

Consideration of Deferred Action for Childhood Arrivals

Department of Homeland Security

USCIS Form I-821D

U.S. Citizenship and Immigration Services

OMB No. 1615-0124 Expires 04/30/2021

	Receipt	Action Block
Fo	or	
	CIS Case ID:	
On		
Retu	rned: / / 📓 Received: / / Remarks	
Resu	Image: state	
		Attorney State Bar Number (<i>if any</i>): Attorney State Bar Number (<i>if any</i>): at the requestor.
► 5	START HERE - Type or print in black ink. Read Form I-	-821D Instructions for information on how to complete this form.
	t 1. Information About You (For Initial and newal Requests)	U.S. Mailing Address (Enter the same address on Form I-765)
	I am not in immigration detention.	5.a. In Care Of Name (<i>if applicable</i>)
	I am in immigration detention.	
I am	requesting:	5.b. Street Number
1.	Initial Request - Consideration of Deferred Action	and Name
	for Childhood Arrivals	5.c. Apt. Ste. Flr.
OR		5.d. City or Town
2.	Renewal Request - Consideration of Deferred Action for Childhood Arrivals	5.e. State 5.f. ZIP Code
	For this Renewal request, my most recent period of	
	Deferred Action for Childhood Arrivals expires on	Removal Proceedings Information
	(mm/dd/yyyy) ►	6. Are you NOW or have you EVER been in removal
3.	Are you also filing a request for an employment	proceedings, or do you have a removal order issued in any other context (<i>for example, at the border or within the</i>
	authorization document (EAD)?	United States by an immigration agent)?
	Yes, I am requesting an Employment Authorization Document (EAD), and I am filing Form I-765,	Yes No
	Application for Employment Authorization, and	NOTE: The term "removal proceedings" includes
	Form I-765WS, Form I-765 Worksheet, together with my Form I-821D.	exclusion or deportation proceedings initiated before April 1, 1997; an Immigration and Nationality Act (INA)
	No, I am not currently requesting an EAD.	section 240 removal proceeding; expedited removal; reinstatement of a final order of exclusion, deportation, or
		removal; an INA section 217 removal after admission
Full Legal Name		under the Visa Waiver Program; or removal as a criminal
4 .a.	Family Name (Last Name)	alien under INA section 238. If you answered "Yes" to Item Number 6. , you must select a
4 .b.	Given Name (First Name)	box below indicating your current status or outcome of your removal proceedings.
4 .c.	Middle Name	

Part 1. Information About You (For Initial and		Processing Information		
Ren	ewal Requests) (continued)	16.	Ethnicity (Select only one box)	
Statu	s or outcome:	10.	Hispanic or Latino	
<u>6</u> .a.	Currently in Proceedings (Active)		Not Hispanic or Latino	
<mark>6</mark> .b.	Currently in Proceedings (Administratively Closed)	17.	Race (Select all applicable boxes)	
<u>6.</u> c.	Terminated		White	
6.d.	Subject to a Final Order		Asian	
6.e.	Other. Explain in Part 8. Additional Information .		Black or African American	
U .C.			American Indian or Alaska Native	
<mark>6</mark> .f.	Most Recent Date of Proceedings		Native Hawaiian or Other Pacific Islander	
	(mm/dd/yyyy) ►	18.	Height Feet Inches	
<mark>6</mark> .g.	Location of Proceedings	19.	Weight Pounds	
		20.	Eye Color (Select only one box)	
Oth	er Information		Black Blue Brown	
7.	Alien Registration Number (A-Number) (if any)		Gray Green Hazel	
	► A-		Maroon Pink Unknown/Other	
8.	U.S. Social Security Number (<i>if any</i>)	21.	Hair Color (Select only one box)	
			Bald (No hair) Black Blond	
9.	Date of Birth (<i>mm/dd/yyyy</i>) ►		Brown Gray Red	
			Sandy White Unknown/ Other	
10.	Gender Male Female			
<mark>11</mark> .a.	City/Town/Village of Birth	Par	rt 2. Residence and Travel Information (For	
		Init	tial and Renewal Requests)	
11.b.	Country of Birth	1.	I have been continuously residing in the U.S. since at least	
			June 15, 2007, up to the present time. \Box Yes \Box No	
12.	Current Country of Residence		TE: If you departed the United States for some period of before your 16th birthday and returned to the United States	
		on o	r after your 16th birthday to begin your current period of	
13.	Country of Citizenship or Nationality		inuous residence, and if this is an initial request, submit ence that you established residence in the United States prior	
			5 years of age as set forth in the instructions to this form.	
14.	Marital Status		Initial Requests: List your current address and, to the best	
	Married Widowed Single Divorced	-	our knowledge, the addresses where you resided since the of your initial entry into the United States to present.	
Other Names Used (If Applicable)		For	Renewal Requests: List only the addresses where you	
If you need additional space, use Part 8. Additional Information.		resided since you submitted your last Form I-821D that was approved.		
	Family Name (Last Name)		ou require additional space, use Part 8. Additional rmation.	
15.b.	Given Name			
	(First Name)			

15.c. Middle Name

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	-	u require additional space, use Part 8. Additional mation.	
2.c.	Apt. Ste. Flr.	Depa	arture 1	
2.d.	City or Town	6.a.	Departure Date (<i>mm/dd/yyyy</i>) ►	
2.e.	State 2.f. ZIP Code	6.b.	Return Date (<i>mm/dd/yyyy</i>) ►	
Add	ress 1	6.c.	Reason for Departure	
3.a.	Dates at this residence (mm/dd/yyyy)			
	From To	Depa	arture 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 (<i>mm/dd/yyyy</i>) ►	
3.d.	City or Town	7.c.	Reason for Departure	
3.e.	State 3.f. ZIP Code		5091	
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 (<i>mm/dd/yyyy</i>)	9.a.	What country issued your last passport?	
	From To	J.a.		
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	Address 3			
5.a.	Dates at this residence (<i>mm/dd/yyyy</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 4.	t 3. For Initial Requests Only (continued) Immigration Status on June 15, 2012 (e.g., No Lawful		t 4. Criminal, National Security, and Public ety Information (For Initial and Renewal	
4.	Status, Status Expired, Parole Expired)	Req	uests)	
5.a.	Image: Strains, S		If any of the following questions apply to you, use Part 8 . Additional Information to describe the circumstances and include 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>).	1.	Have you EVER been arrested for, charged with, or convicted of a felony or misdemeanor, <i>including incidents</i> <i>handled in juvenile court</i> , in the United States? <i>Do not</i> <i>include minor traffic violations unless they were alcohol-</i> <i>or drug-related.</i> Yes No	
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 (<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.	
Edı	ication Information	2.	Have you EVER been arrested for, charged with, or	
6.	Indicate how you meet the education guideline (e.g., Graduated from high school, Received a general		convicted of a crime in any country other than the United States? Yes Yes No	
	educational development (GED) certificate or equivalent state-authorized exam, Currently in school)		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?	
			Yes No	
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		Are you NOW or have you EVER been a member of a gang?	
	attendance. (mm/dd/yyyy)	5.	Have you EVER engaged in, ordered, incited, assisted, or otherwise participated in any of the following:	
Mil	itary Service Information	5.a.	Acts involving torture, genocide, or human trafficking?	
9.	Were you a member of the U.S. Armed Forces or U.S. Coast Guard?		Yes No	
τς .		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 (<i>mm/dd/yyyy</i>) ► Discharge Date (<i>mm/dd/yyyy</i>) ►	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.	Type of Discharge	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 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 request that I seek.

I furthermore authorize release of information contained in this request, 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 provided or authorized all of the information in my request;
- 2) I understood all of the information contained in, and submitted with, my request; and
- **3)** All of this information was complete, true, and correct at the time of filing.

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

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

Interpreter's Contact Information

- 4. Interpreter's Daytime Telephone Number
- 5. Interpreter's Email Address

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

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 a Renewal Requests)	<i>nd</i> 4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d.
If you need extra space to complete any item within this request, use the space below. You may also make copies page to complete and file with this request. Include your and A-Number (<i>if any</i>) at the top of each sheet of paper; indicate the Page Number , Part Number , and Item Nur to which your answer refers; and sign and date each sheet	of this name ber
Full Legal Name	
1.a. Family Name (Last Name)	IFOR
1.b. Given Name (First Name)	
1.c. Middle Name	
2. A-Number (<i>if any</i>) ► A-	PICTION
3.a. Page Number 3.b. Part Number 3.c. Item Num	iber
3.d. 09/2	5.a. Page Number 5.b. Part Number 5.c. Item Number 5.d.