section of the Application for Temporary Protected Status (I-821) Instructions for further information. You can file an Application for Waiver of Grounds of Inadmissibility (I-601), which is the application used to request a waiver, by returning to the Benefit Request page after you have finished your TPS application and selecting "Application for Waiver of Grounds of Inadmissibility (I-601)." Please be sure to read the special instructions related to TPS applicants on the Application for Waiver of Grounds of Inadmissibility (I-601).

Section	Grounds	Yes	No
2. a.	Have you EVER been convicted of any felony committed in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
2. b.	Have you EVER been convicted of any misdemeanor(s) committed in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
2. c.	Have you EVER been convicted of any particularly serious crime committed either in or outside the United States?	<input type="checkbox"/>	<input type="checkbox"/>
3. a.	Have you EVER ordered, incited, assisted, or otherwise participated in the persecution of any person on account of race, religion, nationality, membership in a particular social group, or political opinion?	<input type="checkbox"/>	<input type="checkbox"/>
3. b.	Have you EVER committed serious nonpolitical crimes outside of the United States prior to your arrival in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
3. c.	Have you EVER or are you NOW engaged in activities that could be reasonable grounds for concluding that you are a danger to the security of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
4. a.	Have you EVER been convicted of, or have you EVER committed acts which constitute the essential elements of a crime (other than a purely political offense)?	<input type="checkbox"/>	<input type="checkbox"/>
4. b.	Have you EVER been convicted of, or have you EVER committed acts which constitute the essential elements of a violation of any law relating to a controlled substance as defined in section 102 of the Controlled Substances Act?	<input type="checkbox"/>	<input type="checkbox"/>
4. c.	Have you EVER been convicted of, or have you EVER committed acts which constitute the essential elements of a conspiracy to violate any law relating to a controlled substance as defined in section 102 of the Controlled Substances Act?	<input type="checkbox"/>	<input type="checkbox"/>
5. a.	Have you EVER been convicted of two or more criminal offenses (other than purely political offenses) for which you received sentences to confinement that, when combined, total 5 years or more?	<input type="checkbox"/>	<input type="checkbox"/>
5. b.	Have you EVER trafficked in or are you NOW trafficking in any controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>

5.c.	Are you NOW or have you EVER knowingly assisted, abetted, conspired, or colluded with others in the unlawful trafficking of any controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>
5.d.	Are you the spouse or child of an alien who unlawfully trafficked in any controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>
5.e.	Are you the spouse or child of an alien who assisted, abetted, conspired, or colluded with others in the unlawful trafficking of any controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>
5.f.	Within the previous 5 years, have you EVER obtained any financial or other benefit from the unlawful activity of your spouse (including former spouses) or parent(s), and you knew or reasonably should have known that the financial or other benefit was the product of such illicit activity?	<input type="checkbox"/>	<input type="checkbox"/>
6.a.	Have you EVER engaged, or do you plan to engage, solely, principally, or incidentally, in any activity to violate any law of the United States relating to espionage or sabotage?	<input type="checkbox"/>	<input type="checkbox"/>
6.b.	Have you EVER engaged, or do you plan to engage, solely, principally, or incidentally, in any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information?	<input type="checkbox"/>	<input type="checkbox"/>
6.c.	Have you EVER engaged, or do you plan to engage, solely, principally, or incidentally, in any other unlawful activity in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
6.d.	Have you EVER engaged, or do you plan to engage, solely, principally, or incidentally, in any activity in which a purpose is the opposition to, or the control or overthrow of, the Government of the United States by force, violence, or other unlawful means, including but not limited to, participating in such activities, giving support to others involved in such activities, or being a member or representative of a terrorist organization?	<input type="checkbox"/>	<input type="checkbox"/>
7.a.	Have you EVER or are you NOW engaged in terrorist activities?	<input type="checkbox"/>	<input type="checkbox"/>
7.b.	Have you EVER or are you NOW engaged in or plan to engage in activities in the United States that would have potentially serious adverse foreign policy consequences for the United States?	<input type="checkbox"/>	<input type="checkbox"/>
7.c.	Have you EVER been or are you NOW a member of the Communist or other totalitarian party, except when membership was involuntary?	<input type="checkbox"/>	<input type="checkbox"/>
7.d.	Have you EVER participated in Nazi persecution or genocide?	<input type="checkbox"/>	<input type="checkbox"/>
8.a.	Have you EVER been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations?	<input type="checkbox"/>	<input type="checkbox"/>
8.b.	Have you EVER been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you EVER committed a serious criminal offense in the United States and asserted immunity from prosecution?	<input type="checkbox"/>	<input type="checkbox"/>
10.a.	Have you EVER, within the past 10 years, or are you NOW, engaged in prostitution or procurement of prostitution?	<input type="checkbox"/>	<input type="checkbox"/>
10.b.	Have you EVER within the past 10 years (either directly or indirectly) procured or attempted to procure or import, prostitutes or persons for the purpose of prostitution?	<input type="checkbox"/>	<input type="checkbox"/>
10.c.	Have you EVER, within the past 10 years, received, in whole or in part, the proceeds of prostitution?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you EVER been or do you intend to be involved in any other commercial vice?	<input type="checkbox"/>	<input type="checkbox"/>
12.a.	Have you EVER been ordered removed, and been deported from the United States?	<input type="checkbox"/>	<input type="checkbox"/>
12.b.	Have you EVER voluntarily departed the United States under an order of removal?	<input type="checkbox"/>	<input type="checkbox"/>
12.c.	If you answered "Yes" to either Item Number 12.a. or 12.b. above, have you re-entered the United States unlawfully at any time after you were deported or you voluntarily departed?	<input type="checkbox"/>	<input type="checkbox"/>
12.d.	If you answered "Yes" to Item Number 12.c. above, has your prior order of removal been reinstated by DHS?	<input type="checkbox"/>	<input type="checkbox"/>
12.e.	Have you EVER failed to attend or remain in attendance at any immigration proceedings to determine your admissibility or deportability?	<input type="checkbox"/>	<input type="checkbox"/>
12.f.	Have you EVER, by fraud or willfully misrepresenting a material fact, sought to obtain a visa or other documentation, admission to the United States, or any other immigration benefit?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Have you EVER assisted any other person to enter the United States in violation of the law?	<input type="checkbox"/>	<input type="checkbox"/>
14.a.	Do you NOW have a communicable disease of public health significance?	<input type="checkbox"/>	<input type="checkbox"/>
14.b.	Do you NOW have or have you EVER had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others?	<input type="checkbox"/>	<input type="checkbox"/>
14.c.	Are you NOW or have you EVER been a drug abuser or drug addict?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Have you EVER entered the United States as a stowaway?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Did the former Immigration and Naturalization Service (INS) EVER impose, or has DHS EVER imposed, civil monetary penalties on you for producing or using false documentation to obtain an immigration benefit?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Are you NOW subject to a final order for violation of section 274C (producing and/or using false documentation to unlawfully satisfy a requirement of the Immigration and Nationality Act)?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Do you NOW practice polygamy?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Are you NOW the guardian of, and are you accompanying, another alien who has been found to be inadmissible and who has been certified by a medical examiner to be helpless due to sickness, physical or mental disability, or infancy?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Have you EVER detained, retained, or withheld the custody of a child having a lawful claim to U.S. citizenship, outside the United States, from a U.S. citizen granted custody?	<input type="checkbox"/>	<input type="checkbox"/>
21.a.	Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in acts involving torture or genocide?	<input type="checkbox"/>	<input type="checkbox"/>
21.b.	Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in killing any person?	<input type="checkbox"/>	<input type="checkbox"/>

21.c.	Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in intentionally and severely injuring any person?	<input type="checkbox"/>	<input type="checkbox"/>
21.d.	Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in engaging in any kind of sexual contact or relations with any person who was being forced or threatened?	<input type="checkbox"/>	<input type="checkbox"/>
21.e.	Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in limiting or denying any person's ability to exercise religious beliefs?	<input type="checkbox"/>	<input type="checkbox"/>
22.a.	Have you EVER served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization?	<input type="checkbox"/>	<input type="checkbox"/>
22.b.	Have you EVER served or worked in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?	<input type="checkbox"/>	<input type="checkbox"/>
23.	Have you EVER been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?	<input type="checkbox"/>	<input type="checkbox"/>
24.	Have you EVER assisted with or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person?	<input type="checkbox"/>	<input type="checkbox"/>
25.	Have you EVER received any type of military, paramilitary, or weapons training?	<input type="checkbox"/>	<input type="checkbox"/>
26.	Have you EVER unlawfully voted in a United States Federal, state or local election?	<input type="checkbox"/>	<input type="checkbox"/>
27.	Have you EVER claimed to be a United States citizen (in writing or in any other way)?	<input type="checkbox"/>	<input type="checkbox"/>
28.a.	Have you EVER recruited, enlisted, conscripted, or used any person under age 15 to serve in or help an armed force or group?	<input type="checkbox"/>	<input type="checkbox"/>
28.b.	Have you EVER used any person under age 15 to take part in hostilities or to help or provide services to people in combat?	<input type="checkbox"/>	<input type="checkbox"/>
29.a.	Have you EVER committed or conspired to commit human trafficking offenses, as defined in section 103 of the Victims of Trafficking and Violence Prevention Act of 2000, in the United States or outside the United States?	<input type="checkbox"/>	<input type="checkbox"/>
29.b.	Have you EVER knowingly aided, abetted, assisted, conspired, or colluded with a human trafficker?	<input type="checkbox"/>	<input type="checkbox"/>
29.c.	Are you NOW the spouse or child of an alien who committed or conspired to commit human trafficking offenses?	<input type="checkbox"/>	<input type="checkbox"/>
29.d.	Are you NOW the spouse or child of, or are you yourself, an alien who knowingly aided, abetted, assisted, conspired, or colluded with a human trafficker?	<input type="checkbox"/>	<input type="checkbox"/>
29.e.	Within the previous 5 years, have you EVER obtained any financial or other benefit from the human trafficking activity of your spouse (including former spouses) or parent(s), and knew, or reasonably should have known that the financial or other benefit was the product of such illicit activity?	<input type="checkbox"/>	<input type="checkbox"/>
30.a.	Are you NOW or have you EVER engaged in money laundering as described in section 1956 or 1957 of Title 18, United States Code?	<input type="checkbox"/>	<input type="checkbox"/>
30.b.	Are you NOW or have you EVER been a knowing aider, abettor, assister, conspirator, or colluder with others in money laundering?	<input type="checkbox"/>	<input type="checkbox"/>
31.	Have you EVER been responsible for or directly carried out particularly severe violations of religious freedom, as defined in section 3 of the International Religious Freedom Act of 1998 (22 U.S.C. 6402) while serving as a foreign government official?	<input type="checkbox"/>	<input type="checkbox"/>
32.	Has an immigration judge or the Board of Immigration Appeals EVER determined that you filed a frivolous asylum application in the past?	<input type="checkbox"/>	<input type="checkbox"/>

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I-821 APPLICATION FOR TPS	EVIDENCE UPLOAD	REVIEW
		E-SIGN
		Form Instructions
		Save Draft

To be eligible for Temporary Protected Status, you must be admissible as an immigrant to the United States, with certain exceptions.

You indicated that the questions below apply to you.

Section	Grounds	Add
[Section]	[Grounds]	<input type="checkbox"/>

Please describe the circumstances and include a full explanation for each question in the space provided below.

ITEM NUMBER	VIEW FILE			
[Section]		Edit	Save	Delete

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Evidence Upload

Password Protection: Your files should not be password protected. Please remove any password protection before uploading your files into USCIS ELIS.

Scanned Images: The size of your scanned document file cannot exceed 60 megabytes (MB). If it is greater than 60 MB, try rescanning your document or decreasing your file size using your computer software.

Category

File Upload
[Browse to Upload Files](#)
Max File Size Limit 60MB

NOTE: Once uploaded, your File Uploads are automatically saved.

FILE UPLOAD	CATEGORY	VIEW FILE	
[file name]	[category]	[ICON]	Delete

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Electronic Filing Only



Application for Temporary Protected Status

Department of Homeland Security
U.S. Citizenship and Immigration Services (USCIS)

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Part I. Information About You

Account Information

1. Do you have a USCIS Account Identifier?
 Yes No
2. Do you have an Alien Registration Number (A Number)?
 Yes No A

Name(s)

- 3.a. Last Name (Family Name)
- 3.b. First Name (Given Name)
- 3.c. Middle Name
- 3.d. No First Name
- 3.e. No Middle Name
- 3.f. Have you ever used any other names other than the name entered above?
 Yes No

Addresses

Physical Address

- 4.a.1. Street Number
- 4.a.2. Street Name or P.O. Box
- 4.a.3. Apartment / Suite Number
- 4.a.4. City or Town
- 4.a.5. State
- 4.a.6. ZIP Code
- 4.a.7. Province
- 4.a.8. Postal Code
- 4.a.9. Country

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MYUSCIS

REQUEST BENEFIT

CHECK CASE STATUS

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Save Draft

Information About Application Preparation

[Instructions](#)

Check applicable boxes:

1. 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.

2. The interpreter named below 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, as noted below. 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 to each and every question in the language indicated below.
Name of Interpreter: Interpreted Language:

3. a. I have requested that the individual named below prepare this form on my behalf and I have consented to this individual preparing this form on my behalf.
Name of Preparer: My preparer **is** an attorney or accredited representative.
 My preparer **is not** an attorney or accredited representative.

3. b. I have not requested the services or consented to any person or any organization preparing this form for me.

Contact Information, Certification, and Signature of the Interpreter

If you selected **Item Number 2.** above, information about your Interpreter must be provided. After your Interpreter has completed and signed the Interpreter Information, you will need to upload it as evidence with your benefit request before submitting your application to USCIS.

Provide Interpreter Information

Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other than the Applicant.

If you selected **Item Number 3.a.** above, information about your Preparer must be provided. After your Preparer has completed and signed the Preparer Information, you will need to upload it as evidence with your benefit request before submitting your application to USCIS.

Provide Preparer Information

Attestation & E-Sign



Contact Information, Certification, and Signature of Interpreter

Provide the following information concerning the interpreter:

Interpreter's Full Name

Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

Interpreter's Business or
Organization Name

Interpreter's Mailing Address

Street Number and Name: Apt. Ste. Fir.

Country: City or Town:

State: ZIP Code:

Province: Postal Code:

Interpreter's Contact Information

Interpreter's Daytime Telephone Number

Interpreter's E-mail Address

Interpreter Certification

I certify that:

I am fluent in English and which is the same language provided by the applicant as a language in which he or she is fluent.

I have read to this applicant each and every question and instruction on this form, as well as the answer to each question, in the language provided by the applicant as a language in which he or she is fluent, and

The applicant 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.

Interpreter's Signature

Date (mm/dd/yyyy)

[Print PDF for Signature and Upload as Evidence](#)

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

Provide the following information concerning the preparer:

Preparer's Full Name

Preparer's Family Name (Last Name):

Preparer's Given Name (First Name):

Preparer's Business
or Organization Name:

Preparer's Mailing Address

Street Number and Name: Apt. Ste. Flr.

Country: City or Town:

State: ZIP Code:

Province: Postal Code:

Preparer's Contact Information

Preparer's Daytime Telephone Number

Preparer's Fax Number

Preparer's E-mail Address

- I am not an attorney or accredited representative but have prepared this form on behalf of the applicant and with the applicant's consent.
- I am an attorney or accredited representative and my representation of the applicant in this case (choose one) extends does not extend beyond the preparation of this form.

Preparer's Declaration

By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the express consent of the applicant. I completed the form based only on responses the applicant provided to me. After completing the form, I reviewed it and all of the applicant's responses with the applicant, who agreed with every answer provided for each question on the form and, when required, supplied additional information to respond to a question on the form.

Preparer's Signature

Date (mm/dd/yyyy)

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Applicant Certification

I certify, under penalty of perjury under the laws of the United States, that the foregoing is true and correct. Copies of documents submitted are exact photocopies of unaltered original documents, and I understand that I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date. Furthermore, I authorize the release of any information from my records that USCIS may need to determine my eligibility for the benefit that I am seeking.

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

Full Legal Name

USCIS ELIS Password

NOTE: Your typewritten full legal name and corresponding USCIS ELIS password submitted electronically as part of this application/petition signifies that you are the identified signatory.

REFUNDS: USCIS will not refund fees if a request is denied, revoked, or withdrawn. If you accidentally paid twice or otherwise feel you paid a USCIS Fee in error, you may contact USCIS at 1-800-375-5283 for information on how to file a refund request.

Submit Application