

## 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 04/30/2021

For USCIS Use Only Requestor interviewed on	Receipt	Action Block
Returned: / / \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Remarks	
Returned:		
To Be Completed by an Attorney or Accredited Representative, if any.	Select this box if Form G-28 represent the requestor.	is attached to Attorney State Bar Number (if any):
► START HERE - Type or print in black ink. R	Read Form I-821D Instructions	for information on how to complete this form.
Part 1. Information About You (For Initial Renewal Requests)		roceedings Information
I am not in immigration detention <i>and</i> I have include I-765, Application for Employment Authorization, ar I-765WS, Form I-765 Worksheet; and	d Form proceeding form other cor	<b>NOW</b> or have you <b>EVER</b> been in removal ngs, or do you have a removal order issued in any ntext (for example, at the border or within the tates by an immigration agent)?
I am requesting:		Yes No
<ol> <li>Initial Request - Consideration of Deferred for Childhood Arrivals         OR     </li> <li>Renewal Request - Consideration of Deferred Action for Childhood Arrivals         AND     </li> <li>For this Renewal request, my most recent period of Deferred for Childhood Arrivals         AND     </li> </ol>	exclusion April 1, 2 rred section 2 reinstater removal; under the	The term "removal proceedings" includes a 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 an INA section 217 removal after admission e Visa Waiver Program; or removal as a criminal der INA section 238.
Action for Childhood Arrivals expires on (mm/dd/yyyy) ▶		d "Yes" to <b>Item Number 5.</b> , you must select a cating your current status or outcome of your edings.
Full Legal Name	Status or outco	
3.a. Family Name		ently in Proceedings (Active)
(Last Name)		ently in Proceedings (Administratively Closed)
3.b. Given Name (First Name)		inated
3.c. Middle Name		ect to a Final Order
		r. Explain in <b>Part 8. Additional Information</b> .
U.S. Mailing Address (Enter the same addr	ress on	. Explain in Fart 6. Additional Information.
Form I-765)	<b>5.f.</b> Most Red	cent Date of Proceedings
<b>4.a.</b> In Care Of Name ( <i>if applicable</i> )		(mm/dd/yyyy) ►
	<b>5.g.</b> Location	of Proceedings
4.b. Street Number and Name		

**4.d.** City or Town

4.e. State

**4.c.** Apt. Ste. Flr.

4.f. ZIP Code

Part 1. Information About You (For Initial and	Processing Information						
Renewal Requests) (continued)  Other Information	15. Ethnicity (Select only one box)  Hispanic or Latino						
<ul> <li>Alien Registration Number (A-Number) (if any)</li> <li>► A-</li> <li>U.S. Social Security Number (if any)</li> </ul>	Not Hispanic or Latino  16. Race (Select all applicable boxes)  White Asian						
8. Date of Birth (mm/dd/yyyy) ►	☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander						
<ul><li>9. Gender  Male Female</li><li>10.a. City/Town/Village of Birth</li></ul>	17. Height Feet Inches						
10.b. Country of Birth	18. Weight Pounds Pounds Pounds Black Blue Brown						
11. Current Country of Residence	Gray Green Hazel Maroon Pink Unknown/Other						
12. Country of Citizenship or Nationality  13. Marital Status  Married Widowed Single Divorced	20. Hair Color (Select only one box)  Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/ Other						
Other Names Used (If Applicable)	Part 2. Residence and Travel Information (For Initial and Renewal Requests)						
If you need additional space, use <b>Part 8. Additional</b> Information.  14.a. Family Name (Last Name)	1. I have been continuously residing in the U.S. since at least June 15, 2007, up to the present time. Yes No						
14.b. Given Name (First Name)  14.c. Middle Name	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 form.						
	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.						
	<b>For Renewal Requests:</b> List only the addresses where you resided since you submitted your last Form I-821D that was approved.						
	If you require additional space, use <b>Part 8. Additional Information.</b>						

## Part 2. Residence and Travel Information (For

Initial and Renewal Requests) (continued)

Present	Address
I I COCIII	1 Luui Coo

2.a.	Dates at this resid	lence (mm/da	/yyyy)		For Renewal Requests: List only your United States since you submitted your				
	From ►		To ▶	Present			approved.	submitted your	
2.b.	Street Number and Name					•	u require additional	space, use Par	
2.c.	Apt. Ste.	Flr			I	Depa	arture 1		
2.d.	City or Town				6	ó.a.	Departure Date	(mm/dd/yyyy) I	
2.e.	State 2	<b>2.f.</b> ZIP Code	:		6	ó.b.	Return Date	(mm/dd/yyyy) I	
Add	ress 1				6	ó.c.	Reason for Depart	ure	
3.a.	Dates at this resid	lence (mm/da	/yyyy)						
	From ►		То ▶		I	Depa	arture 2		
3.b.	Street Number and Name				7	.a.	Departure Date	(mm/dd/yyyy) I	
3.c.	Apt. Ste.	Flr.			7	.b.	Return Date	(mm/dd/yyyy) I	
3.d.	City or Town				7	.c.	Reason for Depart	ure	
3.e.	State 3	<b>3.f.</b> ZIP Code	:		_				
Add	ress 2				8	3.	Have you left the or after August 15		
4.a.	Dates at this resid	lence (mm/da	/yyyy)		•		William and a fine	. 1 1	
	From ►		То ▶			.a.	What country issu	ed your last pas	
4.b.	Street Number and Name				9	).b.	Passport Number		
4.c.	Apt. Ste.	Flr.							
4.d.	City or Town				9	).c.	Passport Expiratio	n Date (mm/dd/yyyy) I	
4.e.	State 4	I.f. ZIP Code	:			0.	Border Crossing C		
								\\	
_	ress 3								
5.a.	Dates at this resid	lence ( <i>mm/dd</i>				Dox	t 2 Fam Initial	Dogwoods O	
	From ►		То ▶				t 3. For Initial		
5.b.	Street Number and Name				1	l <b>.</b>	I initially arrived a prior to 16 years o		
5.c.	Apt. Ste.	Flr.			2	2.	Date of <i>Initial</i> Ent	try into the Unit	
5.d.	City or Town						(n	nm/dd/yyyy) ▶	
5.e.	State 5	<b>5.f.</b> ZIP Code			3	3.	Place of <i>Initial</i> En	try into the Uni	
							1		

For Initial Requests: List all of your absences from the United States since June 15, 2007.

r absences from the last Form I-821D that

rt 8. Additional

		г	
		(mm/dd/yyyy) ▶	
6.b.	Return Date	(mm/dd/yyyy) ▶	
6.c.	Reason for Depa	rture	
Depa	arture 2		
		(mm/dd/yyyy) ▶	
7.b.	Return Date	(mm/dd/yyyy) ►	
7.c.	Reason for Depa	rture	
8.	Have you left the or after August 1		out advance parole on  Yes No
9.a.	What country iss	ued your last passp	ort?
9.b.	Passport Number	:	
9.c.	Passport Expirati	on Date (mm/dd/yyyy) ▶	
10.	Border Crossing	Card Number (if an	ny)

## nly

1.	I initially arrived and established residence in the								
	prior to 16 years of age.	Yes Yes	☐ No						
2	D. CINIE 4 II 1	<b>G</b>	1 ()						

- ted States (on or about)
- ited States

Pai	et 3. For Initial Requests Only (continued)		rt 4. Criminal, National Security, and Public
4.	Immigration Status on June 15, 2012 (e.g., No Lawful Status, Status Expired, Parole Expired)		<b>Cety Information</b> (For Initial and Renewal quests)
5.a.	Were you <b>EVER</b> issued an Arrival-Departure Record (Form I-94, I-94W, or I-95)?	Add	y of the following questions apply to you, use <b>Part 8. itional Information</b> to describe the circumstances and ide a full explanation.
5.b.	If you answered "Yes" to <b>Item Number 5.a.</b> , provide your Form I-94, I-94W, or I-95 number ( <i>if available</i> ).	1.	Have you <b>EVER</b> been arrested for, charged with, or convicted of a felony or misdemeanor, <i>including incidents</i> handled in juvenile court, in the United States? Do not include minor traffic violations unless they were alcoholor drug-related.  Yes No
5.c.	If you answered "Yes" to <b>Item Number 5.a.</b> , 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) ▶		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.
Edi	ucation Information	2.	Have you <b>EVER</b> 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 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 <b>EVER</b> 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 stateauthorized exam) or, if currently in school, date of last	4.	Are you <b>NOW</b> or have you <b>EVER</b> been a member of a gang?
	attendance. (mm/dd/yyyy) ▶	5.	Have you <b>EVER</b> engaged in, ordered, incited, assisted, or otherwise participated in any of the following:
<i>Mil</i> 9.	Were you a member of the U.S. Armed Forces or U.S.	5.a.	Acts involving torture, genocide, or human trafficking?  Yes No
	Coast Guard? Yes No	5.b.	Killing any person? Yes No
	u answered "Yes" to <b>Item Number 9.</b> , you must provide onses to <b>Item Numbers 9.a 9.d.</b>	5.c.	Severely injuring any person?
_	Military Branch	5.d.	Any kind of sexual contact or relations with any person who was being forced or threatened? Yes No
	Service Start Date (mm/dd/yyyy) ▶  Discharge Date (mm/dd/yyyy) ▶	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
	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?  Yes No

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Part 5. Statement, Certification, Signature, and Part 6. Contact Information, Certification, and **Contact Information of the Requestor** (For Initial **Signature of the Interpreter** (For Initial and and Renewal Requests) Renewal Requests) **NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** Interpreter's Full Name I can read and understand English, and have read and Provide the following information concerning the interpreter: understand each and every question and instruction on this form, as well as my answer to each question. **1.a.** Interpreter's Family Name (*Last Name*) The interpreter named in **Part 6.** has read to me each 1.b. and every question and instruction on this form, as **1.b.** Interpreter's Given Name (*First Name*) well as my answer to each question, in 2. a language in which I am fluent. I understand each Interpreter's Business or Organization Name (if any) 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 **Interpreter's Mailing Address** above. **3.a.** Street Number Requestor's Certification and Name **3.b.** Apt. Ste. Flr. I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct and that **3.c.** City or Town copies of documents submitted are exact photocopies of unaltered original documents. I understand that I may be **3.e.** ZIP Code 3.d. State required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date. I also understand **3.f.** Province that knowingly and willfully providing materially false information on this form is a federal felony punishable by a 3.g. Postal Code fine, imprisonment up to 5 years, or both, under 18 U.S.C. section 1001. Furthermore, I authorize the release of any **3.h.** Country information from my records that USCIS may need to reach a determination on my deferred action request. Requestor's Signature 2.a. Interpreter's Contact Information Interpreter's Daytime Telephone Number **2.b.** Date of Signature (*mm/dd/yyyy*) ▶ 5. Interpreter's Email Address 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	Preparer's Mailing Address						
Signature of the Interpreter (For Initial and Renewal Requests) (continued)	3.a. Street Number and Name						
Interpreter's Certification	<b>3.b.</b> Apt.						
I certify that:	<b>3.c.</b> City or Town						
I am fluent in English and which is the same language provided in <b>Part 5.</b> , <b>Item Number 1.b.</b> ;	3.d. State 3.e. ZIP Code						
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 <b>Part 5.</b> , <b>Item Number 1.b.</b> ; and	3.f. Province 3.g. Postal Code						
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.	3.h. Country						
<b>6.a.</b> Interpreter's Signature	Preparer's Contact Information						
<b>6.b.</b> Date of Signature ( <i>mm/dd/yyyy</i> ) ►	<ul><li>4. Preparer's Daytime Telephone Number</li><li>5. Preparer's Fax Number</li></ul>						
Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Request, If Other than the Requestor (For Initial and Renewal Requests)	6. Preparer's Email Address						
Preparer's Full Name	Preparer's Declaration						
Provide the following information concerning the preparer: <b>1.a.</b> Preparer's Family Name ( <i>Last Name</i> )	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						
<b>1.b.</b> Preparer's Given Name ( <i>First Name</i> )							
2 Promote Professional Occasional News	<b>7.b.</b> Date of Signature ( <i>mm/dd/yyyy</i> ) ►						
2. Preparer's Business or Organization Name	<b>NOTE:</b> If you need extra space to complete any item within this request, see the next page for <b>Part 8. Additional Information.</b>						

	rt 8. Addition		nforr	nation	(For	Initial	and	4	l.a.	Page Numb	er	4.b.	Part Number	4.c.	Item Num	ber
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Ful	l Legal Name															
	Family Name (Last Name) Given Name															
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2.	A-Number (if		A- [													
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