



Application for Employment Authorization for Abused Nonimmigrant Spouse

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

USCIS
Form I-765V
OMB No. 1615-0137
Expires 07/31/2022

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From _____	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Remarks		

To be completed by an Attorney or Accredited Representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) _____	Attorney or Accredited Representative USCIS Online Account Number (if any) _____
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▶ **START HERE - Type or print in black ink.**

Part 1. Reason for Applying

I am applying for:

- 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-765V. Refer to the Form I-765V 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 Name

NOTE: USCIS will issue your card in this name.

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

Other Names Used (if any)

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 9**.

Additional Information.

- 2.a. Family Name (Last Name) _____
- 2.b. Given Name (First Name) _____
- 2.c. Middle Name _____

Safe Mailing Address [\(USPS ZIP Code Lookup\)](#)

NOTE: If you do not want USCIS to send notices about this application to your home, you may provide an alternate safe mailing address.

- 3.a. In Care Of Name (if any) _____
- 3.b. Street Number and Name _____
- 3.c. Apt. Ste. Flr. _____
- 3.d. City or Town _____
- 3.e. State _____ 3.f. ZIP Code _____
- 4. Is your current U.S. physical address the same as your safe mailing address? Yes No

If you answered "No" to **Item Number 4.**, provide your U.S. physical address in **Item Numbers 5.a. - 5.e.**

Part 2. Information About You (continued)

U.S. Physical Address

5.a. Street Number and Name

5.b. Apt. Ste. Flr.

5.c. City or Town

5.d. State 5.e. ZIP Code

Other Information

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

7. USCIS Online Account Number (if any)
▶

8.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 8.a.**, skip to **Item Number 9.** If you answered "Yes" to **Item Number 8.a.**, provide the information requested in **Item Number 8.b.**

8.b. Provide your Social Security number (SSN) (if any)
▶

9. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 10., Consent for Disclosure**, to receive a card.)
 Yes No

NOTE: If you answered "No" to **Item Number 9.**, skip to **Item Number 13.** If you answered "Yes" to **Item Number 9.**, you must also answer "Yes" to **Item Number 10.**

10. **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 9. - 10.**, provide the information requested in **Item Numbers 11.a. - 12.b.**

Father's Name

Provide your father's birth name.

11.a. Family Name (Last Name)

11.b. Given Name (First Name)

Mother's Name

Provide your mother's birth name.

12.a. Family Name (Last Name)

12.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 9. Additional Information.**

13.a. Country

13.b. Country

Place of Birth

14.a. City/Town/Village of Birth

14.b. State/Province of Birth

14.c. Country of Birth

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

16. Gender Male Female

Information About Your Most Recently Filed Employment Authorization

17. Have you previously applied for employment authorization or for an Employment Authorization Document (EAD)?
 Yes (Complete **Item Numbers 18.a. - 18.d.**)
 No (Proceed to **Item Number 19.**)

18.a. Receipt Number of Your Most Recently Filed Application for Employment Authorization
▶

18.b. Which USCIS office adjudicated this application?

18.c. Enter the date USCIS approved or denied this application (mm/dd/yyyy)

Part 2. Information About You (continued)

18.d. Was this application approved or denied?
 Approved Denied

Attach all documentation from your previous employment authorization (for example, a copy of your previous EAD, approval notice, or denial notice).

Information About Your Last Arrival in the United States

19. Place of Your Last Admission Into the United States

20. Date of Your Last Admission Into the United States, On or About (mm/dd/yyyy)

21. Your Immigration Status When You Were Last Admitted Into the United States (for example, A-2, E-3, G-1, H-4)

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

▶

22.b. Date Your Current Status Expired or Will Expire, As Shown On Form I-94 (mm/dd/yyyy)

22.c. Passport Number

22.d. Travel Document Number

22.e. Country That Issued Your Passport or Travel Document

22.f. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

23. Your Current Immigration Status (for example, A-2, E-3, G-1, H-4, deferred action, no lawful status)

24. **Eligibility Category.** Refer to the **Who May File Form I-765V** section of the Form I-765V Instructions to determine the appropriate eligibility category for you. In the space below, enter the letter and number for your eligibility category. (For example, (c)(27), (c)(28), (c)(29), (c)(30).)

Part 3. Biographic Information

1. Ethnicity (Select **only one** box)

- Hispanic or Latino
 Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

3. Height Feet Inches

4. Weight Pounds

5. Eye Color (Select **only one** box)

- Black Blue Brown
 Gray Green Hazel
 Maroon Pink Unknown/Other

6. Hair Color (Select **only one** box)

- Bald (No hair) Black Blond
 Brown Gray Red
 Sandy White Unknown/Other

Part 4. Information About Your Spouse

For all of the questions in **Part 4**, provide the following information, if known.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

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

3. Country of Birth

U.S. Physical Address

4.a. Street Number and Name

4.b. Apt. Ste. Flr.

4.c. City or Town

4.d. State 4.e. ZIP Code

Part 4. Information About Your Spouse

(continued)

Other Information

5. Alien Registration Number (A-Number) (if any)

▶ A-

6. USCIS Online Account Number (if any)

▶

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

▶

7.b. Passport Number

7.c. Travel Document Number

7.d. Country That Issued Your Spouse's Passport or Travel Document

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

8. Your Spouse's Nonimmigrant Status (Select **only one** box)

- A-1 A-2 A-3 E-3 G-1
- G-2 G-3 G-4 G-5 H-1B
- H-1B1 H-1C H-2A H-2B H-2R
- H-3 Other (Use the space provided in **Part 9.**

Additional Information)

Part 5. Marriage Information

Your Current Marital Status (Select **only one** box)

1.a. Married

1.b. Date of Marriage (mm/dd/yyyy)

1.c. City or Town of Marriage

1.d. Country of Marriage

2.a. Divorced

2.b. Date of Divorce (mm/dd/yyyy)

3.a. Widowed

3.b. Date of Spouse's Death (mm/dd/yyyy)

4. Separated

5.a. Marriage Annulled

5.b. Date of Annulment (mm/dd/yyyy)

Part 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765V Instructions before completing this section. You must file Form I-765V 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 7.** 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 8.**,

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)

Part 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

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 will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, 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

6.a. Applicant's Signature (sign in ink)

➔

6.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 7. 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)

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)

Part 7. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 6., 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 (sign in ink)

7.b. Date of Signature (mm/dd/yyyy)

Part 8. 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

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)

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 representative, you may 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 (sign in ink)

8.b. Date of Signature (mm/dd/yyyy)

Part 9. 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.

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