

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 10/31/2025

For A-	Receipt	Action Block
USCIS Use Only Requestor interviewed on		
Returned:	Remarks	
To Be Completed by an Attorney or Accredited Representative, if any.	Select this box if Form G-28 i represent the requestor.	is attached to Attorney State Bar Number (if any):
► START HERE - Type or print in black ink	. Read Form I-821D Instructions	for information on how to complete this form.
Part 1. Information About You (For In		g Address (Enter the same address on
Renewal Requests)	Form I-765	
I am not in immigration detention.	4.a. In Care O	of Name (if applicable)
I am in immigration detention.	/ I \/ \ \ L	
I am requesting:	4.b. Street Nu and Name	
1. Initial Request - Consideration of Defe		
for Childhood Arrivals OR	4.c. Apt.	Ste. Flr.
2. Renewal Request - Consideration of D	eferred 4.d. City or T	'own
Action for Childhood Arrivals AND	4.e. State	4.f. ZIP Code
For this Renewal request, my most recent period of	of Deferred	
Action for Childhood Arrivals expires on	Removal Pr	oceedings Information
(mm/dd/yyyy) ►		NOW or have you EVER been in removal
Full Legal Name	other con	ngs, or do you have a removal order issued in any ntext (for example, at the border or within the
3.a. Family Name (Last Name)	——————————————————————————————————————	tates by an immigration agent)?
3.b. Given Name (First Name)	NOTE:	The term "removal proceedings" includes
3.c. Middle Name	exclusion April 1, 1 section 2	n or deportation proceedings initiated before 1997; an Immigration and Nationality Act (INA) 40 removal proceeding; expedited removal; ment of a final order of exclusion, deportation, or
	removal; under the	an INA section 217 removal after admission e Visa Waiver Program; or removal as a criminal ler INA section 238.

Part 1. Information About You (For Initial and	Other Names Used (If Applicable)	
Renewal Requests) (continued)	If you need additional space, use Part 8. Additional	
If you answered "Yes" to Item Number 5. , you must select a box below indicating your current status or outcome of your	Information.	
removal proceedings.	15.a. Family Name (Last Name)	
Status or outcome:	15.b. Given Name	
6.a. Currently in Proceedings (Active)	(First Name)	
6.b. Currently in Proceedings (Administratively Closed)	15.c. Middle Name	
6.c. Terminated	Processing Information	
6.d. Subject to a Final Order	16. Ethnicity (Select only one box)	
6.e. Other. Explain in Part 8. Additional Information.	Hispanic or Latino	
6.f. Most Recent Date of Proceedings	Not Hispanic or Latino	
(mm/dd/yyyy) ►	17. Race (Select all applicable boxes)	
6.g. Location of Proceedings	White	
	Asian Black or African American	
	American Indian or Alaska Native	
Other Information	Native Hawaiian or Other Pacific Islander	
7. Alien Registration Number (A-Number) (if any)		
► A-	18. Height Feet Inches	
8. U.S. Social Security Number (if any)	19. Weight Pounds	
>	20. Eye Color (Select only one box)	
9. Date of Birth (<i>mm/dd/yyyy</i>) ▶	Black Blue Brown	
10. Gender Male Female	Gray Green Hazel	
	Maroon Pink Unknown/Other	
11.a. City/Town/Village of Birth	21. Hair Color (Select only one box)	
	Bald (No hair) Black Blond	
11.b. Country of Birth	☐ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/	
	Sandy White Unknown/	
12. Current Country of Residence	1/2022	
	Part 2. Residence and Travel Information (For	
13. Country of Citizenship or Nationality	Initial and Renewal Requests)	
	1. I have been continuously residing in the U.S. since at least	
14. Marital Status	June 15, 2007, up to the present time. Yes No	
Married Widowed Single Divorced		

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Part 2. Residence and Travel Information (For Initial and Renewal Requests) (continued)

NOTE: If you departed the United States for some period of time before your 16th birthday and returned to the United States on or after your 16th birthday to begin your current period of continuous residence, and if this is an initial request, submit evidence that you established residence in the United States prior to 16 years of age as set forth in the instructions to this

For Initial Requests: List your current address and, to the best 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

resided since you submitted your last Form I-821D that was approved.	For Initial Requests: List all of your absences from the United States since June 15, 2007.
If you require additional space, use Part 8. Additional Information.	For Renewal Requests: List only your absences from the United States since you submitted your last Form I-821D that was approved.
Present Address	If you require additional space, use Part 8. Additional
2.a. Dates at this residence (mm/dd/yyyy)	Information.
From ▶ To ▶ Present	Departure 1
2.b. Street Number and Name	6.a. Departure Date (mm/dd/yyyy) ▶
2.c. Apt.	6.b. Return Date (mm/dd/yyyy) ▶
2.d. City or Town	6.c. Reason for Departure
2.e. State 2.f. ZIP Code	
Address 1	Departure 2 7.a. Departure Date (mm/dd/yyyy) ▶
3.a. Dates at this residence (mm/dd/yyyy)	7.a. Departure Date (mm/dd/yyyy)
From To To	7.b. Return Date (<i>mm/dd/yyyy</i>) ►
3.b. Street Number and Name	7.c. Reason for Departure
3.c. Apt.	
3.d. City or Town	8. Have you left the United States without advance parole on or after August 15, 2012? Yes No
3.e. State 3.f. ZIP Code	9.a. What country issued your last passport?
Address 2	
4.a. Dates at this residence (mm/dd/yyyy)	9.b. Passport Number
From To	
4.b. Street Number	9.c. Passport Expiration Date
and Name	(<i>mm</i> / <i>dd</i> / <i>yyyy</i>) ►
4.c. Apt. Ste. Flr.	10. Border Crossing Card Number (<i>if any</i>)
4.d. City or Town	
4.e. State 4.f. ZIP Code	

Address 3

From >

5.b. Street Number

and Name

5.c. Apt. Ste.

5.d. City or Town

Travel Information

5.e. State

5.a. Dates at this residence (mm/dd/yyyy)

Flr.

5.f. ZIP Code

To ▶

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Par	t 3. For Initial Requests Only	9.d.	Type of Discharge
1.	I initially arrived and established residence in the U.S. prior to 16 years of age. Yes No		
2.	Date of <i>Initial</i> Entry into the United States (<i>on or about</i>) (mm/dd/yyyy) ►	Saf	et 4. Criminal, National Security, and Public Sety Information (For Initial and Renewal quests)
3.	Place of <i>Initial</i> Entry into the United States	Add	y of the following questions apply to you, use Part 8. itional Information to describe the circumstances and
4.	Immigration Status on June 15, 2012 (e.g., No Lawful Status, Status Expired, Parole Expired)	inclu 1.	de a full explanation. 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</i>
5.a.	Were you EVER issued an Arrival-Departure Record (Form I-94, I-94W, or I-95)? Yes No		include minor traffic violations unless they were alcoholor drug-related. Yes No
5.b.	If you answered "Yes" to Item Number 5.a. , provide your Form I-94, I-94W, or I-95 number (<i>if available</i>).	A	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.
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>). (mm/dd/yyyy)	2.	Have you EVER been arrested for, charged with, or convicted of a crime in any country other than the United States? Yes No
Edi	ucation Information	- 1-	If you answered "Yes," you must include a certified court disposition, arrest record, charging document,
6.	Indicate how you meet the education guideline (e.g., Graduated from high school, Received a general educational development (GED) certificate or equivalent state-authorized exam, Currently in school)	3.	Have you EVER engaged in, do you continue to engage in, or plan to engage in terrorist activities? Yes No
7.	Name, City, and State of School Currently Attending or Where Education Received	4.	Are you NOW or have you EVER been a member of a gang?
8.	Date of Graduation (e.g., Receipt of a Certificate of Completion, GED certificate, other equivalent stateauthorized exam) or, if currently in school, date of last attendance. (mm/dd/yyyy)	5. 5.a.	Have you EVER engaged in, ordered, incited, assisted, or otherwise participated in any of the following: Acts involving torture, genocide, or human trafficking? Yes No
Mil	itary Service Information	5.b.	Killing any person? Yes No
9.	Were you a member of the U.S. Armed Forces or U.S.	5.c. 5.d.	Severely injuring any person? Yes No Any kind of sexual contact or relations with any person
If yo	Coast Guard? Yes No u answered "Yes" to Item Number 9. , you must provide	5.u.	who was being forced or threatened? Yes No
-	onses to Item Numbers 9.a 9.d. Military Branch	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.b. 9.c.	Service Start Date $(mm/dd/yyyy)$ \blacktriangleright Discharge Date $(mm/dd/yyyy)$ \blacktriangleright	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? Yes No

Part 5. Statement, Certification, Signature, and Contact Information of the Requestor (For Initial	2.a. Requestor's Signature		
and Renewal Requests)	2.b. Date of Signature (<i>mm/dd/yyyy</i>) ►		
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.	Requestor's Contact Information 3. Requestor's Daytime Telephone Number		
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	4. Requestor's Mobile Telephone Number		
a language in which I am fluent. I understand each and every question and instruction on this form as	5. Requestor's Email Address		
translated to me by my interpreter, and have provided true and correct responses in the language indicated above.	Part 6. Contact Information, Certification, and Signature of the Interpreter (For Initial and		
Requestor's Declaration and Certification	Renewal Requests)		
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	Interpreter's Full Name Provide the following information concerning the interpreter: 1.a. Interpreter's Family Name (Last Name)		
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.	 Interpreter's Given Name (First Name) Interpreter's Business or Organization Name (if any) 		
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:	Interpreter's Mailing Address		
 I reviewed and provided or authorized all of the information in my request; I understood all of the information contained in, and submitted with, my request; and All of this information was complete, true, and correct at the time of filing. 	3.a. Street Number and Name 3.b. Apt. Ste. Flr. 3.c. City or Town 3.d. State 3.e. ZIP Code		
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	3.f. Province 3.g. Postal Code 3.h. Country		

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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.

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Sig	rt 6. Contact Information, Certification, and nature of the Interpreter (For Initial and	3.a.	sparer's Mailing Address Street Number
Rer	newal Requests) (continued)		and Name
Int	erpreter's Contact Information	3.b.	Apt. Ste. Flr.
4.	Interpreter's Daytime Telephone Number	3.c.	City or Town
→.	Interpreter's Daytime Telephone Number	3.d.	State 3.e. ZIP Code
5.	Interpreter's Email Address	3.f.	Province
		3.g.	Postal Code
Int	erpreter's Certification	3.h.	Country
	rtify that: fluent in English and which		
	e same language provided in Part 5., Item Number 1.b.;		parer's Contact Information
I hav	re read to this requestor each and every question and	4.	Preparer's Daytime Telephone Number
	uction on this form, as well as the answer to each question, e language provided in Part 5. , Item Number 1.b. ; and	$\overline{}$	
	requestor has informed me that he or she understands each	5.	Preparer's Fax Number
	every instruction and question on the form, as well as the ver to each question.		
	Interpreter's Signature	6.	Preparer's Email Address
6.b.	Date of Signature (mm/dd/yyyy) ▶	Pre	parer's Declaration
			lare that I prepared this Form I-821D at the requestor's
	rt 7. Contact Information, Declaration, and		st, and it is based on all the information of which I have vledge.
_	nature of the Person Preparing this Request,	7.a.	Preparer's Signature
	Other than the Requestor (For Initial and newal Requests)		7 1 1 0 1 4
	parer's Full Name	7.b.	Date of Signature (mm/dd/yyyy) ▶
	ide the following information concerning the preparer:	NOT	TE: If you need extra space to complete any item within
	Preparer's Family Name (Last Name)	this 1	request, see the next page for Part 8. Additional rmation.
1.b.	Preparer's Given Name (First Name)		
2.	Preparer's Business or Organization Name		
4.	ricparet 8 Dustiless of Organization (Name		

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	rt 8. Additional Information (For Initial and newal Requests)	4.a.	Page Number	4.b. Part Number	4.c. Item Number
reque page and a indic	ou need extra space to complete any item within this est, use the space below. You may also make copies of the to complete and file with this request. Include your name A-Number (<i>if any</i>) at the top of each sheet of paper; eate the Page Number , Part Number , and Item Number hich your answer refers; and sign and date each sheet.	e			
Ful	ll Legal Name				
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.		5.a.	Page Number	5.b. Part Number	5.c. Item Number
	PROD	5.d.		101	
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