

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

Receipt **Action Block** For **USCIS** Case ID: Use Only Requestor interviewed Remarks Received: Returned: Resubmitted: Sent: Attorney State Bar Number (if any): Select this box if Form G-28 is attached to To Be Completed by an Attorney or Accredited Representative, if any. represent the requestor. ► 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 Initial and Removal Proceedings Information Renewal Requests) 5. Are you NOW or have you EVER been in removal I am not in immigration detention and I have included Form proceedings, or do you have a removal order issued in any I-765, Application for Employment Authorization, and Form other context (for example, at the border or within the I-765WS, Form I-765 Worksheet; and *United States by an immigration agent)?* Yes I am requesting: Initial Request - Consideration of Deferred Action **NOTE:** The term "removal proceedings" includes for Childhood Arrivals exclusion or deportation proceedings initiated before OR April 1, 1997; an Immigration and Nationality Act (INA) section 240 removal proceeding; expedited removal; Renewal Request - Consideration of Deferred reinstatement of a final order of exclusion, deportation, or Action for Childhood Arrivals removal; an INA section 217 removal after admission AND under the Visa Waiver Program; or removal as a criminal For this Renewal request, my most recent period of Deferred alien under INA section 238. Action for Childhood Arrivals expires on If you answered "Yes" to Item Number 5., you must select a (mm/dd/yyyy) ▶ box below indicating your current status or outcome of your removal proceedings. Full Legal Name Status or outcome: Family Name **5.a.** Currently in Proceedings (Active) (Last Name) **5.b.** Currently in Proceedings (Administratively Closed) Given Name (First Name) Terminated **3.c.** Middle Name Subject to a Final Order Other. Explain in **Part 8. Additional Information**. U.S. Mailing Address (Enter the same address on Form I-765) 5.f. Most Recent Date of Proceedings (mm/dd/yyyy) ▶ In Care Of Name (if applicable) **5.g.** Location of Proceedings Street Number and Name Apt. Ste. Flr. 4.d. City or Town

State

4.f. ZIP Code

	t 1. Information About You (For Initial and	Processing Information							
	ewal Requests) (continued) er Information	15.	Ethnicity (Select only one box) Hispanic or Latino						
6.	Alien Registration Number (A-Number) (if any) ► A-	16.	Not Hispanic or LatinoRace (Select all applicable boxes)						
7.	U.S. Social Security Number (<i>if any</i>) ▶		Asian Black or African American						
8.	Date of Birth (mm/dd/yyyy) ▶		American Indian or Alaska Native Native Hawaiian or Other Pacific Islander						
9.	Gender Male Female	17.	Height Feet ▼ Inches ▼						
10.a.	City/Town/Village of Birth	18.	Weight Pounds Pounds						
10.b.	Country of Birth	19.	Eye Color (Select only one box) Black Blue Brown						
11.	Current Country of Residence		☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other						
12. 13.	Country of Citizenship or Nationality Marital Status Married Widowed Single Divorced	20.	Hair Color (Select only one box) Bald (No hair) Black Blond Gray Red Sandy White Unknown/ Other						
Oth	er Names Used (If Applicable)		rt 2. Residence and Travel Information (For						
	n need additional space, use Part 8. Additional rmation.	<i>Ini</i> 1.	tial and Renewal Requests) I have been continuously residing in the U.S. since at least						
14.a.	Family Name (Last Name)		June 15, 2007, up to the present time. Yes No						
14.b.	Given Name (First Name)	time	TE: If you departed the United States for some period of before your 16th birthday and returned to the United States						
14.c.	Middle Name	cont evid	or after your 16th birthday to begin your current period of inuous residence, and if this is an initial request, submit ence that you established residence in the United States prior 6 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.							
		resid	Renewal Requests: List only the addresses where you ded since you submitted your last Form I-821D that was roved.						
		If you require additional space, use Part 8. Additional Information.							

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

Drogont	A	44	***	9

1100	cht Huur ess						
2.a.	Dates at this residence (mm/dd/yyyy) From ▶ To ▶ Present	For Renewal Requests: List only you United States since you submitted your was approved.					
2.b.	Street Number and Name		ou require additional space, use Part 8. Ad rmation.				
2.c.	Apt. Ste. Flr.	Dep	arture 1				
2.d.	City or Town	6.a.	Departure Date (mm/dd/yyyy) ▶				
2.e.	State 2.f. ZIP Code	6.b.	Return Date (mm/dd/yyyy) ▶				
Add	ress 1	6.c.	Reason for Departure				
3.a.	Dates at this residence (mm/dd/yyyy)						
	From ▶ To ▶	Dep	arture 2				
3.b.	Street Number and Name	7.a.	Departure Date (mm/dd/yyyy) ▶				
3.c.	Apt. Ste. Flr.	7.b.	Return Date (mm/dd/yyyy) ►				
3.d.	City or Town	7.c.	Reason for Departure				
3.e.	State 3.f. ZIP Code						
Add	ress 2	8.	Have you left the United States without a or after August 15, 2012?				
4.a.	Dates at this residence (mm/dd/yyyy)	9.a.	What country issued your last passport?				
	From ▶ To ▶	7.a.	what country issued your last passport:				
4.b.	Street Number and Name	9.b.	Passport Number				
4.c.	Apt. Ste. Flr.						
4.d.	City or Town	9.c.	Passport Expiration Date				
			(<i>mm/dd/yyyy</i>) ►				
4.e.	State 4.f. ZIP Code	10.	Border Crossing Card Number (if any)				
Add	ress 3						
5.a.	Dates at this residence (mm/dd/yyyy)						
	From ▶ To ▶	Par	rt 3. For Initial Requests Only				
5.b.	Street Number and Name	1.	I initially arrived and established residen prior to 16 years of age.				
5.c.	Apt. Ste. Flr.	2.	Date of <i>Initial</i> Entry into the United Stat				
5.d.	City or Town		(mm/dd/yyyy) ►				
5.e.	State 5.f. ZIP Code	3.	Place of <i>Initial</i> Entry into the United Sta				

Travel Information

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

ces from the rm I-821D that

ditional

•								
6.a.	Departure Date	(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 United States without advance parole on or after August 15, 2012?							
9.a.	What country iss	ued your last passport?						
9.b.	Passport Number							
9.c.	Passport Expirati	on Date (mm/dd/yyyy) ▶						
10.	Border Crossing	Card Number (<i>if any</i>)						

- ce in the U.S. Yes No
- es (on or about)
- tes

4.	Immigration Status on June 15, 2012 (e.g., No Lawful Status, Status Expired, Parole Expired)		Cety Information (For Initial and Renewal quests)
5.a.	Were you EVER issued an Arrival-Departure Record (Form I-94, I-94W, or I-95)? Yes No	Add	y of the following questions apply to you, use Part 8. itional Information to describe the circumstances and ide a full explanation.
	If you answered "Yes" to Item Number 5.a. , provide your Form I-94, I-94W, or I-95 number (<i>if available</i>).	1.	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 include minor traffic violations unless they were alcoholor drug-related.</i> Yes No
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) ▶		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 EVER 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?
	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 EVER 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 state-authorized exam) or, if currently in school, date of last	4.	Are you NOW or have you EVER been a member of a gang?
	attendance. (mm/dd/yyyy) ▶	5.	Have you EVER engaged in, ordered, incited, assisted, or otherwise participated in any of the following:
Mil	itary Service Information	5.a.	Acts involving torture, genocide, or human trafficking?
9.	Were you a member of the U.S. Armed Forces or U.S.		Yes No
	Coast Guard? Yes No	5.b.	Killing any person?
	a answered "Yes" to Item Number 9. , you must provide onses to Item Numbers 9.a 9.d.	5.c.	Severely injuring any person?
9.a.	Military Branch	5.d.	Any kind of sexual contact or relations with any person who was being forced or threatened? Yes No
9.b.	Service Start 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
9.c.	Discharge Date (mm/dd/yyyy) ►		while such person was under age 15? Yes No
9.d.	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

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	3.b. Apt.						
I certify that:	3.c. City or Town						
I am fluent in English and which is the same language provided in Part 5. , Item Number 1.b. ;	3.d. State 3.e. ZIP Code						
I have read to this requestor each and every question and	3.f. Province						
instruction on this form, as well as the answer to each question, in the language provided in Part 5. , Item Number 1.b. ; and	3.g. Postal Code						
The requestor has informed me that he or she understands each	3.h. Country						
and every instruction and question on the form, as well as the answer to each question.							
6.a. Interpreter's Signature	Preparer's Contact Information						
	4. Preparer's Daytime Telephone Number						
6.b. Date of Signature (<i>mm/dd/yyyy</i>) ►	, , , , , , , , , , , , , , , , , , ,						
	5. Preparer's Fax Number						
Part 7. Contact Information, Declaration, and							
Signature of the Person Preparing this Request,	6. Preparer's Email Address						
If Other than the Requestor (For Initial and Renewal Requests)							
Preparer's Full Name	Preparer's Declaration						
Provide the following information concerning the preparer: 1.a. 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.						
Tephroto runne (2001 runne)	7.a. Preparer's Signature						
1.b. Preparer's Given Name (<i>First Name</i>)							
	7.b. Date of Signature (<i>mm/dd/yyyy</i>) ►						
2. Preparer's Business or Organization Name	NOTE: If you need extra space to complete any item within this request, see the next page for Part 8. Additional Information.						

Part 8. Additional Information (For Initial and Renewal Requests)								4.a.	l.a.	Page Numb	er	4.b.	Part Number	4.c.	. Item Number	
reque page and A indic	u need extra spacest, use the space to complete an A-Number (<i>if an</i> ate the Page N unich your answer	e beloved file way) at the the the the the the the the the th	w. You with thi he top y, Part	u may a s reques of each Numbe	lso mal st. Incl sheet o e r , and l	ke copie ude you f paper; I tem N u	s of this r name imber	4	l.d.							
Ful	l Legal Name															
	Family Name (Last Name) Given Name															
1.c.	(First Name) Middle Name															
2.	A-Number (if		A- [
3.a.	Page Number	3.b.	Part N	umber	3.c.]	Item Nu	mber									
3.d.																
									5.a. 5.d.	Page Numb	er	5.b.	Part Number	5.c.	Item Num	ber