

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 06/30/2015

A-	Fill in box if G-28 is attached to represent the requestor. Action Block Attorney State License Number:
	ne instructions for information on how to complete this form.
Part 1. Information About You	Removal Proceedings Information
I am not in immigration detention <i>and</i> I am requesting consideration of deferred action for childhood arrivals <i>and</i> I have included Form I-765, Application for Employment Authorization, and Form I-765WS, Form I-765 Worksheet. Full Name 1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name	3.a. Are you now or have you ever been in removal proceedings (which includes exclusion or deportation proceedings initiated before April 1, 1997, an INA section 240 removal proceeding, expedited removal, reinstatement of removal, an INA section 217 removal after admission under the Visa Waiver Program, or removal as a criminal alien under INA section 238), or do you have a removal order issued in any other context (for example, at the border or within the United States by an immigration agent)? If you answered "Yes" to the above question, you must check a box below indicating your current status or outcome of your
U.S. Mailing Address (Enter the same address or	non-continue di non-
Form I-765)	3.b. Status or outcome:
,	1. Currently in Proceedings (Active)
2.a. In Care Of Name (if applicable)	2. Currently in Proceedings (Administratively Closed)
	3. Terminated
2.b. Street Number and Name	4. Subject to a Final Order
2.c. Apt. Ste. Flr.	3.c. Most Recent Date of Proceedings
2.4 City on Town	(mm/dd/yyyy) ▶
2.d. City or Town	3.d. Location of Proceedings
2.e. State 2.f. Zip Code	

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Par	t 1. Information About You (continued)	15.	Status on June 15, 2012 (e.g., No Lawful Status, Status		
Oth	er Information		Expired, Parole Expired)		
4.	Alien Registration Number (A-Number)(if any) ► A-	16.a.	Do you have an Arrival/Departure Record (I-94)? Yes No		
5.	U.S. Social Security Number (if any) ▶	16.b.	. If you answered "Yes", provide your I-94 number (if applicable)		
6.	Date of Birth (mm/dd/yyyy) ►	17.	Date authorized stay expired, as shown on Form I-94,		
7.	Gender Male Female		I-95, or I-94W (if applicable) (mm/dd/yyyy) ▶		
8.a.	City/Town/Village of Birth		, , , , , , , , , , , , , , , , , , , ,		
		Education Information			
8.b.	Country of Birth	18.	Education Status (e.g., High School Graduate, Recipient of GED, or Currently in School)		
9.	Current Country of Residence	19.	Name, City, and State of School Currently Attending or Where Education Received		
10.	Country of Citizenship/Nationality		where Education Received		
		20.	Date of Graduation (e.g., Receipt of a Certificate of		
11.	Marital Status Married Widowed Single Divorced		Completion, GED Certificate, or other equivalent State- authorized exam) or, if Currently in School, Date of Last Attendance (mm/dd/yyyy)		
Oth	er Names Used (including maiden name)				
	u require additional space, use Part 7., Additional	Mil	itary Service Information		
Info	rmation.	21.a.	Were you a member of the U.S. Armed Forces or Coast Guard?		
12.a.	Family Name (Last Name)				
12.b.	Given Name (First Name)	-	u answered "Yes" to the above question, you must provide onses to Item Numbers 21.b. through 21.e.		
12.c.	Middle Name	21.b.	Military Branch		
U.S	. Entry and Status Information	21.c.	Service Start Date (mm/dd/yyyy) ▶		
13.	Date of <i>Initial</i> Entry into the United States, on or about	21.d.	. Discharge Date		
	(mm/dd/yyyy) ▶		(mm/dd/yyyy) ▶		
14.	Place of Entry into the United States	21.e.	Type of Discharge		

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Part 2. Arrival/Residence Informat	ion Address 2	
1.a. I initially arrived and established resided prior to the age of 16.	Yes No From:▶	ld/yyyy) To: ▶
1.b. I have been continuously residing in the June 15, 2007 up to the present time.	U.S. since at least Yes No 4.b. Street Number and Name 4.c. Apt. Ste. Flr.]
Note: If you departed the United States for so before your 16th birthday and returned to the or after your 16th birthday to begin your curre continuous residence, submit evidence that your residence in the United States prior to age 16 instructions to this form.	United States on 4.d. City or Town ent period of 4.e. State 4.f. Zip Co	ode
List your current address and, to the best of you addresses where you resided since your initial United States. If you require additional space Additional Information.	entry into the 5.a. Dates at this residence (mm/a	dd/yyyy) To: ▶
Present Address		
2.a. Dates at this residence (mm/dd/yyyy)	5.c. Apt. Ste. Flr.	
From:▶ To: ▶	Present 5.d. City or Town	
2.b. Street Number and Name	5.e. State 5.f. Zip Co	ode
2.c. Apt. Ste. Flr. 2.d. City or Town	List all your absences from the Unite If you require additional space, use Information.	
2.e. State 2.f. Zip Code	6.a. Departure Date 1 (mm/dd/yy	<i>yy)</i> ►
Address 1	6.b. Return Date 1 (mm/dd/yy	yy) ▶
3.a. Dates at this residence (mm/dd/yyyy) From: ► To: ►	6.c. Reason for Departure	
3.b. Street Number and Name	7.a. Departure Date 2 (mm/dd/yy	yy) >
3.c. Apt. Ste. Flr.	7.b. Return Date 2 (mm/dd/yy)	<i>yy)</i> ▶
3.d. City or Town	7.c. Reason for Departure	
3.e. State 3.f. Zip Code		

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Part 3. Criminal, National Security and Public **Safety Information**

If any of the following questions apply to you use Part 7

Add	itional Information, to describe the circumstances and ade a full explanation.	1.a. I can read and understand English, and have read and understand each and every question and instruction on this form, as well as my answer to each question.			
1.	Have you ever been arrested for, charged with, or convicted of a felony or misdemeanor in the United States? Do not include minor traffic violations unless they were alcohol- or drugs-related. Do include incidents handled in juvenile court. Yes No 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.	1.b. Each and every question and instruction on this form, as well as my answer to each question, has been read to me by the person named below in a language in which I am fluent. I understand each and every question and instruction on this form, as well as my answer to each question.			
	disclosure is prombled under state law.	Requestor's Certification			
2.	Have you ever been arrested for, charged with, or convicted of a crime in any country other than the United States? Yes No	I certify, under penalty of perjury under the laws of of the United States of America, that the foregoing is true and correct. Copies of documents submitted are exact photocopies of unaltered original documents, and I understand that I may be required to submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from my records that USCIS needs to reach a determination on deferred action.			
	If you answered "Yes" you must include a certified court disposition, arrest record, charging document, sentencing record, etc., for each arrest.				
3.	Have you ever engaged in or do you continue to engage in or plan to engage in terrorist activities? Yes No	2.a. Signature of Requestor			
4.	Are you now or have you ever been a member of a gang? Yes No	2.b. Date of Signature (mm/dd/yyyy) ►			
	e you ever engaged in, ordered, incited, assisted or otherwise cipated in any of the following:	3. Daytime Phone Number ()			
5.a.	Acts involving torture, genocide, or human trafficking?	NOTE: Deferred action is unlikely to be considered for an who fails to completely fill out this form or to submit requidocuments listed in the instructions. Deferred action does reconfer lawful status upon an individual. Furthermore, a dec			
5.b.	Killing any person?	on deferred action is wholly within the discretion of DHS.			
5.c.	Severely injuring any person?	4. Did someone help you prepare this form or a portion of it: (You must answer Yes or No.) Yes No			
5.d.	Any kind of sexual contact or relations with any person who was being forced or threatened? Yes No	If yes, complete Part 5., Signature of Person Preparing This Request, If Other Than the Requestor.			

Part 4. Signature of Requestor

Requestor's Statement (check one)

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Part 5. Signature and Contact Information of Person Preparing This Form, If Other Than the Requestor

Preparer's Full Name Provide the following information concerning the preparer:		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.			
1.a.	Preparer's Family Name (Last Name)	6.a. Signature of Preparer			
1.b.	Preparer's Given Name (First Name)	6.b. Date of Signature (mm/dd/yyyy) ▶			
2.	Preparer's Business or Organization Name	Part 6. Signature of Interpreter			
Pro	eparer's Mailing Address	1. Language Used			
3.a.	Street Number	I certify that I am fluent in English and the language above. I			
3.b.	and Name Apt. Ste. Flr.	further certify that I have read each and every question and instruction on this form, as well as the answer to each question to this requestor in the above-mentioned language, and that the			
3.c.	City or Town	requestor has informed me that he or she has understood each and every instruction and question of the form, as well as the			
3.d.	State 3.e. Zip Code	answer to each question. 2.a. Signature of Interpreter			
Pre	parer's Contact Information	2-8			
4.	Daytime Phone Number () -	2.b. Date of Signature (mm/dd/yyyy) ▶			
5.	Email Address	Interpreter's Information			
		3.a. Interpreter's Family Name (<i>Last Name</i>)			
		3.b. Interpreter's Given Name (<i>First Name</i>)			

Preparer's Declaration

To be completed by all preparers, including attorneys and authorized representatives.

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Pa	rt 7. Additional Information	3.a.	Page Number	3.b. Part Number	er 3.c. Item Number
with more may name	ou require more space to provide any additional information in this request, please use the space below. If you require e space than what is provided to complete this request, you use a separate sheet(s) of paper. You must include your full e on each sheet of paper along with the page number, Part aber, and Item Number related to your explanation.	3.d.			
You	ır Full Name				
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.					
		4.a.	Page Number	4.b. Part Numb	er 4.c. Item Number
		4.d.			

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