

Application for Temporary Protected Status

USCIS Form I-821

OMB No. 1615-0043 Expires 02/28/2027

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

| | | | Fo | or USC | IS Use On | lly | | |
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| | | | | | | | | |
| | To be completed by an Attorney or Accredited | Select this Form G-28 G-28I is | | ttorney f applic | | ar Number | | r Accredited Representative ine Account Number (if any) |
| ŀ | Representative (if any). | attached. | | | | | | |
| Par NOT appli | This is my initial (fir Temporary Protected have TPS. This is my re-registra currently have TPS, a NOTE: If you have | tion (select on n Number 1.a., 1 em Number 3.a. are of the designated Status (TPS). I attion application and am applying previously applied | ne) 1.b., or 2. I or 3.b. For the dot not current for TPS. I to re-registed or have a | erntly er. | 3.a. 3.b. 4. | Yes, I a Docume Applica with my No, I an Name of des applying. | m requesting a ent (EAD), and tion for Employ Form I-821. In not currently ignated TPS c | or employment authorization? In Employment Authorization Id I am filing Form I-765, Doyment Authorization, together In requesting an EAD. Ecountry under which you are |
| | pending application f have TPS, select Iter | | • | | Par | t 2. Inform | nation Abo | ut You |
| | each time that you pr receipt number (if av | eviously applied | , including | the | You | r Full Nan | ıe | |
| | of each application. TPS application, plea | If you currently lase also describe | nave a pend when you f | ling filed | | Family Nam (Last Name) | | |
| | it and the application Part 11. Additional | | | | 1.b. | Given Name (First Name) | | |
| | recall or have incomp TPS applications, ple can, even if incomple | plete information ease provide the i | on your pr | ior | 1.c. | Middle Nam | e | |
| 2. | If you selected Item Nun granted you TPS. | nber 1.b., please | indicate wh | ho | | | | |
| | USCIS | | | | | | | |
| | ☐ Immigration Judge/B | oard of Immigra | tion Appeal | ls | | | | |

| Pai | rt 2. Information About You (continued) | Oth | her Information |
|---------------------|--|--------------------|---|
| 04 | N7 | 7. | Alien Registration Number (A-Number) (if any) |
| Oth | ner Names Used | | ► A- |
| | ide all other names you have used since birth, including es, maiden name, and nicknames. If you need extra space | 8. | USCIS Online Account Number (if any) |
| o co | omplete this section, use the space provided in Part 11. | | > |
| | itional Information. | 9. | U.S. Social Security Number (if any) |
| 2.a. | Family Name (Last Name) | | > |
| 2.b. | Given Name (First Name) | 10. | Date of Birth (mm/dd/yyyy) |
| 2.c. | Middle Name | Oth | her Dates of Birth Used (if any) |
| | Family Name (Last Name) Given Name | extra | ride all other dates of birth you have ever used. If you need a space to complete this section, use the space provided in |
| າ.ນ. | (First Name) | | t 11. Additional Information. |
| 3.c. | Middle Name | 11.a | Other Date of Birth (mm/dd/yyyy) |
| U.S | S. Mailing Address (USPS ZIP Code Lookup) | 11.b | Other Date of Birth (mm/dd/yyyy) |
| 1.a. | In Care Of Name | 12. | Gender Male Female |
| | | 13. | City/Town/Village of Birth |
| 1.b. | Street Number and Name | | |
| 1.c. | Apt. Ste. Flr. | 14. | Country of Birth |
| 1.d. | City or Town | | |
| 1.e. | State 4.f. ZIP Code | Cou 15.a | ntries of Residence (Before entering the U.S.) |
| _ | | 15.b | |
| 5. | Is your current mailing address the same as your physical address (where you live)? | 15.c | |
| f vo | u answered "No" to Item Number 5. , please provide your | 15.d | |
| | ical address below. | | |
| T 7 C | Dhusia al Addusas | | ntry or Countries of Citizenship or Nationality (if any) t all countries that apply.) |
| U.S | S. Physical Address | 16.a | |
| 5.a. | Street Number and Name | 16.b | |
| 5.b. | Apt. Ste. Flr. | 16.c | |
| 5.c. | City or Town | 16.d | |
| | State 6.e. ZIP Code | You | ur Marital Information |
| | 3.55 24 5500 | 17. | Current Marital Status (Select only one box) |
| | | | Single, Never Married Married |
| | | | Divorced Widowed |
| | | | Separated Marriage Annulled |
| | | | Other |
| | | | |

| Par | t 2. Information About You (| continued) | You | ur Current Immigration Sta | tus |
|---------------------|--|-----------------------|------|--|--|
| 18. | Date of Current Marriage (if currently | / married) | 31. | Current Immigration Status or L | ack of Status |
| | (mm/dd/yyyy) | | | | |
| U.S | . Entry Information | | 32. | Are you now or were you EVEF proceedings? | R in immigration Yes No |
| 19. | Date of Last Entry into the United Sta (mm/dd/yyyy) | ntes | | ou answered "Yes" to Item Number | er 32., provide the |
| 20. | Immigration Status (or Lack of Status | | Туре | e of Proceedings (Select all boxes | that apply): |
| | Entered the United States (for example no status) | le, visitor, student, | 33.a | | an Immigration Judge) |
| | in status, | | 33.b | Board of Immigration Appe | als (BIA) |
| Place 21. | e of Last Entry into the United States U.S. Port of Entry (if any) | | 33.c | I am no longer in Department Department of Homeland So immigration proceedings, bu court proceedings regarding | ecurity (DHS) ut I am or was in Federal |
| 22.a. | City or Town | | 34. | Locations Where Your DOJ and were Held (or are currently being | |
| | | | | | |
| 22.b. 23. | State Form I-94 Arrival-Departure Record | Number (if any) | 35. | Locations Where Your Federal C Regarding Immigration Issues w being held) (if applicable) | |
| 20. | ► Departure Record | | | | |
| 24. | Date Your Authorized Period of Stay Expired or Will Expire (as shown on Crewman's Landing Permit (Form I-9 duration of status (D/S) | Form I-94 or | NO's | es for Your Proceedings FE: If your proceedings are ongoing the second in the second reach that the second reach the second reach that the second reach that the second reach th | one type of proceedings, |
| 25. | Passport Number (most recent passport have other expired or valid passports, | | 36.a | • From (mm/dd/yyyy) | |
| | them and provide all information requ | | | | |
| | each passport.) | | | To (mm/dd/yyyy) | |
| | | | 36.c | . Present | |
| 26. | Travel Document Number (if any) | | D | D: L: . I £ 4: | |
| | | | | rt 3. Biographic Information | ON |
| 27. | Additional Passport or Travel Docum | ent Number | 1. | Ethnicity (Select only one box) | |
| 20 | A 11'C and Decrease at The 11D and | and N. make a | | Hispanic or Latino | |
| 28. | Additional Passport or Travel Docum | ent Number | | Not Hispanic or Latino | |
| 20 | Country of Louisian for most mount | Decement on Tressel | 2. | Race (Select all applicable boxe | es) |
| 29. | Country of Issuance for most recent F Document | assport or Travel | | White | |
| | | | | Asian | |
| 30. | Expiration Date for most recent Passp | oort or Travel | | Black or African American | T-4: |
| | Document (mm/dd/yyyy) | | | American Indian or Alaska N | |
| | | | | Native Hawaiian or Other Pa | CITIC Islander |

| Par | et 3. Biographic Information (continued) | Mai | uiling Address of Spouse |
|--------------|---|----------------|---|
| 3. | Height Feet Inches | 4.a. | Street Number and Name |
| 4. | Weight Pounds Pounds | 4.b. | |
| 5. | Eye Color (Select only one box) | 4.c. | City or Town |
| | ☐ Black ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Hazel | 4.d. | State 4.e. ZIP Code |
| | Maroon Pink | 4.f. | Province |
| | Unknown/Other | 4.g. | Postal Code |
| 6. | Hair Color (Select only one box) | 4.h. | Country |
| | Bald (No hair) Black Blond | | |
| | ☐ Brown ☐ Gray ☐ Red | Oth | her Information About Your Current Spouse |
| | ☐ Sandy ☐ White ☐ Unknown/Other | 5. | Your Spouse's Date of Birth (mm/dd/yyyy) |
| Par (if a | et 4. Information About Your Current Spouse | 6. | Date of Marriage to Your Current Spouse (mm/dd/yyyy) |
| Com | plete this section only if you are filing a late initial cation for TPS. See the form instructions for information | 7. | Place of Marriage to Your Current Spouse |
| on re | equirements for late initial filing for TPS. If you need extra | 8.a. | City or Town |
| your | e to complete this section on all former spouses and all of children, please use the space provided in Part 11. itional Information. | | State |
| | ide the following information about your current spouse (if | 8.c. | Province (if any) |
| 1. | USCIS Online Account Number (if any and if known) | 8.d. | Country |
| | ▶ | | |
| 2. | A-Number (if any and if known) | 9. | If you know, has your current spouse EVER had TPS? |
| | ► A- | | Yes No |
| 3.a. | Family Name (Last Name) | | es, what dates did he or she have TPS? |
| 3.b. | | | To (rem/dd/yyyy) |
| 3.c. | Middle Name | | To (mm/dd/yyyy) |
| | | 10.c. 10.d. | |
| | | 10.a. 11. | Is your spouse's TPS still valid? (if known) |
| | | 11, | Yes No I Do Not Know |

Part 5. Information About Your Former Spouses (if any)

Complete this section only if you are filing a **late initial** application for TPS. See the form instructions for information on requirements for late initial filing for TPS. If you need extra space to complete this section on all former spouses or all of your children, please use the space provided in **Part 11**. **Additional Information**.

| Nar | nes of All Your Former | Spouse | s (if any) |
|-------|---|-----------|---------------------------------|
| First | Marriage | | |
| 1.a. | Family Name (Last Name) | | |
| 1.b. | Given Name (First Name) | | |
| 1.c. | Middle Name | | |
| 2. | Nationalities of Former Spou | ise | |
| 3. | A-Number of Former Spouse ▶ A- | e (if any | and if known) |
| 4. | Date of Birth of Former Spot (mm/dd/yyyy) | ise | |
| 5. | Date of Death if Former Spot (mm/dd/yyyy) | use Dece | eased |
| Date | s of Marriage to Former Spous | se | |
| 6.a. | From (mm/dd/yyyy) | | |
| 6.b. | To (mm/dd/yyyy) | | |
| 7. | How Marriage Ended (for exannulled) | ample, d | livorce, widowed, |
| 8. | Did or does this former spour | se have [| ΓPS (if known)? ☐ I Do Not Know |
| If ye | s, what dates did he or she hav | e TPS (i | f known)? |
| 9.a. | From (mm/dd/yyyy) | | |
| 9.b. | To (mm/dd/yyyy) | | |
| 9.c. | Present | | |
| 9.d. | I do not know the dates | | |
| 10. | Is this former spouse current registering for TPS (if known | | ng for or re- |
| | Yes | No | I Do Not Know |

| Seco | nd Marriage | |
|--------|--|-------------------|
| 11.a. | Family Name (Last Name) | |
| 11.b. | Given Name (First Name) | |
| 11.c. | Middle Name | |
| 12. | Nationalities of Former Spouse | |
| | | |
| 13. | A-Number of Former Spouse (if any | and if known) |
| | A- | |
| 14. | Date of Birth of Former Spouse (mm/dd/yyyy) | |
| 15. | Date of Death if Former Spouse Dece | eased |
| | (mm/dd/yyyy) | |
| Dates | s of Marriage to Former Spouse | |
| 16.a. | From (mm/dd/yyyy) | |
| 16.b. | To (mm/dd/yyyy) | |
| 17. | How Marriage Ended (for example, dannulled) | livorce, widowed, |
| | | |
| 18. | Did or does this former spouse have | ΓPS (if known)? |
| | Yes No | I Do Not Know |
| If yes | s, what dates did he or she have TPS (i | f known)? |
| 19.a. | From (mm/dd/yyyy) | |
| 19.b. | To (mm/dd/yyyy) | |
| 19.c. | Present | |
| 19.d. | I do not know the dates | |
| 20. | Is this former spouse currently applying registering for TPS (if known)? | ng for or re- |
| | Yes No | I Do Not Know |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | rt 6. Information About Your | Children | Child | _ | |
|--------|--|---------------------|-----------|-------------------------------------|---|
| (11 8 | any) | | 8.a. | Family Name (Last Name) | |
| appli | plete this section only if you are filing a cation for TPS. See the form instruction | ons for information | 8.b. | Given Name (First Name) | |
| | equirements for late initial filing for TPS to complete this section on all former | | 8.c. | Middle Name | |
| your | children, please use the space provided | | 9. | IISCIS Online | Account Number (if any and if known) |
| Addi | itional Information. | | 7. | | recount rumber (if any and if known) |
| (if ar | ide the following information about each y). If you need extra space to complete pace provided in Part 11. Additional I | e this section, use | 10. | Alien Registrat | tion Number (A-Number) (if any and if |
| Chil | • | mor manon. | | , | ► A- |
| | Family Name (Last Name) | | 11. | Date of Birth (1 | mm/dd/yyyy) |
| 1.b. | Given Name | | Mai | iling Address | |
| | (First Name) | | | | |
| 1.c. | Middle Name | | 12.a. | Street Number and Name | |
| 2. | USCIS Online Account Number (if an | y and if known) | 12.b. | | Ste. Flr. |
| | Alian Dagistration Number (A Number | on) (if one and if | 12.c. | City or Town | |
| 3. | Alien Registration Number (A-Number known) | ar) (ii arry and ii | | , [| |
| | ▶ A- | | 12.d. | State | 12.e. ZIP Code |
| 4. | Date of Birth (mm/dd/yyyy) | | 12.f. | Province | |
| Ma | iling Address | | 12.g. | Postal Code | |
| | Street Number | | 12.h. | Country | |
| | and Name | | | | |
| 5.b. | Apt. Ste. Flr. | | | s child has or ha PS (if known). | nd TPS, please provide the dates of his or |
| 5.c. | City or Town | | | | |
| 5.d. | State 5.e. ZIP Code | | 13.a. | From (mm/dd/y | yyyy) |
| 5.f. | Province | | | To (mm/dd/yyy | |
| 5.g. | Postal Code | | 14. | | s this child currently applying for or re- TPS (if known)? Yes No |
| 5.h. | Country | | | | |
| | | | Par | t 7. Eligibili | ty Standards |
| | s child has or had TPS, please provide (TPS (if known). | the dates of his or | Basi | is for Eligibil | lity |
| | From (mm/dd/yyyy) | | Provi | de the following | g information: |
| | To (mm/dd/yyyy) | | 1.a. | | of (or a person having no nationality who resided in the country of): |
| | (33) / / | | | · | |

registering for TPS (if known)?

7.

If you know, is this child currently applying for or re-

Yes No

| Par | rt 7. Eligibility Standards) (continued) | Your Immigration and Criminal History |
|---------------------------------|--|--|
| 1.b. 1.c. | I entered the United States on the following date, and have resided in the United States since that time. (mm/dd/yyyy) Have you EVER traveled to and entered another country, other than the one listed in Item Number 1.a. before you | To be eligible for TPS, you must be admissible as an immigran to the United States, with certain exceptions. The questions below and your responses to these questions will help USCIS determine if you are eligible for TPS. See the Who Is Eligible for TPS section of the Instructions for additional information on admissibility and available waivers. |
| infor coun State | u answered "Yes" to Item Number 1.c. , provide the rmation requested in Item Numbers 2 5. for EACH stry you traveled to and entered prior to entering the United es. If you need extra space to complete this section, use the provided in Part 11. Additional Information . | If any of the questions apply to you, please provide information about the events, including the places and dates of occurrence. Provide a full explanation of the circumstances related to the specific event. If you need additional space to respond to a question, use the space provided in Part 11. Additional Information . |
| 2. | Name of All the Other Countries to Which You Traveled | Criminal Offenses |
| | and Entered Prior to Entering the United States | If you were EVER arrested or detained for an offense, you must provide information about the event regardless of the country where the event occurred. If you were arrested, |
| | From (mm/dd/yyyy) | charged, or convicted for an offense, you must provide certified court dispositions showing the court proceedings' outcome wherever possible. You also must provide copies of arrest reports, statements of charges, indictment information, or |
| 3.b. | To (mm/dd/yyyy) | any other charging document issued against you. If you were |
| 4. | Your Immigration Status, if Any, in the Other Country (for example, citizen, legal permanent resident, refugee, asylee, visitor, student, temporary resident, or no status) | not charged with any crime or offense, provide a statement or other documentation from the arresting authority or prosecutor's office to show that you were not charged with any crime or offense. |
| 5.6. | Have you EVER been offered any immigration status by another country that you did not accept? Yes No If you answered "Yes" to Item Number 5. , please | NOTE: If you are not able to provide the documentation requested above, provide a signed statement as to why you cannot provide such documentation. USCIS usually needs supporting documentation, however, we do recognize that country conditions in certain TPS-designated countries may not allow an applicant to obtain the documents. Each statement |
| | describe the country or countries, the nature of the immigration status you were offered, and the dates when | will be carefully reviewed by USCIS, and we may need to ask you for additional information. |
| | it was offered. | Please carefully read Item 6. in the General Requirements section of the Instructions for additional information that you must provide if official documents regarding your criminal history are not available to you. |
| 7. | If you answered "Yes" to Item Number 5. , please | Human Rights Violations |
| | describe why you chose not to accept the immigration status offered to you by the other country or countries. | If you have ever engaged in, ordered, incited, assisted, or otherwise participated in any human rights violations, you must provide information about the events, including the place and date, and a description of the event regardless of the country where the events occurred. |
| | | Have you EVER been convicted of: |
| | | 8.a. Any felony committed in the United States? Yes No |
| | | 8.b. Any misdemeanor committed in the United States? |

| Par | t 7. Eligibility Standards (continued) | | Within the previous five years, have yo any financial or other benefit from the | | |
|-------|---|-----------------------------|--|---------------------------|----------------|
| 8.c. | Any particularly serious crime committed either in coutside the United States? | or ∃No | of your spouse (including former spouyou knew, or reasonably should have k financial or other benefit was the production of the production | ses) or par known, tha | ents, and |
| 9.a. | Have you EVER ordered, incited, assisted, or other participated in the persecution of any person on according of race, religion, nationality, membership in a partic | rwise ount cular Have | activity? you EVER engaged, or do you plan to | Yes engage, so | No |
| | social group, or political opinion? | | pally, or incidentally, in any of the foll | _ | |
| 9.b. | Have you EVER committed serious nonpolitical cri outside of the United States prior to your arrival in the Un | imes | Any activity to violate any law of the I relating to espionage or sabotage? | United Sta | tes No |
| 9.c. | United States? Yes Have you EVER or are you NOW engaged in activities. | vities | Any activity to violate or evade any latexport from the United States of goods | - | - |
| | that could be reasonable grounds for concluding that are a danger to the security of the United States? | | sensitive information? | Yes | ☐ No |
| | Yes | 13.c. No | Any other unlawful activity in the Uni | ted States? Yes | ? No |
| | you EVER been convicted of or have you EVER nitted acts which constitute the essential elements of: | • | Any activity in which a purpose is to o overthrow the Government of the Unit | ppose, cor | ntrol, or |
| 10.a. | A crime (other than a purely political offense)? | ∃No | violence, or other unlawful means, inclimited to participating in such activitie | luding but es, giving | not support |
| 10.b. | A violation of any law relating to a controlled substate as defined in section 102 of the Controlled Substance | ance | to others involved in such activities, or representative of a terrorist organization | on? | |
| | Act? Yes | No | Harris EVED as an INOW and | ∐Yes | □ No |
| 10.c. | A conspiracy to violate any law relating to a control substance as defined in section 102 of the Controlled | lled | Have you EVER or are you NOW engactivities? | Yes Yes | ∏ No |
| | Substances Act? | 1110 | Have you EVER or are you NOW engengage in activities in the United State | | - |
| 11. | Have you EVER been convicted of two or more crit offenses (other than purely political offenses) for whyou received sentences to confinement that, when | | potentially serious adverse foreign pole for the United States? | icy conseq | uences No |
| | combined, total five years or more? Yes | | Have you EVER been or are you NOV Communist or other totalitarian party, | | |
| 12.a. | Have you EVER trafficked in or are you NOW trafficking in any controlled substance? | | membership was involuntary? | Yes | No |
| | Yes | 1110 | Have you EVER participated in Nazi pgenocide? | persecution Yes | n or No |
| 12.b. | Are you NOW or have you EVER knowingly assist abetted, conspired, or colluded with others in the untrafficking of any controlled substance? | nlawful Have | you EVER, whether in the United St try been: | | |
| | <u> </u> | No 15.a. | Arrested, for breaking or violating any | law or or | dinance, |
| 12.c. | Are you the spouse or child of an alien who unlawfu | ully | excluding minor traffic violations? | Yes | No |
| | trafficked in any controlled substance? | ¬ | Cited, charged, or indicted, for breaking law or ordinance, excluding minor traff | - | |
| 12.d. | Are you the spouse or child of an alien who assisted | | | Yes | No |
| | abetted, conspired, or colluded with others in the unitrafficking of any controlled substance? | | Been convicted, fined, imprisoned, pla received a suspended sentence or defer for breaking or violating any law or or | rral of adju | idication |
| | | | minor traffic violations? | Yes | No |

| Par | t 7. Eligibility Standards (continued) | 23.a. Do you NOW have a communicable disease of public health significance? |
|-------|---|---|
| 16. | Have you EVER been the beneficiary of a pardon, | |
| | amnesty, rehabilitation decree, other act of clemency, or similar action? Yes No | 23.b. Do you NOW have or have you EVER had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has |
| 17. | Have you EVER committed a serious criminal offense in the United States and asserted immunity from prosecution? | posed or may pose a threat to the property, safety, or welfare of yourself or others? |
| | | 23.c. Are you NOW or have you EVER been a drug abuser or |
| 18.a. | Have you EVER , within the past 10 years, or are you NOW engaged in prostitution or procurement of | drug addict? Yes No |
| | prostitution? Yes No | 24. Have you EVER entered the United States as a stowaway? Yes No |
| 18.b. | Have you EVER , within the past 10 years (either directly or indirectly) procured or attempted to procure or import prostitutes or persons for the purpose of prostitution? Yes No | 25. Did the former Immigration and Naturalization Service (INS) EVER impose, or has DHS EVER imposed, civil monetary penalties on you for producing or using false |
| 18.c. | Have you EVER , within the past 10 years, received, in | documentation to obtain an immigration benefit? Yes No |
| | whole or in part, the proceeds of prostitution? Yes No | 26. Are you NOW subject to a final order for violation of |
| 10 | | section 274C (producing and/or using false documentation to unlawfully satisfy a requirement of the |
| 19. | Have you EVER been or do you intend to be involved in any other commercial vice? Yes No | Immigration and Nationality Act)? Yes No |
| 20.a. | Have you EVER been ordered removed, and been deported from the United States? Yes No | 27. Do you NOW practice polygamy? Yes No |
| | Have you EVER voluntarily departed the United States under an order of removal? Yes No If you answered "Yes" to either Item Number 20.a. or | 28. Are you NOW the guardian of, and are you accompanying, another individual who has been found to be inadmissible and who has been certified by a medical examiner to be helpless due to sickness, physical or mental disability, or infancy? Yes No |
| 20.d. | 20.b. above, have you re-entered the United States unlawfully at any time after you were deported or you voluntarily departed? Yes No If you answered "Yes" to Item Number 20.c. above, has | 29. Have you EVER detained, retained, or withheld the custody of a child having a lawful claim to U.S. citizenship, outside the United States, from a U.S. citizen granted custody? |
| | DHS reinstated your prior order of removal? Yes No I Do Not Know | Have you EVER ordered, incited, called for, committed, |
| 20.e. | Have you EVER failed to attend or remain in attendance | assisted, helped with, or otherwise participated in any of the following: |
| | at any immigration proceedings to determine your admissibility or deportability? Yes No | 30.a. Acts involving torture or genocide? Yes No |
| 21. | Have you EVER , by fraud or willfully misrepresenting a | 30.b. Killing any person? |
| | material fact, sought to obtain a visa or other documentation, admission to the United States, or any other immigration benefit? | 30.c. Intentionally and severely injuring any person? Yes No |
| 22. | Have you EVER assisted any other person to enter the United States in violation of the law? Yes No | 30.d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?Yes No |
| | | 30.e. Limiting or denying any person's ability to exercise religious beliefs? |

| Par | t 7. Eligibility Standards (continued) | | spouse or child of, or are you yourself, ringly aided, abetted, assisted, |
|-------|---|---|--|
| Have | you EVER : | | ded with a human trafficker? |
| 31.a. | Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? Yes No | any financial or ot activity of your sp | Yes No us five years, have you EVER obtained her benefit from the human trafficking ouse (including former spouses) or knew, or reasonably should have |
| 31.b. | Served or worked in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No | known, that the fir | nancial or other benefit that you from such human trafficking? |
| 32. | Have you EVER been a member of, assisted in, 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? | | have you EVER engaged in money ribed in section 1956 or 1957 of Title Code? Yes No |
| 33. | Have you EVER assisted with or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes No | abettor, assister, comoney laundering40. Have you EVER to out particularly se defined in section | been responsible for or directly carried vere violations of religious freedom, as 3 of the International Religious |
| 34. | Have you EVER received any type of military, paramilitary, or weapons training? Yes No | | 998 (22 U.S.C. section 6402) while n government official? |
| 35. | Have you EVER unlawfully voted in a United States Federal, state, or local election? Yes No | | on judge or the Board of Immigration etermined that you filed a frivolous in the past? |
| 36. | Have you EVER claimed to be a U. S. citizen (in writing or in any other way)? Yes No | | 1 Les Ino |
| 37.a. | 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 | Information, Certi | s Statement, Contact fication, and Signature ties section of the Form I-821 |
| 37.b. | Have you EVER used any person under 15 years of age to take part in hostilities or to help or provide services to | | pleting this part. You must file Form |
| | people in combat? Yes No | Applicant's Stateme | ent |
| 38.a. | Have you EVER committed or conspired to commit human trafficking offenses, as defined in the section 103 of the Victims of Trafficking and Violence Protection Act of 2000, in the United States or outside the United States? YesNo | applicable, select the boat 1.a. I can read and and understan | For either Item Number 1.a. or 1.b. If a for Item Number 2. understand English, and I have read d every question and instruction on this d my answer to every question. |
| 38.b. | Have you EVER knowingly aided, abetted, assisted, conspired, or colluded with a human trafficker? Yes No | question and i | |
| 38.c. | Are you NOW the spouse or child of an alien who committed or conspired to commit human trafficking offenses? Yes No | everything. 2. | which I am fluent, and I understood t, the preparer named in Part 10. , application for me based only upon provided or authorized. |

Part 8. Applicant's Statement, Contact Information, Certification, and Signature (continued)

| Applicant's | Contact . | Information |
|-------------|-----------|-------------|
|-------------|-----------|-------------|

| applicant's Mobile Telephone | Number (if any) |
|-------------------------------|---------------------------------------|
| - | · · · · · · · · · · · · · · · · · · · |
| | |
| applicant's Email Address (if | anv) |

Applicant's 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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further 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 laws.

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, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my application;
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I 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 | |
|---------------|--------------------------------|--|
| \Rightarrow | | |
| 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 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

| Inte | erpreter'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) | | | | | | |
| _, | Interpreted a Business of Organization Name (if any) | | | | | | |
| | | | | | | | |
| Inte | erpreter's Mailing Address | | | | | | |
| 3.a. | Street Number and Name 77 W Jackson Blvd | | | | | | |
| 3.b. | Apt. Ste. Flr. | | | | | | |
| 3.c. | City or Town Chicago | | | | | | |
| 3.d. | State IL 3.e. ZIP Code 60604 | | | | | | |
| 3.f. | Province | | | | | | |
| 3.g. | Postal Code | | | | | | |
| 3.h. | Country | | | | | | |
| | USA | | | | | | |
| | | | | | | | |
| Inte | erpreter's Contact Information | | | | | | |
| 4. | Interpreter's Daytime Telephone Number | | | | | | |
| | | | | | | | |
| 5. | Interpreter's Mobile Telephone Number (if any) | | | | | | |
| | | | | | | | |
| | | | | | | | |

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and

Interpreter's Email Address (if any)

which is the same language specified in **Part 8.**, **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 Certification**, and has verified the accuracy of every answer.

6.

| | t 9. Interpreter's Contact Information, | Preparer's Statement | | | | |
|--------------|--|--|--|--|--|--|
| | erpreter's Signature | 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.a. 7.b. | Interpreter's Signature Date of Signature (mm/dd/yyyy) | 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. | | | | |
| Sign App | t 10. Contact Information, Declaration, and nature of the Person Preparing this plication, if Other Than the Applicant ide the following information about the preparer. | NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States with this application. | | | | |
| Pre | parer's Full Name | Preparer's Certification | | | | |
| 1.a. 1.b. | Preparer's Family Name (Last Name) Preparer's Given Name (First Name) | 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, | | | | |
| 2. | Preparer's Business or Organization Name (if any) | including the Applicant's 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. | | | | |
| Pre | parer's Mailing Address | | | | | |
| 3.a. | Street Number and Name 77 W Jackson Blvd | Preparer's Signature 8.a. Preparer's Signature | | | | |
| 3.b. | Apt. Ste. Flr. | | | | | |
| 3.c. | City or Town Chicago | 8.b. Date of Signature (mm/dd/yyyy) | | | | |
| 3.d. | State 3.e. ZIP Code 60604 | | | | | |
| 3.f. | Province | | | | | |
| 3.g. | Postal Code | | | | | |
| 3.h. | Country | | | | | |
| Pre | parer's Contact Information | | | | | |
| 4. | Preparer's Daytime Telephone Number | | | | | |
| 5. | Preparer's Mobile Telephone Number (if any) | | | | | |
| 6. | Preparer's Email Address (if any) | | | | | |

| Par | t 11. Additional Information | 5.a. | Page Number | 5.b. | Part Number | 5.c. | Item Number |
|--|---|------|-------------|------|-------------|------|-------------|
| withing spaces to constant the sheet the sheet Num | u need extra space to provide any additional information in this application, use the space below. If you need more than what is provided, you may make copies of this page implete and file with this application or attach a separate of paper. Type or print your name and A-Number (if any) top of each sheet; indicate the Page Number , Part and Item Number to which your answer refers; and and date each sheet. | 5.d. | | | | | |
| | Family Name (Last Name) Given Name | | | | | | |
| 1 գ | (First Name) Middle Name | | | | | | |
| 2. | A-Number (if any) ► A- | | | | | | |
| | Page Number 3.b. Part Number 3.c. Item Number | 6.a. | Page Number | 6.b. | Part Number | 6.c. | Item Number |
| 3.d. | | 6.d. | | | | | |
| | | | | | | | |
| 4.a. | Page Number 4.b. Part Number 4.c. Item Number | 7.a. | Page Number | 7.b. | Part Number | 7.c. | Item Number |
| 4.d. | | 7.d. | | | | | |
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