

Consideration of Deferred Action for Childhood Arrivals

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-821D OMB No. 1615-0124 Expires 04/30/2021

For	A-		Receipt		Action Block			
USCIS Use	Case ID:							
Only	Requestor interviewed on							
Returned:_	/ / J B Received:	/ / Ren	marks					
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To Be Completed by an Attorney or Accredited Representative, if any.		ney or	Select this box if Form G-28 is represent the requestor.	s attached to	Attorney State Bar Number (<i>if any</i>):			

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

Part 1.	Information A	bout You (For Initial and	
Renewa	l 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:

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

OR

Renewal Request - Consideration of Deferred 2. 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 (<i>if applicable</i>)		(mm/ aa/ y
		5.g.	Location of Proceedings
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

Are you NOW or have you EVER been in removal 5. 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 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
- Other. Explain in **Part 8. Additional Information**. 5.e.
- 5.f. Most Recent Date of Proceedings

(*mm/dd/*yyyy) ►

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Part 1. Information About You (For Initial and Renewal Requests) (continued)		Pro	ocessing Information
<i>Oth</i> 6. 7. 8.	Per Information Alien Registration Number (A-Number) (if any) \blacktriangleright A- U.S. Social Security Number (if any) \blacktriangleright Date of Birth (mm/dd/yyyy)	15. 16.	Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino Race (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
9. 10.a.	Gender Male Female City/Town/Village of Birth	17.	Height Feet Inches
	Country of Birth Current Country of Residence	18. 19.	Weight Pounds Eye Color (Select only one box) Black Blue Gray Green Hazel Maroon Pink
12. 13.	Country of Citizenship or Nationality Marital Status Married Widowed Single Divorced	20.	Hair Color (Select only one box) Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/ Other
If yo	ner Names Used (If Applicable) u need additional space, use Part 8. Additional rmation.		rt 2. Residence and Travel Information (For tial and Renewal Requests) I have been continuously residing in the U.S. since at least
	Family Name (Last Name) Given Name (First Name)		June 15, 2007, up to the present time. Yes No TE: If you departed the United States for some period of before your 16th birthday and returned to the United States

14.c. Middle Name

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

on or after your 16th birthday to begin your current period of

continuous residence, and if this is an initial request, submit

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 ► To ► Present	Unite	Renewal Requests: List only your absences from the ed States since you submitted your last Form I-821D that approved.
2.b.	Street Number and Name	•	a require additional space, use Part 8. Additional
2.c.	Apt. Ste. Flr.	Depa	arture 1
2.d.	City or Town	б.а.	Departure Date (<i>mm/dd/yyyy</i>) ►
2.e.	State 2.f. ZIP Code	6.b.	Return Date (mm/dd/yyyy) ►
Add	ress 1	6.c.	Reason for Departure
3.a.	Dates at this residence (mm/dd/yyyy) From ►	Depa	rture 2
3.b.	Street Number and Name	7.a.	Departure Date (<i>mm/dd/yyyy</i>) ►
3.c.	Apt. Ste. Flr.	7.b.	Return Date (mm/dd/yyyy) ►
3.d.	City or Town	7.c.	Reason for Departure
3.e.	State 3.f. ZIP Code		
Add	ress 2	8.	Have you left the United States without advance parole on or after August 15, 2012?
4.a.	Dates at this residence (mm/dd/yyyy) From ► To ►	9.a.	What country issued your last passport?
4.b.	Street Number and Name	9.b.	Passport Number
4.c.	Apt. Ste. Flr.		
4.d.	City or Town	9.c.	Passport Expiration Date (mm/dd/yyyy) ►
4.e.	State 4.f. ZIP Code	10.	Border Crossing Card Number (<i>if any</i>)
Add	ress 3	100	
	Dates at this residence (<i>mm/dd/yyyy</i>)		
<i>c.</i>	From To	Par	t 3. For Initial Requests Only
5.b.	Street Number and Name	1.	I initially arrived and established residence in the U.S. prior to 16 years of age. Yes No
5.c.	Apt. Ste. Flr.	2.	Date of <i>Initial</i> Entry into the United States (on or about)
5.d.	City or Town		(mm/dd/yyyy) ►
5.e.	State 5.f. ZIP Code	3.	Place of <i>Initial</i> Entry into the United States

Travel Information

States since June 15, 2007.

For Initial Requests: List all of your absences from the United

Par	t 3. For Initial Requests Only (continued)	Par	rt 4. Criminal, National Security, and Public
4.	Immigration Status on June 15, 2012 (e.g., No Lawful Status, Status Expired, Parole Expired)	Saf	fety Information (For Initial and Renewal quests)
5.a.	Were you EVER issued an Arrival-Departure Record (Form I-94, I-94W, or I-95)? Yes No	Add	y of the following questions apply to you, use Part 8. itional Information to describe the circumstances and ide a full explanation.
	If you answered "Yes" to Item Number 5.a. , provide your Form I-94, I-94W, or I-95 number (<i>if available</i>). If you answered "Yes" to Item Number 5.a. , provide the	1.	Have you EVER been arrested for, charged with, or convicted of a felony or misdemeanor, <i>including incidents handled in juvenile court</i> , in the United States? <i>Do not include minor traffic violations unless they were alcoholor drug-related.</i>
5	date your authorized stay expired, as shown on Form I-94, I-94W, or I-95 (<i>if available</i>). (<i>mm/dd/yyyy</i>) ►		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.
	ication Information	2.	Have you EVER been arrested for, charged with, or convicted of a crime in any country other than the United
6.	Indicate how you meet the education guideline (<i>e.g.</i> , Graduated from high school, Received a general educational development (GED) certificate or equivalent state-authorized exam, Currently in school)		States? Yes No If you answered "Yes," you must include a certified court disposition, arrest record, charging document, sentencing record, etc., for each arrest.
7.	Name, City, and State of School Currently Attending or Where Education Received	3.	Have you EVER engaged in, do you continue to engage in, or plan to engage in terrorist activities?
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)	4. 5.	Yes No Are you NOW or have you EVER been a member of a gang? Yes Yes No Have you EVER engaged in, ordered, incited, assisted, or
143	itary Service Information		otherwise participated in any of the following:
9.	Were you a member of the U.S. Armed Forces or U.S.	5.a.	Acts involving torture, genocide, or human trafficking?
	Coast Guard?	5.b.	Killing any person?
-	u answered "Yes" to Item Number 9., you must provide onses to Item Numbers 9.a 9.d.	5.c.	Severely injuring any person?
9.a.	Military Branch	5.d.	Any kind of sexual contact or relations with any person who was being forced or threatened?
9.b. 9.c.	Service Start Date $(mm/dd/yyyy)$ Discharge Date $(mm/dd/yyyy)$	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
9.d.		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?

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:

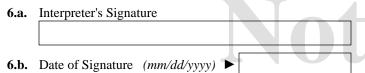
I am fluent in English and

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.



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

Preparer's Mailing Address

3. a.	Street Number and Name	
3.b.	Apt. 🗌 Ste.	□ Flr. □
3.c.	City or Town	
3.d.	State	3.e. ZIP Code
3.f.	Province	
3.g.	Postal Code	
3.h.	Country	

Preparer's Contact Information

- 4. Preparer's Daytime Telephone Number
- 5. Preparer's Fax Number
- 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)	4.a. Page Number 4.b. Part Number 4.c. Item Number
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 (<i>if any</i>) at the top of each sheet of paper; indicate the Page Number , Part Number , and Item Number to which your answer refers; and sign and date each sheet.	4.d.
Full Legal Name	
1.a. Family Name (Last Name) 1.b. Given Name (First Name)	
1.c. Middle Name	for
2. A-Number (<i>if any</i>) \blacktriangleright A-	
3.a. Page Number 3.b. Part Number 3.c. Item Number 3.d.	
	5.a. Page Number 5.b. Part Number 5.c. Item Number
	5.d. 2020