# **TABLE OF CHANGES – FORM**

# Form I-821D, Consideration of Deferred Action for Childhood Arrivals OMB Number: 1615-0124 07/01/2022

**Reason for Revision: DACA Final Rule** 

**Project Phase: OMBReview** 

Legend for Proposed Text:

• Black font = Current text

• Red font = Changes

Expires 03/31/2023 Edition Date 08/31/2021

Current Page Number and Section	Current Text	Proposed Text
Pages 1-2,	[Page 1]	[Page 1]
Part 1. Information About You (For Initial and Renewal Requests)	Part 1. Information About You (For Initial and Renewal Requests)	Part 1. Information About You (For Initial and Renewal Requests)
	I am not in immigration detention <i>and</i> I have included Form I-765, Application for Employment Authorization, and Form I-765WS, Form I-765 Worksheet; and	[] I <b>am not</b> in immigration detention. [] I <b>am</b> in immigration detention.
	I am requesting:	I am requesting:
	<b>1. Initial Request</b> - Consideration of Deferred Action for Childhood Arrivals	<b>1. Initial Request</b> - Consideration of Deferred Action for Childhood Arrivals
	OR	OR
	<b>2. Renewal Request</b> - Consideration of Deferred Action for Childhood Arrivals	<b>2. Renewal Request</b> - Consideration of Deferred Action for Childhood Arrivals
	AND	AND
	For this Renewal request, my most recent period of Deferred Action for Childhood Arrivals expires on (mm/dd/yyyy)	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	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)	<b>U.S. Mailing Address</b> (Enter the same address on Form I-765)
	<ul><li>4.a. In Care Of Name (if applicable)</li><li>4.b. Street Number and Name</li></ul>	<ul><li>4.a. In Care Of Name (if applicable)</li><li>4.b. Street Number and Name</li></ul>
	4.c. Apt. Ste. Flr. 4.d. City or Town	4.c. Apt. Ste. Flr. 4.d. City or Town

4.e. State

4.f. ZIP Code

## **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)? Y/N

**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

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#### **Other Information**

- **6.** Alien Registration Number (A-Number) (*if any*)
- 7. U.S. Social Security Number (if any)
- **8.** Date of Birth (mm/dd/yyyy)
- 9. Gender

Male

Female

- 10.a. City/Town/Village of Birth
- **10.b.** Country of Birth
- 11. Current Country of Residence

**4.e.** State

4.f. ZIP Code

## **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*)? Y/N

**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:

- **6.a.** Currently in Proceedings (Active)
- **6.b.** Currently in Proceedings (*Administratively Closed*)
- **6.c.** Terminated
- **6.d.** Subject to a Final Order
- **6.e.** Other. Explain in **Part 8. Additional Information**.
- **6.f.** Most Recent Date of Proceedings (*mm/dd/yyyy*)
- 6.g. Location of Proceedings

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#### **Other Information**

- **7.** Alien Registration Number (A-Number) (*if any*)
- **8.** U.S. Social Security Number (*if any*)
- **9.** Date of Birth (*mm/dd/yyyy*)
- **10.** Gender

Male

Female

- 11.a. City/Town/Village of Birth
- 11.b. Country of Birth
- **12.** Current Country of Residence

## 12. Country of Citizenship or Nationality

#### 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 Inches

#### 18. Weight

**Pounds** 

# **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

## 13. Country of Citizenship or Nationality

#### 14. Marital Status

Married Widowed Single Divorced

# **Other Names Used** (If Applicable)

If you need additional space, use **Part 8. Additional Information**.

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

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# **Processing Information**

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Hispanic or Latino Not Hispanic or Latino

#### **17.** Race (Select **all applicable** boxes)

White

Asian

Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

## 18. Height

Feet Inches

#### 19. Weight

**Pounds** 

# **20.** Eye Color (*Select only one box*)

Black Blue Brown Gray Green Hazel Maroon Pink

Unknown/Other

## **21.** Hair Color (Select **only one** box)

Bald (No hair)

Black Blond Brown Gray Red

Sandy White Unknown/Other

Page 5, Part 5. Statement, Certification, Signature, and Contact Information of the Requestor (For Initial and Renewal Requests)

[Page 5]

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 [Fillable Field], 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

[new]

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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 [Fillable Field], 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

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

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