



# e-Notification of Application/Petition Acceptance

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form G-1145

## What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

## General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

## USCIS Privacy Act Statement

**AUTHORITIES:** The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

**PURPOSE:** The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

**ROUTINE USES:** The information provided on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [[DHS/USCIS-007 - Benefits Information System](#) and [DHS/USCIS-001 - Alien File \(A-File\) and Central Index System \(CIS\)](#)], which can be found at [www.dhs.gov/privacy](http://www.dhs.gov/privacy). The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name LU	Applicant/Petitioner Full First Name YANXIN	Applicant/Petitioner Full Middle Name
Email Address ylu@fb.com		Mobile Phone Number (Text Message) 254-224-1457



**Notice of Entry of Appearance  
as Attorney or Accredited Representative**  
Department of Homeland Security

**DHS  
Form G-28**  
OMB No. 1615-0105  
Expires 05/31/2021

**Part 1. Information About Attorney or Accredited Representative**

1. USCIS Online Account Number (if any)  
▶

**Name of Attorney or Accredited Representative**

2.a. Family Name (Last Name)   
2.b. Given Name (First Name)   
2.c. Middle Name

**Address of Attorney or Accredited Representative**

3.a. Street Number and Name   
3.b.  Apt.  Ste.  Flr.   
3.c. City or Town   
3.d. State  3.e. ZIP Code   
3.f. Province   
3.g. Postal Code   
3.h. Country

**Contact Information of Attorney or Accredited Representative**

4. Daytime Telephone Number   
5. Mobile Telephone Number (if any)   
6. Email Address (if any)   
7. Fax Number (if any)

**Part 2. Eligibility Information for Attorney or Accredited Representative**

Select **all applicable** items.

1.a.  I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box)  am not  am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a.  I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3.  I am associated with , the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a.  I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate



**Part 4. Client's Consent to Representation and Signature** (continued)

**Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

**1.a.**  I request that USCIS send original notices on an application or petition to the U.S. business address of my attorney or accredited representative as listed in this form.

**1.b.**  I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

**NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

**1.c.**  I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

**Signature of Client or Authorized Signatory for an Entity**

**2.a.** Signature of Client or Authorized Signatory for an Entity

➔

**2.b.** Date of Signature (mm/dd/yyyy)

**Part 5. Signature of Attorney or Accredited Representative**

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

**1. a.** Signature of Attorney or Accredited Representative

**1.b.** Date of Signature (mm/dd/yyyy)

**2.a.** Signature of Law Student or Law Graduate

**2.b.** Date of Signature (mm/dd/yyyy)

**Part 6. Additional Information**

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 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.

1.a Family Name (Last Name)

1.b Given Name (First Name)

1.c Middle Name

2.a Page Number  2.b Part Number  2.c Item Number

2.d \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.a Page Number  3.b Part Number  3.c Item Number

3.d \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.a Page Number  4.b Part Number  4.c Item Number

4.d \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.a Page Number  5.b Part Number  5.c Item Number

5.d \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.a Page Number  6.b Part Number  6.c Item Number

6.d \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Application to Register Permanent Residence or Adjust Status

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-485  
OMB No. 1615-0023  
Expires 10/31/2025

For USCIS Use Only		
Preference Category:	Receipt	Action Block
Country Chargeable:		
Priority Date:		
Date Form I-693 Received:		
<input type="checkbox"/> Applicant Interviewed <input type="checkbox"/> Interview Waived Date of Initial Interview: _____ Lawful Permanent Resident as of: _____	<b>Section of Law</b> <input type="checkbox"/> INA 209(a) <input type="checkbox"/> INA 249 <input type="checkbox"/> INA 209(b) <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> INA 245(a) <input type="checkbox"/> Cuban Adjustment Act <input type="checkbox"/> INA 245(i) <input type="checkbox"/> Other _____ <input type="checkbox"/> INA 245(m)	

To be completed by an attorney or accredited representative (if any).			
<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	<b>Volag Number</b> (if any) <input type="text"/>	<b>Attorney State Bar Number</b> (if applicable) California 323603	<b>Attorney or Accredited Representative USCIS Online Account Number</b> (if any) <input type="text"/>

▶ **START HERE - Type or print in black ink.**

A-Number ▶ A- 

2	1	8	0	5	6	2	0	3
---	---	---	---	---	---	---	---	---

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may deny your application.

### Part 1. Information About You (Person applying for lawful permanent residence)

#### Your Current Legal Name (do not provide a nickname)

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

#### Other Names You Have Used Since Birth (if applicable)

**NOTE:** Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

#### Additional Information.

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

#### Other Information About You

5. Date of Birth (mm/dd/yyyy)

**NOTE:** In addition to providing your actual date of birth, include any other dates of birth you have used in connection with any legal names or non-legal names in the space provided in **Part 14. Additional Information.**

6. Sex  Male  Female

7. City or Town of Birth





**Part 1. Information About You** (Person applying for lawful permanent residence) (continued)

When I last arrived in the United States, I:

**25.a.**  Was inspected at a port of entry and admitted as (for example, exchange visitor; visitor, waived through; temporary worker; student):

H-1B

**25.b.**  Was inspected at a port of entry and paroled as (for example, humanitarian parole, Cuban parole):

**25.c.**  Came into the United States without admission or parole.

**25.d.**  Other:

If you were issued a Form I-94 Arrival-Departure Record Number:

**26.a.** Form I-94 Arrival-Departure Record Number

► 

4	7	6	5	7	2	6	7	2	A	3
---	---	---	---	---	---	---	---	---	---	---

**26.b.** Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) 08/31/2025

**26.c.** Status on Form I-94 (for example, class of admission, or paroled, if paroled)

H-1B

**27.** What is your current immigration status (if it has changed since your arrival)?

H-1B

Provide your name exactly as it appears on your Form I-94 (if any)

**28.a.** Family Name (Last Name) LU

**28.b.** Given Name (First Name) YANXIN

**28.c.** Middle Name

**Part 2. Application Type or Filing Category**

**NOTE:** Attach a copy of the Form I-797 receipt or approval notice for the underlying petition or application, as appropriate.

**I am applying** to register lawful permanent residence or adjust status to that of a lawful permanent resident based on the following immigrant category (select **only one** box). (See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

**1.a. Family-based**

- Immediate relative of a U.S. citizen, Form I-130
- Other relative of a U.S. citizen or relative of a lawful permanent resident under the family-based preference categories, Form I-130
- Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen, Form I-129F (K-1/K-2 Nonimmigrant)
- Widow or widower of a U.S. citizen, Form I-360
- VAWA self-petitioner, Form I-360

**1.b. Employment-based**

- Alien worker, Form I-140
- Alien entrepreneur, Form I-526

**1.c. Special Immigrant**

- Religious worker, Form I-360
- Special immigrant juvenile, Form I-360
- Certain Afghan or Iraqi National, Form I-360 or Form DS-157
- Certain international broadcaster, Form I-360
- Certain G-4 international organization or family member or NATO-6 employee or family member, Form I-360

**1.d. Asylee or Refugee**

- Asylum status (INA section 208), Form I-589 or Form I-730
- Refugee status (INA section 207), Form I-590 or Form I-730

**1.e. Human Trafficking Victim or Crime Victim**

- Human trafficking victim (T Nonimmigrant), Form I-914 or derivative family member, Form I-914A
- Crime victim (U Nonimmigrant), Form I-918, derivative family member, Form I-918A, or qualifying family member, Form I-929





**Part 3. Additional Information About You**  
(continued)

**Address History**

Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

Physical Address 1 (current address)

5.a. Street Number and Name

5.b.  Apt.  Ste.  Flr.

5.c. City or Town

5.d. State  5.e. ZIP Code

5.f. Province

5.g. Postal Code

5.h. Country

Dates of Residence

6.a. From (mm/dd/yyyy)

6.b. To (mm/dd/yyyy)

Physical Address 2

7.a. Street Number and Name

7.b.  Apt.  Ste.  Flr.

7.c. City or Town

7.d. State  7.e. ZIP Code

7.f. Province

7.g. Postal Code

7.h. Country

Dates of Residence

8.a. From (mm/dd/yyyy)

8.b. To (mm/dd/yyyy)

Provide your most recent address outside the United States where you lived for more than one year (if not already listed above).

9.a. Street Number and Name

9.b.  Apt.  Ste.  Flr.

9.c. City or Town

9.d. State

9.e. ZIP Code

9.f. Province

9.g. Postal Code

9.h. Country

Dates of Residence

10.a. From (mm/dd/yyyy)

10.b. To (mm/dd/yyyy)

**Employment History**

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

Employer 1 (current or most recent)

11. Name of Employer or Company

Address of Employer or Company

12.a. Street Number and Name

12.b.  Apt.  Ste.  Flr.

12.c. City or Town

12.d. State  12.e. ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

13. Your Occupation



**Part 3. Additional Information About You**  
(continued)

Dates of Employment

14.a. From (mm/dd/yyyy) 01/22/2019

14.b. To (mm/dd/yyyy) Present

Employer 2

15. Name of Employer or Company  
Rice University

Address of Employer or Company

16.a. Street Number and Name 6100 Main St

16.b.  Apt.  Ste.  Flr.

16.c. City or Town Houston

16.d. State TX 16.e. ZIP Code 77005

16.f. Province

16.g. Postal Code

16.h. Country  
United States

17. Your Occupation  
Research Assisstant

Dates of Employment

18.a. From (mm/dd/yyyy) 08/25/2012

18.b. To (mm/dd/yyyy) 10/01/2018

Provide your most recent employment outside of the United States (if not already listed above).

19. Name of Employer or Company  
N/A

Address of Employer or Company

20.a. Street Number and Name

20.b.  Apt.  Ste.  Flr.

20.c. City or Town

20.d. State 20.e. ZIP Code

20.f. Province

20.g. Postal Code

20.h. Country

21. Your Occupation

Dates of Employment

22.a. From (mm/dd/yyyy)

22.b. To (mm/dd/yyyy)

**Part 4. Information About Your Parents**

**Information About Your Parent 1**

Parent 1's Legal Name

1.a. Family Name (Last Name) ZHONG

1.b. Given Name (First Name) XIAOYAN

1.c. Middle Name

Parent 1's Name at Birth (if different than above)

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3. Date of Birth (mm/dd/yyyy) 10/15/1962

4. Sex  Male  Female

5. City or Town of Birth  
Guiyang

6. Country of Birth  
China



**Part 4. Information About Your Parents**  
(continued)

7. Current City or Town of Residence (if living)
8. Current Country of Residence (if living)

**Information About Your Parent 2**

- Parent 2's Legal Name
- 9.a. Family Name (Last Name)
- 9.b. Given Name (First Name)
- 9.c. Middle Name
- Parent 2's Name at Birth (if different than above)
- 10.a. Family Name (Last Name)
- 10.b. Given Name (First Name)
- 10.c. Middle Name
11. Date of Birth (mm/dd/yyyy)
12. Sex  Male  Female
13. City or Town of Birth
14. Country of Birth
15. Current City or Town of Residence (if living)
16. Current Country of Residence (if living)

**Part 5. Information About Your Marital History**

1. What is your current marital status?  
 Single, Never Married  Married  Divorced  
 Widowed  Marriage Annulled  
 Legally Separated
2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard?  
 N/A  Yes  No

3. How many times have you been married (including annulled marriages and marriages to the same person)?

**Information About Your Current Marriage**  
(including if you are legally separated)

If you are currently married, provide the following information about your current spouse.

- Current Spouse's Legal Name
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name
5. A-Number (if any) ► A- 

1	1	6	5	6	4	7	4	9
---	---	---	---	---	---	---	---	---
6. Current Spouse's Date of Birth (mm/dd/yyyy)
7. Date of Marriage to Current Spouse (mm/dd/yyyy)

- Current Spouse's Place of Birth
- 8.a. City or Town
- 8.b. State or Province
- 8.c. Country

- Place of Marriage to Current Spouse
- 9.a. City or Town
- 9.b. State or Province
- 9.c. Country

10. Is your current spouse applying with you?  
 Yes  No



**Part 5. Information About Your Marital History**  
(continued)

**Information About Prior Marriages (if any)**

If you have been married before, whether in the United States or in any other country, provide the following information about your prior spouse. If you have had more than one previous marriage, use the space provided in **Part 14. Additional Information** to provide the information below.

Prior Spouse's Legal Name (provide family name before marriage)

11.a. Family Name (Last Name)

11.b. Given Name (First Name)

11.c. Middle Name

12. Prior Spouse's Date of Birth (mm/dd/yyyy)

13. Date of Marriage to Prior Spouse (mm/dd/yyyy)

Place of Marriage to Prior Spouse

14.a. City or Town

14.b. State or Province

14.c. Country

15. Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)

Place Where Marriage with Prior Spouse Legally Ended

16.a. City or Town

16.b. State or Province

16.c. Country

**Part 6. Information About Your Children**

1. Indicate the total number of ALL living children (including adult sons and daughters) that you have.

**NOTE:** The term “children” includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

0

Provide the following information for each of your children. If you have more than three children, use the space provided in **Part 14. Additional Information**.

Child 1

Current Legal Name

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3. A-Number (if any) ► A-

4. Date of Birth (mm/dd/yyyy)

5. Country of Birth

6. Is this child applying with you?  Yes  No

Child 2

Current Legal Name

7.a. Family Name (Last Name)

7.b. Given Name (First Name)

7.c. Middle Name

8. A-Number (if any) ► A-

9. Date of Birth (mm/dd/yyyy)

10. Country of Birth

11. Is this child applying with you?  Yes  No



**Part 6. Information About Your Children**  
(continued)

Child 3

Current Legal Name

12.a. Family Name (Last Name)

12.b. Given Name (First Name)

12.c. Middle Name

13. A-Number (if any) ► A- 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

14. Date of Birth (mm/dd/yyyy)

15. Country of Birth

16. Is this child applying with you?  Yes  No

**Part 7. Biographic Information**

1. Ethnicity (Select **only one** box)

Hispanic or Latino

Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

White

Asian

Black or African American

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

3. Height                      Feet  Inches

4. Weight                      Pounds

5. Eye Color (Select **only one** box)

Black             Blue             Brown

Gray             Green             Hazel

Maroon             Pink             Unknown/Other

6. Hair Color (Select **only one** box)

Bald (No hair)     Black             Blond

Brown             Gray             Red

Sandy             White             Unknown/Other

**Part 8. General Eligibility and Inadmissibility Grounds**

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world including any military service?  Yes  No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 13.b.** below. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.** If you answered "No," but are unsure of your answer, provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information.**

Organization 1

2. Name of Organization

3.a. City or Town

3.b. State or Province

3.c. Country

4. Nature of Group

Dates of Membership or Dates of Involvement

5.a. From (mm/dd/yyyy)

5.b. To (mm/dd/yyyy)

Organization 2

6. Name of Organization

7.a. City or Town

7.b. State or Province

7.c. Country

8. Nature of Group



**Part 8. General Eligibility and Inadmissibility Grounds (continued)**

Dates of Membership or Dates of Involvement

9.a. From (mm/dd/yyyy)

9.b. To (mm/dd/yyyy)

Organization 3

10. Name of Organization

11.a. City or Town

11.b. State or Province

11.c. Country

12. Nature of Group

Dates of Membership or Dates of Involvement

13.a. From (mm/dd/yyyy)

13.b. To (mm/dd/yyyy)

Answer **Item Numbers 14. - 86.b.** Choose the answer that you think is correct. If you answer "Yes" to any questions (or if you answer "No," but are unsure of your answer), provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information.**

14. Have you **EVER** been denied admission to the United States?  Yes  No

15. Have you **EVER** been denied a visa to the United States?  Yes  No

16. Have you **EVER** worked in the United States without authorization?  Yes  No

17. Have you **EVER** violated the terms or conditions of your nonimmigrant status?  Yes  No

18. Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings?  Yes  No

19. Have you **EVER** been issued a final order of exclusion, deportation, or removal?  Yes  No

20. Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated?  Yes  No

21. Have you **EVER** held lawful permanent resident status which was later rescinded?  Yes  No

22. Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time?  Yes  No

23. Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation?  Yes  No

24.a. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement?  Yes  No

If you answered "Yes" to **Item Number 24.a.**, complete **Item Numbers 24.b. - 24.c.** If you answered "No" to **Item Number 24.a.**, skip to **Item Number 25.**

24.b. Have you complied with the foreign residence requirement?  Yes  No

24.c. Have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you?  Yes  No

**Criminal Acts and Violations**

For **Item Numbers 25. - 45.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 25. - 45.**, use the space provided in **Part 14. Additional Information** to provide an explanation that includes why you were arrested, cited, detained, or charged; where you were arrested, cited, detained, or charged; when (date) the event occurred; and the outcome or disposition (for example, no charges filed, charges dismissed, jail, probation, community service).

25. Have you **EVER** been arrested, cited, charged, or detained for any reason by any law enforcement official (including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard)?  Yes  No

26. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime)?  Yes  No



**Part 8. General Eligibility and Inadmissibility Grounds (continued)**

27. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)?  Yes  No

**NOTE:** If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

28. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)?  Yes  No

29. Have you **EVER** been a defendant or the accused in a criminal proceeding (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication)?  Yes  No

30. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country?  Yes  No

31. Have you **EVER** been convicted of two or more offenses (other than purely political offenses) for which the combined sentences to confinement were five years or more?  Yes  No

32. Have you **EVER** illicitly (illegally) trafficked or benefited from the trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics?  Yes  No

33. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded in the illicit trafficking of any illegal narcotic or other controlled substances?  Yes  No

34. Are you the spouse, son, or daughter of a foreign national who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last five years, any financial or other benefit from the illegal activity of your spouse or parent, although you knew or reasonably should have known that the financial or other benefit resulted from the illicit activity of your spouse or parent?  Yes  No

35. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution?  Yes  No

36. Have you **EVER** directly or indirectly procured (or attempted to procure) or imported prostitutes or persons for the purpose of prostitution?  Yes  No

37. Have you **EVER** received any proceeds or money from prostitution?  Yes  No

38. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States?  Yes  No

39. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States?  Yes  No

40. Have you **EVER**, while serving as a foreign government official, been responsible for or directly carried out violations of religious freedoms?  Yes  No

41. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of persons for commercial sex acts?  Yes  No

42. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion.  Yes  No

43. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery?  Yes  No

44. Are you the spouse, son or daughter of a foreign national who engaged in the trafficking of persons and have received or obtained, within the last five years, any financial or other benefits from the illicit activity of your spouse or your parent, although you knew or reasonably should have known that this benefit resulted from the illicit activity of your spouse or parent?  Yes  No

45. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity?  Yes  No



**Part 8. General Eligibility and Inadmissibility Grounds (continued)**

**Security and Related**

Do you intend to:

**46.a.** Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States?  Yes  No

**46.b.** Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information?  Yes  No

**46.c.** Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States?  Yes  No

**46.d.** Engage in any activity that could endanger the welfare, safety, or security of the United States?  Yes  No

**46.e.** Engage in any other unlawful activity?  Yes  No

**47.** Are you engaged in or, upon your entry into the United States, do you intend to engage in any activity that could have potentially serious adverse foreign policy consequences for the United States?  Yes  No

Have you **EVER**:

**48.a.** Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated, planned, or prepared any of the following: hijacking, sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property?  Yes  No

**48.b.** Participated in, or been a member of, a group or organization that did any of the activities described in **Item Number 48.a.**?  Yes  No

**48.c.** Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Number 48.a.**?  Yes  No

**48.d.** Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Number 48.a.**?  Yes  No

**48.e.** Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Number 48.a.**?  Yes  No

**49.** Have you **EVER** received any type of military, paramilitary, or weapons training?  Yes  No

**50.** Do you intend to engage in any of the activities listed in any part of **Item Numbers 48.a. - 49.**?  Yes  No

**NOTE:** If you answered “Yes” to any part of **Item Numbers 46.a. - 50.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information.**

Are you the spouse or child of an individual who **EVER**:

**51.a.** Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated, planned, or prepared any of the following: hijacking, sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property?  Yes  No

**51.b.** Participated in, or been a member or a representative of a group or organization that did any of the activities described in **Item Number 51.a.**?  Yes  No

**51.c.** Recruited members, or asked for money or things of value, for a group or organization that did any of the activities described in **Item Number 51.a.**?  Yes  No

**51.d.** Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Number 51.a.**?  Yes  No

**51.e.** Provided money, a thing of value, services or labor, or any other assistance or support to an individual, group, or organization who did any of the activities described in **Item Number 51.a.**?  Yes  No

**51.f.** Received any type of military, paramilitary, or weapons training from a group or organization that did any of the activities described in **Item Number 51.a.**?  Yes  No

**NOTE:** If you answered “Yes” to any part of **Item Number 51.**, explain the relationship and what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information.**

**52.** Have you **EVER** assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person?  Yes  No



**Part 8. General Eligibility and Inadmissibility Grounds (continued)**

**53.** Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?  Yes  No

**54.** Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?  Yes  No

**55.** Have you **EVER** served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, insurgent organization, or any other armed group?  Yes  No

**56.** Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party (in the United States or abroad)?  Yes  No

**57.** During the period from March 23, 1933 to May 8, 1945, did you ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion, in association with either the Nazi government of Germany or any organization or government associated or allied with the Nazi government of Germany?  Yes  No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

**58.a.** Acts involving torture or genocide?  Yes  No

**58.b.** Killing any person?  Yes  No

**58.c.** Intentionally and severely injuring any person?  Yes  No

**58.d.** Engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened?  Yes  No

**58.e.** Limiting or denying any person's ability to exercise religious beliefs?  Yes  No

**59.** Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group?  Yes  No

**60.** Have you **EVER** used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?  Yes  No

**NOTE:** If you answered "Yes" to any part of **Item Numbers 52. - 60.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information.**

**Public Charge**

**61.** Are you subject to the public charge ground of inadmissibility under INA section 212(a)(4)?  Yes  No

If you answered "Yes" to **Item Number 61.**, complete **Item Numbers 62. - 68.d.** below. If you answered "No" to **Item Number 61.**, go to **Item Number 69.a.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

**62.** What is the size of your household?

**63.** Indicate your annual household income.

- \$0-27,000
- \$27,001-52,000
- \$52,001-85,000
- \$85,001-141,000
- Over \$141,000

**64.** Identify the total value of your household assets.

- \$0-18,400
- \$18,401-136,000
- \$136,001-321,400
- \$321,401-707,100
- Over \$707,100





**Part 8. General Eligibility and Inadmissibility Grounds (continued)**

***Illegal Entries and Other Immigration Violations***

- 69.a. Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997?  Yes  No
- 69.b. If your answer to **Item Number 69.a.** is "Yes," do you believe you had reasonable cause?  Yes  No
- 69.c. If your answer to **Item Number 69.b.** is "Yes," attach a written statement explaining why you had reasonable cause.
- 70. Have you **EVER** submitted fraudulent or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States?  Yes  No
- 71. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit?  Yes  No
- 72. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)?  Yes  No
- 73. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States?  Yes  No
- 74. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any foreign national to enter or to try to enter the United States illegally (alien smuggling)?  Yes  No
- 75. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents?  Yes  No

***Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations***

- 76. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States?  Yes  No
- 77. Have you **EVER** entered the United States without being inspected and admitted or paroled?  Yes  No

Since April 1, 1997, have you been unlawfully present in the United States:

- 78.a. For more than 180 days but less than a year, and then departed the United States?  Yes  No
- 78.b. For one year or more and then departed the United States?  Yes  No

**NOTE:** You were unlawfully present in the United States if you entered the United States without being inspected and admitted or inspected and paroled, or if you legally entered the United States but you stayed longer than permitted.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

- 79.a. Having been unlawfully present in the United States for more than one year in the aggregate?  Yes  No
- 79.b. Having been deported, excluded, or removed from the United States?  Yes  No

***Miscellaneous Conduct***

- 80. Do you plan to practice polygamy in the United States?  Yes  No
- 81. Are you accompanying another foreign national who requires your protection or guardianship but who is inadmissible after being certified by a medical officer as being helpless from sickness, physical or mental disability, or infancy, as described in INA section 232(c)?  Yes  No
- 82. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a U.S. citizen who has been granted custody of the child?  Yes  No
- 83. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States?  Yes  No
- 84. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States?  Yes  No

Have you **EVER**:

- 85.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are a foreign national?  Yes  No



**Part 8. General Eligibility and Inadmissibility Grounds (continued)**

**85.b.** Been relieved or discharged from such training or service on the ground that you are a foreign national?

Yes  No

**85.c.** Been convicted of desertion from the U.S. armed forces?

Yes  No

**86.a.** Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency?  Yes  No

**86.b.** If your answer to **Item Number 86.a.** is "Yes," what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

**Part 9. Accommodations for Individuals With Disabilities and/or Impairments**

**NOTE:** Read the information in the Form I-485 Instructions before completing this part.

**1.** Are you requesting an accommodation because of your disabilities and/or impairments?  Yes  No

If you answered "Yes" to **Item Number 1.**, select any applicable box in **Item Numbers 2.a. - 2.c.** and provide an answer.

**2.a.**  I am deaf or hard of hearing and request the following accommodation. (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).):

**2.b.**  I am blind or have low vision and request the following accommodation:

**2.c.**  I have another type of disability and/or impairment. (Describe the nature of your disability and/or impairment and the accommodation you are requesting.)

**Part 10. Applicant's Statement, Contact Information, Declaration, Certification, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-485 Instructions before completing this part. You must file Form I-485 while in the United States.

**Applicant's Statement**

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

**1.a.**  I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

**1.b.**  The interpreter named in **Part 11.** read to me every question and instruction on this application and my answer to every question in

a language in which I am fluent, and I understood everything.

**2.**  At my request, the preparer named in **Part 12.**,

Gilberto Orozco Jr.

prepared this application for me based only upon information I provided or authorized.

**Applicant's Contact Information**

**3.** Applicant's Daytime Telephone Number

(469) 940-7789

**4.** Applicant's Mobile Telephone Number (if any)

**5.** Applicant's Email Address (if any)

gorozco@BAL.com



**Part 10. Applicant's Statement, Contact Information, Declaration, Certification, and Signature** (continued)

***Applicant'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 immigration benefit that I seek.

I understand that if I am a male who is 18 to 26 years of age, submitting this application will automatically register me with the Selective Service System as required by the Military Selective Service Act.

I furthermore authorize release of information contained in this application, 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 understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

***Applicant's Signature***

- 6.a.** Applicant's Signature (sign in ink)
- 6.b.** Date of Signature (mm/dd/yyyy)

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

**Part 11. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

***Interpreter's Full Name***

- 1.a.** Interpreter's Family Name (Last Name)
- 1.b.** Interpreter's Given Name (First Name)
- 2.** Interpreter's Business or Organization Name (if any)

***Interpreter's Mailing Address***

- 3.a.** Street Number and Name
- 3.b.**  Apt.  Ste.  Flr.
- 3.c.** City or Town
- 3.d.** State  **3.e.** ZIP Code
- 3.f.** Province
- 3.g.** Postal Code
- 3.h.** Country

***Interpreter's Contact Information***

- 4.** Interpreter's Daytime Telephone Number
- 5.** Interpreter's Mobile Telephone Number (if any)
- 6.** Interpreter's Email Address (if any)



**Part 11. Interpreter's Contact Information Certification, and Signature (continued)**

**Interpreter's Certification**

I certify, under penalty of perjury, that:  
 I am fluent in English and , which is the same language specified in **Part 10., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

**7.a.** Interpreter's Signature (sign in ink)  
  
**7.b.** Date of Signature (mm/dd/yyyy)

**Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**

Provide the following information about the preparer.

**Preparer's Full Name**

**1.a.** Preparer's Family Name (Last Name)  
  
**1.b.** Preparer's Given Name (First Name)  
  
**2.** Preparer's Business or Organization Name (if any)

**Preparer's Mailing Address**

**3.a.** Street Number and Name   
**3.b.**  Apt.  Ste.  Flr.   
**3.c.** City or Town   
**3.d.** State  **3.e.** ZIP Code   
**3.f.** Province   
**3.g.** Postal Code   
**3.h.** Country

**Preparer's Contact Information**

**4.** Preparer's Daytime Telephone Number  
  
**5.** Preparer's Mobile Telephone Number (if any)  
  
**6.** Preparer's Email Address (if any)

**Preparer's Statement**

**7.a.**  I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.  
**7.b.**  I am an attorney or accredited representative and my representation of the applicant in this case  extends  does not extend beyond the preparation of this application.

**NOTE:** If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.



**Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**  
(continued)

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

***Preparer's Signature***

**8.a.** Preparer's Signature (sign in ink)

**8.b.** Date of Signature (mm/dd/yyyy)

**NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.**

**Part 13. Signature at Interview**

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the corrections made to this application, **numbered**  **through** , are complete, true, and correct. All additional pages submitted by me with this Form I-485, **on numbered pages**  **through**  are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)



**Part 14. Additional Information**

If you need extra space to provide any additional information within this application, 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 application 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.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ► A- 

2	1	8	0	5	6	2	0	3
---	---	---	---	---	---	---	---	---

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





**Notice of Entry of Appearance  
as Attorney or Accredited Representative**  
Department of Homeland Security

**DHS  
Form G-28**  
OMB No. 1615-0105  
Expires 05/31/2021

**Part 1. Information About Attorney or Accredited Representative**

1. USCIS Online Account Number (if any)  
▶

**Name of Attorney or Accredited Representative**

2.a. Family Name (Last Name)   
2.b. Given Name (First Name)   
2.c. Middle Name

**Address of Attorney or Accredited Representative**

3.a. Street Number and Name   
3.b.  Apt.  Ste.  Flr.   
3.c. City or Town   
3.d. State  3.e. ZIP Code   
3.f. Province   
3.g. Postal Code   
3.h. Country

**Contact Information of Attorney or Accredited Representative**

4. Daytime Telephone Number   
5. Mobile Telephone Number (if any)   
6. Email Address (if any)   
7. Fax Number (if any)

**Part 2. Eligibility Information for Attorney or Accredited Representative**

Select **all applicable** items.

1.a.  I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box)  am not  am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a.  I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3.  I am associated with , the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a.  I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate



**Part 4. Client's Consent to Representation and Signature** (continued)

***Options Regarding Receipt of USCIS Notices and Documents***

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

**1.a.**  I request that USCIS send original notices on an application or petition to the U.S. business address of my attorney or accredited representative as listed in this form.

**1.b.**  I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

**NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

**1.c.**  I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

***Signature of Client or Authorized Signatory for an Entity***

**2.a.** Signature of Client or Authorized Signatory for an Entity

➔

**2.b.** Date of Signature (mm/dd/yyyy)

**Part 5. Signature of Attorney or Accredited Representative**

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

**1. a.** Signature of Attorney or Accredited Representative

**1.b.** Date of Signature (mm/dd/yyyy)

**2.a.** Signature of Law Student or Law Graduate

**2.b.** Date of Signature (mm/dd/yyyy)

**Part 6. Additional Information**

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 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.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2.a. Page Number  2.b. Part Number  2.c. Item Number

2.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Application For Employment Authorization

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-765  
OMB No. 1615-0040  
Expires 10/31/2025

<b>For USCIS Use Only</b>	<input type="checkbox"/> Authorization/Extension Valid From	<b>Fee Stamp</b>	<b>Action Block</b>
	_____		
	<input type="checkbox"/> Authorization/Extension Valid Through		
	_____		
Alien Registration Number A- <input type="text"/>			
Remarks			

<b>To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).</b>	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <input type="text"/>
---	---	---

▶ **START HERE - Type or print in black ink.**

## Part 1. Reason for Applying

I am applying for (select **only one** box):

- 1.a.  Initial permission to accept employment.
- 1.b.  Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.
- NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.
- 1.c.  Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

## Part 2. Information About You

### Your Full Legal Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

### Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

#### Additional Information.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
- 
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name



**Part 2. Information About You** (continued)

**Place of Birth**

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

Guiyang

19.b. State/Province of Birth

Guizhou

19.c. Country of Birth

China

20. Date of Birth (mm/dd/yyyy)

10/17/1989

**Information About Your Last Arrival in the United States**

21.a. Form I-94 Arrival-Departure Record Number (if any)

▶ 4 7 6 5 7 2 6 7 2 A 3

21.b. Passport Number of Your Most Recently Issued Passport

E93603635

21.c. Travel Document Number (if any)

21.d. Country That Issued Your Passport or Travel Document

China

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

03/27/2027

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

08/31/2025

23. Place of Your Last Arrival Into the United States

Los Angeles, CA

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

H-1B

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

H-1B

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

▶ N- 0005300210

**Information About Your Eligibility Category**

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

(c)(9)( )

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree

28.b. Employer's Name as Listed in E-Verify

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

▶

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes  No

**NOTE:** If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

▶

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes  No

**NOTE:** If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.



**Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

**Applicant's Statement**

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a.  I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b.  The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
- 2.  At my request, the preparer named in **Part 5.**, , prepared this application for me based only upon information I provided or authorized.

**Applicant's Contact Information**

- 3. Applicant's Daytime Telephone Number
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)
- 6.  Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

**Applicant'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 immigration benefit that I seek.

I furthermore authorize release of information contained in this application, 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 understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

**Applicant's Signature**

- 7.a. Applicant's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

**Part 4. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**Interpreter's Full Name**

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)



**Part 4. Interpreter's Contact Information, Certification, and Signature**

**Interpreter's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 3., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant**

Provide the following information about the preparer.

**Preparer's Full Name**

1.a. Preparer's Family Name (Last Name)   
Orozco Jr.

1.b. Preparer's Given Name (First Name)   
Gilberto

2. Preparer's Business or Organization Name (if any)   
Berry Appleman & Leiden LLP

**Preparer's Mailing Address**

3.a. Street Number and Name   
2400 N Glenville Drive, Building A

3.b.  Apt.  Ste.  Flr.   
100

3.c. City or Town   
Richardson

3.d. State  TX 3.e. ZIP Code   
75082

3.f. Province

3.g. Postal Code

3.h. Country   
United States

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number   
(469) 940-7789

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)   
gorozco@BAL.com



**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant**  
(continued)

**Preparer's Statement**

- 7.a.  I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b.  I am an attorney or accredited representative and my representation of the applicant in this case  extends  does not extend beyond the preparation of this application.

**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

**Preparer's Signature**

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)







# Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS  
Form G-28  
OMB No. 1615-0105  
Expires 05/31/2021

## Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)  
▶

### Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)   
2.b. Given Name (First Name)   
2.c. Middle Name

### Address of Attorney or Accredited Representative

3.a. Street Number and Name   
3.b.  Apt.  Ste.  Flr.   
3.c. City or Town   
3.d. State  3.e. ZIP Code   
3.f. Province   
3.g. Postal Code   
3.h. Country

### Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number   
5. Mobile Telephone Number (if any)   
6. Email Address (if any)   
7. Fax Number (if any)

## Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a.  I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box)  am not  am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a.  I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3.  I am associated with , the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a.  I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate



**Part 4. Client's Consent to Representation and Signature** (continued)

**Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

**1.a.**  I request that USCIS send original notices on an application or petition to the U.S. business address of my attorney or accredited representative as listed in this form.

**1.b.**  I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

**NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

**1.c.**  I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

**Signature of Client or Authorized Signatory for an Entity**

**2.a.** Signature of Client or Authorized Signatory for an Entity

➔

**2.b.** Date of Signature (mm/dd/yyyy)

**Part 5. Signature of Attorney or Accredited Representative**

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

**1. a.** Signature of Attorney or Accredited Representative

**1.b.** Date of Signature (mm/dd/yyyy)

**2.a.** Signature of Law Student or Law Graduate

**2.b.** Date of Signature (mm/dd/yyyy)

**Part 6. Additional Information**

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 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.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2.a. Page Number  2.b. Part Number  2.c. Item Number

2.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Part 2. Application Type

- 1.a.  I am a permanent resident or conditional resident of the United States, and I am applying for a reentry permit.
- 1.b.  I now hold U.S. refugee or asylee status, and I am applying for a Refugee Travel Document.
- 1.c.  I am a permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.
- 1.d.  I am applying for an Advance Parole Document to allow me to return to the United States after temporary foreign travel.
- 1.e.  I am outside the United States, and I am applying for an Advance Parole Document.
- 1.f.  I am applying for an Advance Parole Document for a person who is outside the United States.

If you checked box "1.f." provide the following information about that person in 2.a. through 2.p.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 2.d. Date of Birth (mm/dd/yyyy) ▶

- 2.e. Country of Birth
- 2.f. Country of Citizenship
- 2.g. Daytime Phone Number (  )  -

### Physical Address (If you checked box 1.f.)

- 2.h. In Care of Name
- 2.i. Street Number and Name
- 2.j. Apt.  Ste.  Flr.
- 2.k. City or Town
- 2.l. State  2.m. ZIP Code
- 2.n. Postal Code
- 2.o. Province
- 2.p. Country

## Part 3. Processing Information

1. Date of Intended Departure (mm/dd/yyyy) ▶
2. Expected Length of Trip (in days)
- 3.a. Are you, or any person included in this application, now in exclusion, deportation, removal, or rescission proceedings?  Yes  No
- 3.b. If "Yes", Name of DHS office:

- 4.a. Have you ever before been issued a reentry permit or Refugee Travel Document? (If "Yes" give the following information for the last document issued to you):  Yes  No
- 4.b. Date Issued (mm/dd/yyyy) ▶
- 4.c. Disposition (attached, lost, etc.):

If you are applying for a non-DACA related Advance Parole Document, skip to Part 7; DACA recipients must complete Part 4 before skipping to Part 7.



**Part 3. Processing Information** (continued)

Where do you want this travel document sent? (Check one)

- 5.  To the U.S. address shown in **Part 1 (2.a through 2.i.)** of this form.
  - 6.  To a U.S. Embassy or consulate at:
    - 6.a. City or Town
    - 6.b. Country
  - 7.  To a DHS office overseas at:
    - 7.a. City or Town
    - 7.b. Country
- If you checked "6" or "7", where should the notice to pick up the travel document be sent?
- 8.  To the address shown in **Part 2 (2.h. through 2.p.)** of this form.
  - 9.  To the address shown in **Part 3 (10.a. through 10.i.)** of this form.:

- 10.a. In Care of Name
- 10.b. Street Number and Name
- 10.c. Apt.  Ste.  Flr.
- 10.d. City or Town
- 10.e. State
- 10.f. ZIP Code
- 10.g. Postal Code
- 10.h. Province
- 10.i. Country
- 10.j. Daytime Phone Number (    )  -

**Part 4. Information About Your Proposed Travel**

- 1.a. Purpose of trip. (If you need more space, continue on a separate sheet of paper.)
- 1.b. List the countries you intend to visit. (If you need more space, continue on a separate sheet of paper.)

**Part 5. Complete Only If Applying for a Re-entry Permit**

Since becoming a permanent resident of the United States (or during the past 5 years, whichever is less) how much total time have you spent outside the United States?

- 1.a.  less than 6 months
- 1.b.  6 months to 1 year
- 1.c.  1 to 2 years
- 1.d.  2 to 3 years
- 1.e.  3 to 4 years
- 1.f.  more than 4 years

- 2. Since you became a permanent resident of the United States, have you ever filed a Federal income tax return as a nonresident or failed to file a Federal income tax return because you considered yourself to be a nonresident? (If "Yes" give details on a separate sheet of paper.)  
 Yes  No



**Part 6. Complete Only If Applying for a Refugee Travel Document**

1. Country from which you are a refugee or asylee:

If you answer "Yes" to any of the following questions, you must explain on a separate sheet of paper. Include your Name and A-Number on the top of each sheet.

2. Do you plan to travel to the country named above?  Yes  No

Since you were accorded refugee/asylee status, have you ever:

3.a. Returned to the country named above?  Yes  No

3.b. Applied for and/or obtained a national passport, passport renewal, or entry permit of that country?  Yes  No

3.c. Applied for and/or received any benefit from such country (for example, health insurance benefits)?  Yes  No

Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act:

4.a. Reacquired the nationality of the country named above?  Yes  No

4.b. Acquired a new nationality?  Yes  No

4.c. Been granted refugee or asylee status in any other country?  Yes  No

**Part 7. Complete Only If Applying for Advance Parole**

On a separate sheet of paper, explain how you qualify for an Advance Parole Document, and what circumstances warrant issuance of advance parole. Include copies of any documents you wish considered. (See instructions.)

1. How many trips do you intend to use this document?  One Trip  More than one trip

If the person intended to receive an Advance Parole Document is outside the United States, provide the location (City or Town and Country) of the U.S. Embassy or consulate or the DHS overseas office that you want us to notify.

2.a. City or Town

2.b. Country

If the travel document will be delivered to an overseas office, where should the notice to pick up the document be sent?:

3.  To the address shown in Part 2 (2.h. through 2.p.) of this form.

4.  To the address shown in Part 7 (4.a. through 4.i.) of this form.

4.a. In Care of Name

4.b. Street Number and Name

4.c. Apt.  Ste.  Flr.

4.d. City or Town

4.e. State  4.f. ZIP Code

4.g. Postal Code

4.h. Province

4.i. Country

4.j. Daytime Phone Number (  )  -

**Part 8. Employment Authorization Document for New Period of Parole Under Operation Allies Welcome**

1. I am requesting an Employment Authorization Document (EAD) upon approval of my new Operation Allies Welcome (OAW) period of parole.  Yes  No



**Part 9. Signature of Applicant** (Read the information on penalties in the Form instructions before completing this Part.) If you are filing for a Re-entry Permit or Refugee Travel Document, you must be in the United States to file this application.

1.a. I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

1.b. Date of Signature (mm/dd/yyyy) ►

2. Daytime Phone Number (    )    -

**NOTE:** If you do not completely fill out this form or fail to submit required documents listed in the instructions, your application may be denied.

Signature of Applicant

➔

**Part 10. Information About Person Who Prepared This Application, If Other Than the Applicant**

**NOTE:** If you are an attorney or representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with this application.

**Preparer's Contact Information**

4. Preparer's Daytime Phone Number Extension  
(    )    -

5. Preparer's E-mail Address (if any)

**Preparer's Full Name**

Provide the following information concerning the preparer:

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name

**Declaration**

To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this benefit request at the request of the applicant, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.

6.a. Signature of Preparer

6.b. Date of Signature (mm/dd/yyyy) ►

**NOTE:** If you require more space to provide any additional information, use a separate sheet of paper. You must include your Name and A-Number on the top of each sheet.

**Preparer's Mailing Address**

3.a. Street Number and Name

3.b. Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Postal Code

3.g. Province

3.h. Country

