

	<p>File Number</p> <p>All Other Names Used (include names by previous marriages)</p> <p>[new]</p> <p>City and Country of Birth</p> <p>U.S. Social Security No. (if any)</p> <p>Father Family Name First Name Date of Birth (mm/dd/yyyy) City, and Country of Birth (if known) City and Country of Residence</p> <p>Mother Family Name (Maiden Name) First Name Date of Birth (mm/dd/yyyy) City, and Country of Birth (if known) City and Country of Residence</p> <p>Current Husband or Wife (If none, type or print "none") Family Name (For wife, give maiden name) First Name Date of Birth (mm/dd/yyyy) City, and Country of Birth Date of Marriage Place of Marriage</p> <p>Former Husbands or Wives (If none, type or print "none") Family Name (For wife, give maiden name) First Name Date of Birth (mm/dd/yyyy) Date and Place of Marriage Date and Place of Termination of Marriage</p> <p>Applicant's residence last five years. List present address first.</p> <p>[new]</p> <p>[Table 5 entries]</p>	<p>7. Alien Registration Number (A-Number) (if any)</p> <p>[deleted]</p> <p>8. All Other Names Used (include names by previous marriages)</p> <p>NOTE: Provide all other names you have ever used, including family name at birth, other legal names, nicknames, aliases, and assumed names. If extra space is needed to complete this section, use the space provided in Part 8. Additional Information.</p> <p>9. City or Town of Birth 10. Country of Birth 11. Country of Citizenship or Nationality</p> <p>[moved down to Part 4.]</p> <p>[moved down]</p> <p>[moved down]</p> <p>[moved down]</p> <p>[deleted]</p> <p>[deleted]</p> <p>Your Prior Residences 12. Please list your previous addresses for the last five years excluding your current physical address.</p> <p>[Table 4 entries]</p>
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	<p>Street Name and Number City Province or State ZIP/Postal Code Country From Month Year To Month Year ["Present Time" in 1st entry]</p> <p>Applicant's last address outside the United States of more than 1 year.</p> <p>Street Name and Number City Province or State ZIP/Postal Code Country From Month Year To Month Year</p> <p>[new]</p> <p>[moved down from above]</p> <p>[moved down from above]</p>	<p>Street Name and Number City Province or State ZIP/Postal Code Country From Month Year (mm/yy) To Month Year (mm/yy)</p> <p>[deleted]</p> <p>Your Most Recent Entry into the United States Please provide the following information regarding your most recent entry into the United States.</p> <p>13.a. Date You Entered the United States, On or About (mm/dd/yyyy) 13.b. Location at Which You Last Entered the United States 13.c. Immigration Status at the Time of Entry into the United States (for example, H-2 temporary worker, H-1B temporary worker, no status) 13.d. Date Status Expires/Expired (mm/dd/yyyy)</p> <p>If you were issued a Form I-94 Arrival-Departure Record Number: 14.a. Form I-94 Arrival-Departure Record Number 14.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy)</p> <p>Information About Your Parent 1 15. Family Name (Last Name) Given Name (First Name) 16. Date of Birth (mm/dd/yyyy) 17. City or Town of Birth (if known) 18. Country of Birth (if known) 19. Current City or Town of Residence (if living) 20. Current Country of Residence (if living)</p> <p>Information About Your Parent 2 21. Family Name (Last Name) Given Name (First Name) 22. Date of Birth (mm/dd/yyyy) 23. City or Town of Birth (if known) 24. Country of Birth (if known) 25. Current City or Town of Residence (if living) 26. Current Country of Residence (if living)</p>
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	<p>[moved down from above]</p> <p>Applicant’s employment last five years. (If none, type or print “none.”) List present employment first.</p> <p>[Table 5 entries] Full Name and Address of Employer Occupation (Specify) From Month Year To Month Year [“Present Time” in 1st entry]</p> <p>Last occupation abroad if not shown above. (Include all information requested above.)</p>	<p>Information About Your Current Spouse (If none, type or print “none”) 27. Family Name (Last Name) Given Name (First Name) 28. Date of Birth (mm/dd/yyyy)</p> <p>Place of Birth 29.a. City or Town 29.b. Country</p> <p>Place of Marriage 30.a. City or Town 30.b. State or Province 30.c. Country 31. Date of Marriage (mm/dd/yyyy)</p> <p>[deleted]</p>
	<p>[new]</p>	<p>Part 2. Deferred Action Request</p> <p>1. Please select the request type: <input type="checkbox"/> Initial Request <input type="checkbox"/> Subsequent Request</p> <p>2. Please select the filing type for your deferred action request:</p> <p>A. Labor Investigation-Based (LIB DA) B. Special Immigrant Juvenile (SIJ DA) C. Spouse, Widow(er), Parent, Son, or Daughter of Active Duty Service Member of U.S. Armed Forces or Individual in the Selected Reserve of the Ready Reserve (MIL DA) D. Spouse, Widow(er), Parent, Son, or Daughter of Individual (Whether Living or Deceased) who Previously Served on Active Duty or in the Selected Reserve of the Ready Reserve (and was not Dishonorably Discharged) (MIL DA) E. Medical or Humanitarian F. Statelessness G. Government Referral (Other than a Labor Agency) H. Other (Please review the form instructions)</p>

		<p>before completing this field)</p> <p>3. Supporting Statement</p> <p>In addition to submitting evidence required to support your request for deferred action, please provide a brief statement as to why your request for deferred action should be considered and why you warrant deferred action as a matter of discretion. If extra space is needed to complete this section, use the space provided in Part 8. Additional Information. [fillable space]</p>
<p>Page 1, This form is submitted for</p>	<p>[Page 1]</p> <p>This form is submitted for: [x] Deferred Action Request</p> <p>Signature of Applicant Date</p> <p>If your native alphabet is in other than Roman letters, write your name in your native alphabet below: [Fillable field]</p> <p>Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.</p> <p>Applicant: Print your name and Alien Registration Number in the box outlined by heavy border below.</p> <p>Complete This box (Family Name) (Given Name) (Middle Name)</p> <p>(Alien Registration Number)</p>	<p>[deleted]</p> <p>[This content has been modified and incorporated into current standard language for Applicant/Interpreter/Preparer signature sections.]</p> <p>[deleted]</p>
	<p>[new]</p>	<p>Part 3. Employment Authorization</p> <p>1. I am requesting an Employment Authorization Document (EAD) upon being granted deferred action: Yes No</p> <p>If “Yes,” please provide the following information regarding your economic necessity for employment (this information is not required if you are requesting the SIJ DA filing type):</p> <p>2.a. My current annual income is: 2.b. My current annual expenses are: 2.c. The total current value of my assets is: 2.d. If you would like to provide an explanation regarding your current financial information or</p>

		<p>your economic need for employment authorization, please use this space below. If you need extra space to complete this section, use the space provided in Part 8. Additional Information.</p> <p>[fillable space]</p>
	<p>[new]</p>	<p>Part 4. Social Security Card</p> <p>If you select “Yes” on Part 3. Employment Authorization, Item Number 1., please complete the following questions to receive a Social Security card through this process. If the below questions and questions in Part 1. are not completed, you will not receive a Social Security card through this process.</p> <p>1. Do you want the Social Security Administration (SSA) to issue you an original or replacement Social Security card? Yes (Complete Item Numbers 2. – 3.) No (Go to Part 5.)</p> <p>2. Provide your Social Security Number (SSN) (if any).</p> <p>3. Consent for Disclosure: I authorize disclosure of information from this application and USCIS systems to the SSA as required for the purpose of assigning me an SSN and issuing me an original or replacement Social Security card. Yes No</p> <p>NOTE: If you answered “Yes” to Item Number 1., you must also answer “Yes” to Item Number 3., Consent for Disclosure, to receive a card.</p>
	<p>[new]</p>	<p>Part 5. Requestor’s Contact Information, Certification, and Signature</p> <p><i>Requestor’s Contact Information</i></p> <p>Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).</p> <p>1. Requestor’s Daytime Telephone Number 2. Requestor’s Mobile Telephone Number (if any) 3. Requestor’s Email Address (if any)</p> <p><i>Requestor’s Certification and Signature</i></p> <p>I certify, under penalty of perjury, that I</p>

		<p>provided or authorized all of the responses and information contained in and submitted with my request, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Part 6., understood, all of the responses and information contained in, and submitted with, my request, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.</p> <p>4. Requestor's Signature Date of Signature (mm/dd/yyyy)</p>
	[new]	<p>Part 6. Interpreter's Contact Information, Certification, and Signature</p> <p>Interpreter's Full Name</p> <p>1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)</p> <p>2. Interpreter's Business or Organization Name (if any)</p> <p>Interpreter's Contact Information</p> <p>3. Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number (if any) 5. Interpreter's Email Address (if any)</p> <p>Interpreter's Certification and Signature I certify, under penalty of perjury, that I am fluent in English and [Fillable language field], and I have interpreted every question on the request and Instructions and interpreted the requestor's answers to the questions in that language, and the requestor informed me that they understood every instruction, question, and answer on the request.</p> <p>6. Interpreter's Signature Date of Signature (mm/dd/yyyy)</p>
	[new]	<p>Part 7. Contact Information, Certification, and Signature of the Person Preparing this Request, if Other Than the Requestor</p> <p>Preparer's Full Name</p> <p>1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)</p> <p>2. Preparer's Business or Organization Name</p> <p>Preparer's Contact Information</p> <p>3. Preparer's Daytime Telephone Number 4. Preparer's Mobile Telephone Number (if</p>

		<p>any) 5. Preparer's Email Address (if any)</p> <p><i>Preparer's Certification and Signature</i> I certify, under penalty of perjury, that I prepared this request for the requestor at their request and with express consent and that all of the responses and information contained in and submitted with the request are complete, true, and correct and reflects only information provided by the requestor. The requestor reviewed the responses and information and informed me that they understand the responses and information in or submitted with the request.</p> <p>6. Preparer's Signature Date of Signature (mm/dd/yyyy)</p>
	<p>[new]</p>	<p>Part 8. Additional Information</p> <p>If you need extra space to provide any additional information within this form, 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 form 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.</p> <p>1.a. Family Name (Last Name) [Auto-populated field] Given Name (First Name) [Auto-populated field] Middle Name [Auto-populated field]</p> <p>2. A-Number [Auto-populated field]</p> <p>3. Page Number Part Number Item Number [Fillable field]</p> <p>4. Page Number Part Number Item Number [Fillable field]</p> <p>5. Page Number Part Number Item Number [Fillable field]</p> <p>6. Page Number Part Number Item Number [Fillable field]</p>

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