



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

DHS
Form G-28
OMB No. 1615-0105
Expires 03/31/2018

Part 1. Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number (*if any*)

►

Name and Address of Attorney or Accredited Representative

2.a. Family Name (<i>Last Name</i>)	<input type="text"/> Maroney
2.b. Given Name (<i>First Name</i>)	<input type="text"/> Jacquelyn
2.c. Middle Name	<input type="text"/> P
3.a. Street Number and Name	<input type="text"/> 301 Congress Ave.
3.b. Apt. <input type="checkbox"/> Ste. <input checked="" type="checkbox"/> Flr. <input type="checkbox"/> 1150	<input type="text"/>
3.c. City or Town	<input type="text"/> Austin
3.d. State <input type="text"/> TX	3.e. ZIP Code <input type="text"/> 78701
3.f. Province	<input type="text"/>
3.g. Postal Code	<input type="text"/>
3.h. Country	<input type="text"/> USA
4. Daytime Telephone Number	<input type="text"/> 5123444736
5. Fax Number	<input type="text"/> 5123444701
6. E-Mail Address (<i>if any</i>)	<input type="text"/> Jacquelyn.Maroney@ogletreedeakins.com
7. Mobile Telephone Number (<i>if any</i>)	<input type="text"/>

Part 2. Notice of Appearance as Attorney or Accredited Representative

This appearance relates to immigration matters before
(Select only one box):

- 1.a. USCIS
1.b. List the form numbers

I-131, I-485, I-765

- 2.a. ICE
2.b. List the specific matter in which appearance is entered

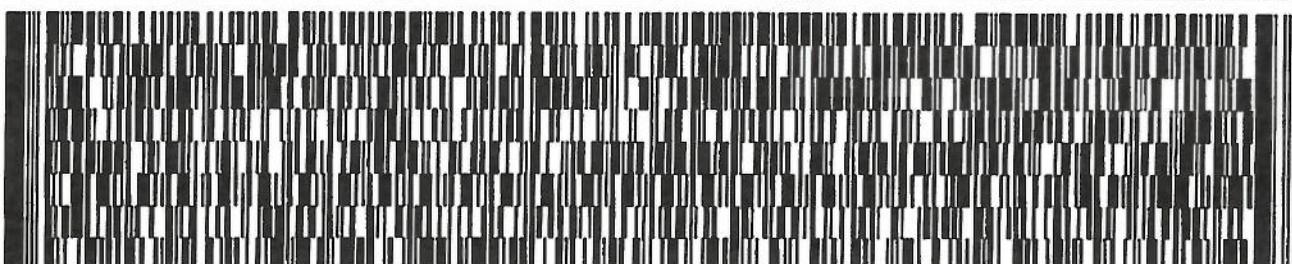
3.a. CBP
3.b. List the specific matter in which appearance is entered

I enter my appearance as attorney or accredited representative at the request of:

4. Select only one box:
 Applicant Petitioner Requestor
 Respondent (ICE, CBP)

Information About Applicant, Petitioner, Requestor, or Respondent

5.a. Family Name (<i>Last Name</i>)	<input type="text"/> AGRAWAL
5.b. Given Name (<i>First Name</i>)	<input type="text"/> SHIKHA
5.c. Middle Name	<input type="text"/>
6. Name of Company or Organization (<i>if applicable</i>)	<input type="text"/> COGNIZANT TECHNOLOGY SOLUTIONS CORP



Part 2. Notice of Appearance as Attorney or Accredited Representative (continued)

Information About Applicant, Petitioner, Requestor, or Respondent (continued)

7. USCIS ELIS Account Number (*if any*)

► [REDACTED]

8. Alien Registration Number (A-Number) or Receipt Number

[REDACTED]

9. Daytime Telephone Number

9796917700-2563356192

10. Mobile Telephone Number (*if any*)

2563356192

11. E-Mail Address (*if any*)

shikha120@gmail.com

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

NOTE: Provide the mailing address of the applicant, petitioner, requestor, or respondent. Do not provide the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on the application, petition, or request being filed with this Form G-28.

12.a. Street Number and Name

35 River Dr S

12.b. Apt. Ste. Flr. 311

12.c. City or Town

Jersey City

12.d. State

NJ

12.e. ZIP Code

07310

12.f. Province

[REDACTED]

12.g. Postal Code

[REDACTED]

12.h. Country

USA

Part 3. 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 additional space, use Part 6.*)

Licensing Authority

TX

- 1.b. Bar Number (*if applicable*)

24032971

- 1.c. Name of Law Firm

Ogletree Deakins

- 1.d. I (*choose one*) am not am

subject to any order of any court or administrative agency disbarring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (*If you need additional space, use Part 6.*)

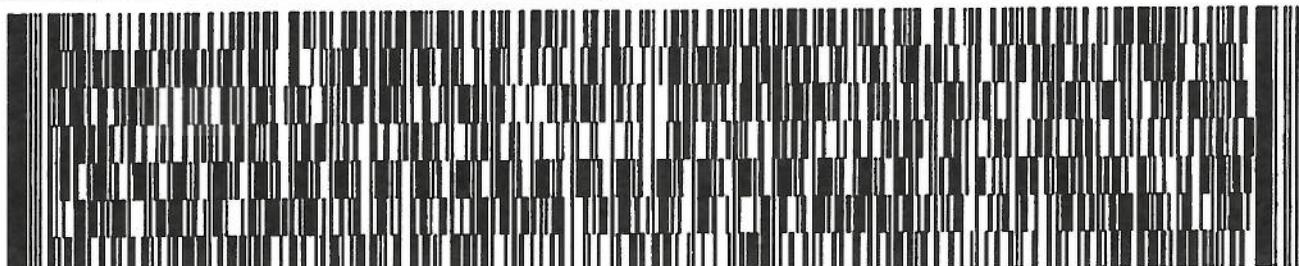
- 2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.

- 2.b. Name of Recognized Organization

[REDACTED]

- 2.c. Date accreditation expires

(mm/dd/yyyy) ►



Part 3. Eligibility Information for Attorney or Accredited Representative (continued)

3. I am associated with
[redacted]

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 is at his or her request.

NOTE: If you select this item, also complete Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.c. in Part 3. (whichever is appropriate).

- 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)(iv).

- 4.b. Name of Law Student or Law Graduate
[redacted]

Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature

Consent to Representation and Release of Information

1. I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP.

When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

DHS will also send the Form I-94, Arrival Departure Record, to you unless you select Item Number 2.a. in Part 4. All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) at your U.S. mailing address unless you ask us to send your secure identity documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select all applicable boxes below:

- 2.a. I request DHS send any notice (including Form I-94) on an application, petition, or request to the U.S. business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.
- 2.b. I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the U.S. business address of my attorney of record or accredited representative as listed in this form or to a designated military or diplomatic address for pickup in a foreign country (if permitted). I consent to having my secure identity document sent to my attorney of record or accredited representative's U.S. business address and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.

- 3.a. Signature of Applicant, Petitioner, Requestor, or Respondent
→ [redacted] *Shukla Tyawal*

- 3.b. Date of Signature (mm/dd/yyyy) ► *06/22/17*

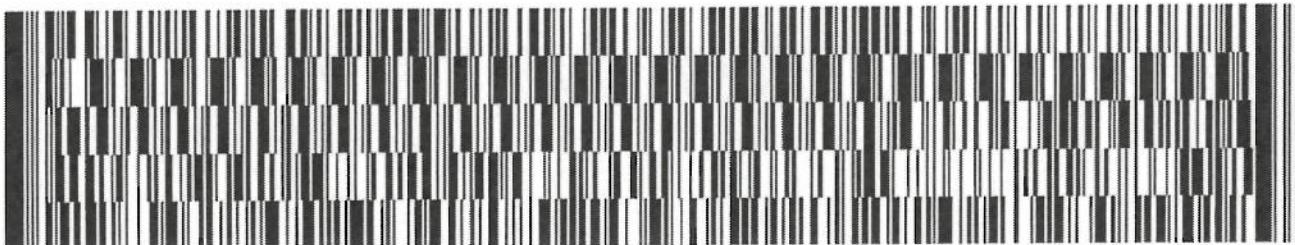
Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. 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. Signature of Attorney or Accredited Representative
[redacted]

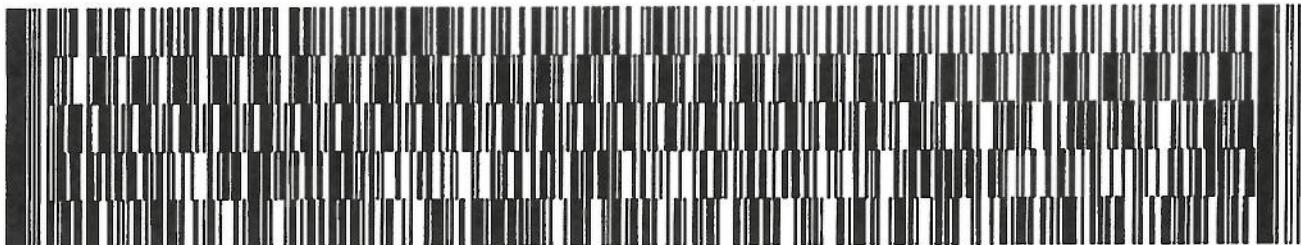
2. Signature of Law Student or Law Graduate
[redacted]

3. Date of Signature (mm/dd/yyyy) ► [redacted]



Part 6. Additional Information

Use the space provided below to provide additional information pertaining to Part 3., Item Numbers 1.a. - 1.d. or to provide your U.S. business address for purposes of receiving secure identity documents for your client (if your client has consented to your receipt of such documents under Part 4.)



START HERE - Type or Print (Use black ink)

Part 1. Information About You

Family Name (<i>Last Name</i>)	Given Name (<i>First Name</i>)	Middle Name
AGRAWAL	Shikha	
Address - Street Number and Name		Apt. No.
35 River Dr. S		311
C/O (<i>in care of</i>)		
Shikha AGRAWAL		
City	State	ZIP Code
Jersey City	NJ	07310
Date of Birth (<i>mm/dd/yyyy</i>)	Country of Birth	
10/23/1987	Nepal	
Country of Citizenship/Nationality	U.S. Social Security No. (<i>if any</i>)	A-Number (<i>if any</i>)
Nepal	422-61-4560	
Date of Last Arrival (<i>mm/dd/yyyy</i>)	I-94 Arrival-Departure Record Number	
12/30/2016	19696571785	
Current USCIS Status	Expires on (<i>mm/dd/yyyy</i>)	
H-1B	06/15/2019	

Part 2. Application Type (Select one)

I am applying for an adjustment to permanent resident status because:

- a. An immigrant petition giving me an immediately available immigrant visa number that has been approved. (Attach a copy of the approval notice, or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b. My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
- c. I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate.)
- d. I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. I am a native or citizen of Cuba admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- f. I am the husband, wife, or minor unmarried child of a Cuban described above in (e), and I am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- g. I have continuously resided in the United States since before January 1, 1972.
- h. Other basis of eligibility. Explain (for example, I was admitted as a refugee, my status has not been terminated, and I have been physically present in the United States for 1 year after admission). If additional space is needed, see Page 3 of the instructions.

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and:
(Select one)

- i. I am a native or citizen of Cuba and meet the description in (e) above.
- j. I am the husband, wife, or minor unmarried child of a Cuban and meet the description in (f) above.

For USCIS Use Only

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
Applicant Interviewed	

Section of Law

- Sec. 209(a), INA
- Sec. 209(b), INA
- Sec. 13, Act of 9/11/57
- Sec. 245, INA
- Sec. 249, INA
- Sec. 1 Act of 11/2/66
- Sec. 2 Act of 11/2/66
- Other _____

Country Chargeable

Eligibility Under Sec. 245

- Approved Visa Petition
- Dependent of Principal Alien
- Special Immigrant
- Other _____

Preference

Action Block

To be Completed by
Attorney or Representative, if any
Fill in box if Form G-28 is attached to
 represent the applicant.

VOLAG No

ATTY State License Number 24032971



Part 3. Processing Information**A. City/Town/Village of Birth**

KALAIYA

Current Occupation

TECHNOLOGY ANALYST

Your Mother's First Name

CHAMPA

Your Father's First Name

SATISH

Provide your name exactly as it appears on your Form I-94, Arrival-Departure Record Number

Shikha AGRAWAL

**Place of Last Entry Into the United States
(City/State)**

NEW YORK, NY

In what status did you last enter? (Visitor, student, exchange visitor, crewman, temporary worker, without inspection, etc.)

H-1B

Were you inspected by a U.S. Immigration Officer? Yes No **Nonimmigrant Visa Number**

18036145

L 8036145

Consulate Where Visa Was Issued

Kathmandu Nepal

Date Visa Issued (mm/dd/yyyy) **Gender**

12/19/2016

Gender

 Male Female**Marital Status** Married Single Divorced Widowed**Have you ever applied for permanent resident status in the U.S.?** Yes (If "Yes" give date and place of filing and final disposition.) No**B. List your present spouse and all of your children (include adult sons and daughters). (If you have none, write "None." If additional space is needed, see Page 3 of the instructions.)**

Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
TIWARI	Shivam		03/12/1988
Country of Birth	Relationship	A-Number (if any)	Applying with you?
India	Spouse	208772574	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A-Number (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A-Number (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A-Number (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A-Number (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>



Part 3. Processing Information (Continued)

- C. List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society, or similar group in the United States or in other places since your 16th birthday. Include any military service in this part. If none, write "None." Include the name of each organization, location, nature, and dates of membership. If additional space is needed, attach a separate sheet of paper. Continuation pages must be submitted according to the guidelines provided on Page 3 of the instructions under General Instructions.

Name of Organization	Location and Nature	Date of Membership From	Date of Membership To
None.			

Answer the following questions. (If your answer is "Yes" to any question, explain on a separate piece of paper. Continuation pages must be submitted according to the guidelines provided on Page 3 of the instructions under General Instructions. Information about documentation that must be included with your application is also provided in this section.) Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for permanent residence.

1. Have you EVER, in or outside the United States:

- a. Knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? Yes No
- b. Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? Yes No
- c. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action? Yes No
- d. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes No

2. Have you received public assistance in the United States from any source, including the U.S. Government or any State, county, city, or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future?

Yes No

3. Have you EVER:

- a. Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? Yes No
- b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes No
- c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes No
- d. Illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes No

4. Have you EVER engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity?

Part 3. Processing Information (Continued)

5. Do you intend to engage in the United States in:
- Espionage? Yes No
 - Any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means? Yes No
 - Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes No
6. Have you EVER been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? Yes No
7. Did you, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion? Yes No
8. Have you EVER been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal, or rescission proceedings? Yes No
9. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act (INA) for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States, or any immigration benefit? Yes No
10. Have you EVER left the United States to avoid being drafted into the U.S. Armed Forces? Yes No
11. Have you EVER been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? Yes No
12. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? Yes No
13. Do you plan to practice polygamy in the United States? Yes No
14. Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- Acts involving torture or genocide? Yes No
 - Killing any person? Yes No
 - Intentionally and severely injuring any person? Yes No
 - Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes No
 - Limiting or denying any person's ability to exercise religious beliefs? Yes No
15. Have you EVER:
- 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
 - Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No
16. 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? Yes No



Part 3. Processing Information (Continued)

17. Have you EVER assisted 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

18. Have you EVER received any type of military, paramilitary, or weapons training?

Yes No

Part 4. Accommodations for Individuals With Disabilities and/or Impairments (See Page 7 of the instructions before completing this section.)

Are you requesting an accommodation because of your disability(ies) and/or impairment(s)?

Yes No

If you answered "Yes," select any applicable box:

- a. I am deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):

- b. I am blind or sight-impaired and request the following accommodation(s):

- c. I have another type of disability and/or impairment (describe the nature of your disability(ies) and/or impairment(s) and accommodation(s) you are requesting):

Part 5. Signature (Read the information on penalties on Page 8 of the instructions before completing this section. You must file this application while in the United States.)

Your Registration With U.S. Citizenship and Immigration Services

"I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (INA), as an alien who has been or will be in the United States for more than 30 days, I am required to register with U.S. Citizenship and Immigration Services (USCIS). I understand and acknowledge that, under section 265 of the INA, I am required to provide USCIS with my current address and written notice of any change of address within 10 days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested, and removed from the United States."

Selective Service Registration

The following applies to you if you are a male at least 18 years of age, but not yet 26 years of age, who is required to register with the Selective Service System: "I understand that my filing Form I-485 with U.S. Citizenship and Immigration Services (USCIS) authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth, and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached 26 years of age."



Part 5. Signature (Continued)

Applicant's Statement (Select one)

- I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question.
- Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the _____ language, a language in which I am fluent, by the person named in Interpreter's Statement and Signature. I understand each and every question and instruction on this form, as well as my answer to each question.

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this application is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this application.

I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

Signature (Applicant)	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
	Shikha AGRAWAL	06/22/17	(979) 691-7700

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit, and this application may be denied.

Interpreter's Statement and Signature

I certify that I am fluent in English and the below-mentioned language.

Language Used (language in which applicant is fluent)

I 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 applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.

Signature (Interpreter)	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
_____	_____	_____	_____

Part 6. Signature of Person Preparing Form, If Other Than Above

I declare that I prepared this application at the request of the above applicant, and it is based on all information of which I have knowledge.

Signature	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
_____	Jacquelyn Maroney	_____	(512) 344-4736

Firm Name and Address

Ogletree Deakins
301 Congress Ave. Suite 1150
Austin TX 78701 United States

Email Address (if any)

Jacquelyn.Maroney@ogletreedeakins.com



G-325A, Biographic Information

Family Name AGRAWAL	First Name Shikha	Middle Name	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth 10/23/1987	Citizenship/Nationality Nepal	File Number A
All Other Names Used (include names by previous marriages)			City and Country of Birth KALAIYA Nepal			U.S. Social Security No. (if any) 422-61-4560
Family Name Father AGRAWAL Mother (Maiden Name) AGRAWAL		First Name Satish Champa	Date of Birth 10/10/1964 04/14/1967	City, and Country of Birth KALAIYA Nepal PATNA India	City and Country of Residence KATHMANDU Nepal KATHMANDU Nepal	
Current Husband or Wife (If none, so state) Family Name (For wife, give maiden name)		First Name Shivam	Date of Birth 03/12/1988	City and Country of Birth BHARTHNA ETAWAH UP India	Date of Marriage 05/22/2017	Place of Marriage Bayonne, NJ
Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name)		First Name	Date of Birth (mm/dd/yyyy)	Date and Place of Marriage	Date and Place of Termination of Marriage	

Applicant's residence last five years. List present address first.

Street Name and Number	City	Province or State	Country	From Month Year	To Month Year
35 River Dr S 311	Jersey City	New Jersey	United States	Dec	2014
97 Sherman Place	Jersey City	New Jersey	United States	Aug	2014
5009 River Rd 1w	Schiller Park	Illinois	United States	Nov	2012
Nepal SBI Building, Ward# 11 3rd Floor	Battisputali	Kathmandu	Nepal	Jan	2001
750 N Salem Dr 415	Hoffman Est	ILLINOIS	UNITED STATES	Jan	OCT 2012

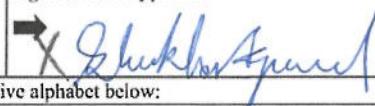
Applicant's last address outside the United States of more than 1 year.

Street Name and Number	City	Province or State	Country	From Month Year	To Month Year
Nepal SBI Building, Ward# 11 3rd Floor	Battisputali	Kathmandu	Nepal	Jan	2001 Aug 2006

Applicant's employment last five years. (If none, so state.) List present employment first.

Full Name and Address of Employer	Occupation (Specify)	From Month Year	To Month Year
COGNIZANT TECH SOLUTIONS US CORP, 211 QUALITY CIR COLLEGE STATION TX 77845 United States	Technology Specialist	Feb	2016
PRO-TEK CONSULTING, 21300 Victory Blvd Woodland Hills CA 91367 United States	UI DEVELOPER	Aug	2014 Feb 2016
Loyola University Chicago, 1032 W Sheridan Rd CHICAGO IL 60660 United States	TECHNOLOGY INTERN	Sep	2012 Apr 2014

Last occupation abroad if not shown above. (Include all information requested above.)

NONE IN ABROAD,					
This form is submitted in connection with an application for:		Signature of Applicant		Date	
<input type="checkbox"/> Naturalization	<input type="checkbox"/> Other (Specify):			X 06/22/17	
<input checked="" type="checkbox"/> Status as Permanent Resident					

If your native alphabet is in other than Roman letters, write your name in your native alphabet below:

Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.

Applicant: Print your name and Alien Registration Number in the box outlined by heavy border below.

Complete This Box (Family Name) AGRAWAL	(Given Name) SHIKHA	(Middle Name)	(Alien Registration Number) A
---	-------------------------------	---------------	---

600 N Salem Dr Apt 200 Hoffman Estate Illinois US Jan/2008/Dec/2009

Instructions

What Is the Purpose of This Form?

USCIS will use the information you provide on this form to process your application or petition.

Complete this biographical information form and include it with the application or petition you are submitting to U.S. Citizenship and Immigration Services (USCIS).

If you have any questions on how to complete the form, call our National Customer Service Center at **1-800-375-5283**. For TDD (hearing impaired) call: **1-800-767-1833**.

Privacy Act Notice

We ask for the information on this form, and associated evidence, to determine if you have established eligibility for the immigration benefit for which you are filing. Our legal right to ask for this information can be found in the Immigration and Nationality Act, as amended. We may provide this information to other government agencies. Failure to provide this information, and any requested evidence, may delay a final decision or result in denial of your immigration benefit.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 15 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue, NW, Washington, DC 20529-2140, OMB No. 1615-0008. **Do not mail your completed Form G-325A to this address.**



Application for Travel Document

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

USCIS
Form I-131
OMB No. 1615-0013
Expires 12/31/2018

<p>For USCIS Use Only</p> <p><input type="checkbox"/> Document Hand Delivered By: _____ Date: ____ / ____ / ____</p> <p>Document Issued</p> <p><input type="checkbox"/> Re-entry Permit (<i>Update "Mail To" Section</i>) <input type="checkbox"/> Refugee Travel Document (<i>Update "Mail To" Section</i>) <input type="checkbox"/> Single Advance Parole <input type="checkbox"/> Multiple Advance Parole Valid Until: ____ / ____ / ____</p>	<p>Action Block</p>	<p>To Be Completed by an Attorney/Representative, if any.</p> <p><input checked="" type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.</p> <p>Attorney State License Number: 24032971</p>
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► Start Here. Type or Print in Black Ink

Part 1. Information About You

1.a. Family Name (*Last Name*) **AGRAWAL**

1.b. Given Name (*First Name*) **Shikha**

1.c. Middle Name

Physical Address

2.a. In Care of Name **Shikha AGRAWAL**

2.b. Street Number and Name **35 River Dr S**

2.c. Apt. Ste. Flr. **311**

2.d. City or Town **Jersey City**

2.e. State **NJ** 2.f. ZIP Code **07310**

2.g. Postal Code

2.h. Province

2.i. Country **United States**

Other Information

3. Alien Registration Number (A-Number) ► A-

4. Country of Birth **Nepal**

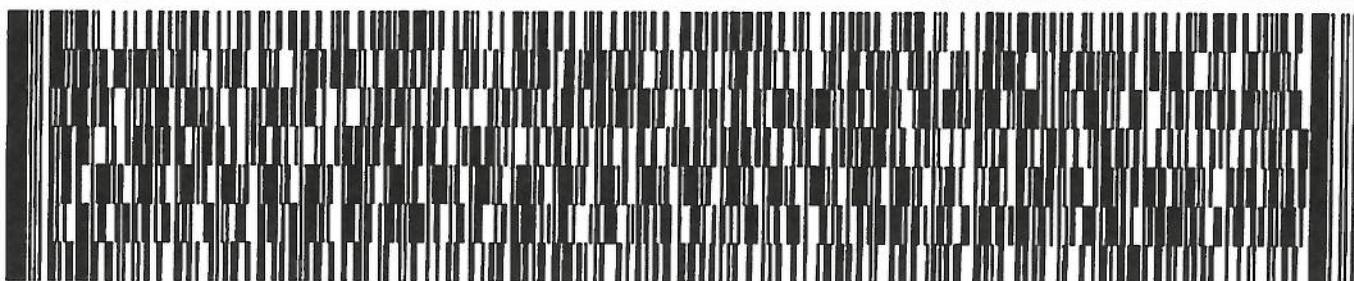
5. Country of Citizenship **Nepal**

6. Class of Admission **H1-B**

7. Gender Male Female

8. Date of Birth (*mm/dd/yyyy*) ► **10/23/1987**

9. U.S. Social Security Number (*if any*) ► **422614560**



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:

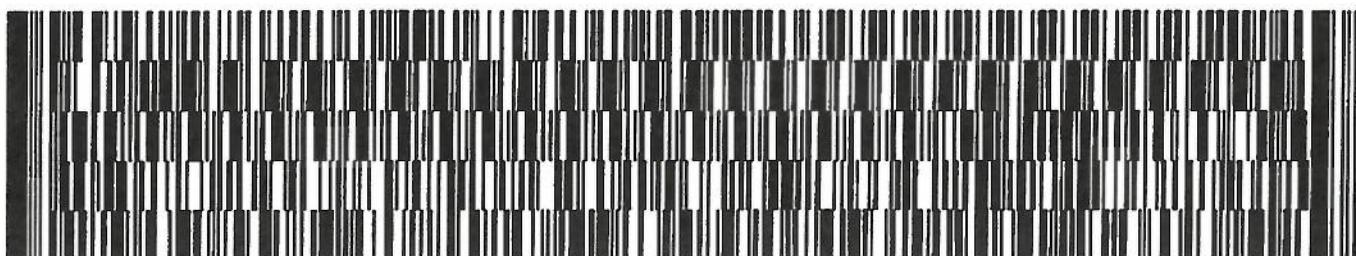
4.a. Have you ever before been issued a reentry permit or Refugee Travel Document? *(If "Yes" give the following information for the last document issued to you):*

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.)

N/A

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

N/A

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. <input type="checkbox"/> less than 6 months | 1.d. <input type="checkbox"/> 2 to 3 years |
| 1.b. <input type="checkbox"/> 6 months to 1 year | 1.e. <input type="checkbox"/> 3 to 4 years |
| 1.c. <input type="checkbox"/> 1 to 2 years | 1.f. <input type="checkbox"/> 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:

N/A

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 Yes No
named above?

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

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

- 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 Yes No
country named above?

- 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

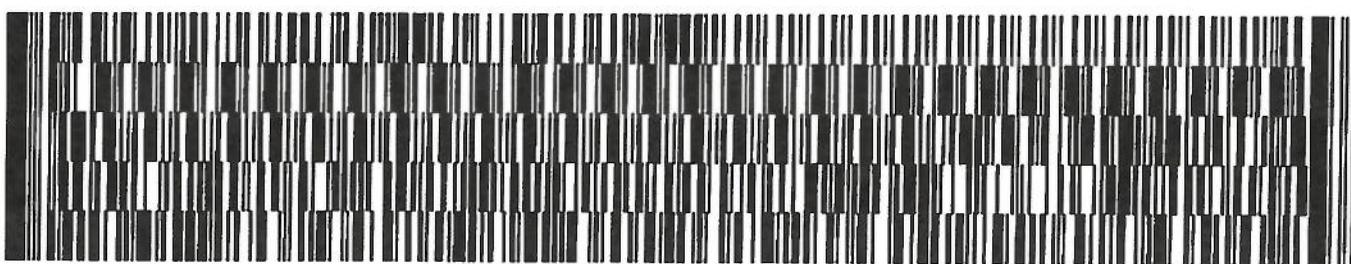
- 4.e. State 4.f. ZIP Code

- 4.g. Postal Code

- 4.h. Province

- 4.i. Country

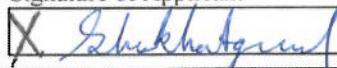
- 4.j. Daytime Phone Number () -



Part 8. 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.

Signature of Applicant

→ 

1.b. Date of Signature (mm/dd/yyyy) ► 06/22/2017

2. Daytime Phone Number (979) 691 - 7700

256 335 6192

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.

Part 9. 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 Full Name

Provide the following information concerning the preparer:

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

Maroney

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

Jacquelyn

2. Preparer's Business or Organization Name

Ogletree Deakins

Preparer's Mailing Address

- 3.a. Street Number and Name 301 Congress Ave.

- 3.b. Apt. Ste. Flr. 1150

- 3.c. City or Town Austin

- 3.d. State TX 3.e. ZIP Code 78701

- 3.f. Postal Code

- 3.g. Province

- 3.h. Country United States

Preparer's Contact Information

4. Preparer's Daytime Phone Number Extension

(512) 344 - 4736

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

Jacquelyn.Maroney@ogletreedeakins.com

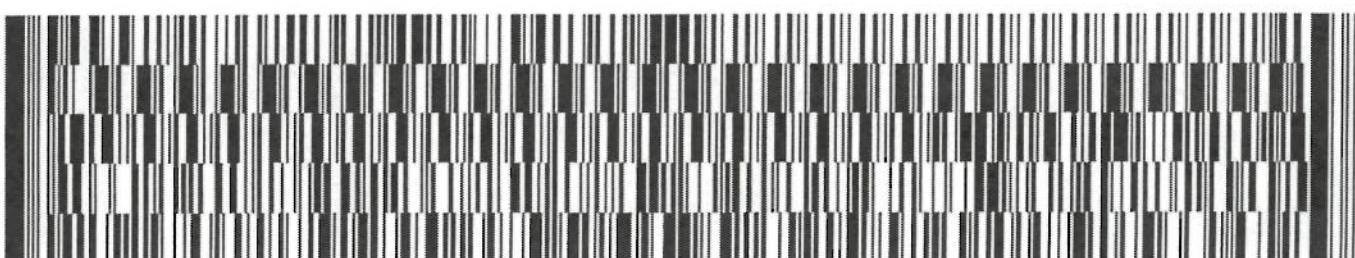
Declaration

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.





Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 02/28/2018

For USCIS Use Only	Fee Stamp	Action Block		Initial Receipt	Resubmitted	
	Relocated					
	Received			Sent		
	Completed					
<input type="checkbox"/> Application Approved <input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid To _____ Subject to the following conditions: _____		<input type="checkbox"/> Application Denied - Failed to establish: <input type="checkbox"/> Eligibility under 8 CFR 274a.12 (a) or (c) <input type="checkbox"/> Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		Approved	Denied	
				A#		
				<input type="checkbox"/> Applicant is filing under section 274a.12		

► START HERE - Type or print in black ink.

I am applying for:

- Permission to accept employment.
- Replacement (of lost employment authorization document).
- Renewal of my permission to accept employment (attach a copy of your previous employment authorization document).

1. Full Name

Family Name	First Name	Middle Name
AGRAWAL	Shikha	

2. Other Names Used (include Maiden Name)

Family Name	First Name	Middle Name

3. U.S. Mailing Address

Street Number and Name	Apt. Number
35 River Dr S	311

Town or City	State	ZIP Code
Jersey City	NJ	07310

4. Country of Citizenship or Nationality

Nepal

5. Place of Birth

Town or City	State/Province	Country
KALAIYA	BARA	Nepal

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

10/23/1987

7. Gender Male Female

8. Marital Status

Single Married Divorced Widowed

9. Social Security Number (Include all numbers you have ever used, if any)

422-61-4560

10. Alien Registration Number (A-Number) or Form I-94 Number (if any)

19696571785

11. Have you ever before applied for employment authorization from USCIS?

- Yes (Complete the following questions.)

Which USCIS Office? Dates

Vermont Service Center

07/05/2015

Results (Granted or Denied - attach all documentation)

Approved

No (Proceed to Question 12.)

12. Date of Last Entry into the U.S., on or about (mm/dd/yyyy)

12/30/2016

13. Place of Last Entry into the U.S.

NEW YORK, NY

14. Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.)

H-1B

15. Current Immigration Status (Visitor, Student, etc.)

H-1B

16. Eligibility Category. Go to the "Who May File Form I-765?" section of the Instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. For example, (a)(8), (c)(17)(iii), etc.

(c) (9) ()

- 17. (c)(3)(C) Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Question 16** above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.

Degree Employer's Name as listed in E-Verify
[Redacted] [Redacted]

Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number
[Redacted]

- 18. (c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Question 16** above, please provide the receipt number of your H-1B principal spouse's most recent Form I-797 Notice of Approval for Form I-129.

[Redacted]

19. (c)(35) and (c)(36) Eligibility Category

- a. If you entered the eligibility category (c)(35) or (c)(36) in **Question 16** above, please provide the receipt number of the Form I-140 beneficiary's Form I-797 Notice of Approval for Form I-140.
[Redacted]

- b. Have you EVER been arrested for and/or convicted of any crime? Yes No

NOTE: If you answered "Yes" to Item Numbers 19.b., refer to Item Number 5., Item H. or Item I. in the Who May File Form I-765 section of these Instructions for information about providing court dispositions.

Certification

I certify, under penalty of perjury, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "Who May File Form I-765?" section of the instructions and have identified the appropriate eligibility category in **Question 16**.

Applicant's Signature

[Redacted]

Date of Signature (mm/dd/yyyy)

[Redacted]

Telephone Number

(979) 691-7700 256-335-6192

Signature of Person Preparing Form, If Other Than Applicant

I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Preparer's Signature

[Redacted]

Date of Signature (mm/dd/yyyy)

[Redacted]

Printed Name

Jacquelyn Maroney

Address

Ogletree Deakins 301 Congress Ave. Suite 1150

Austin TX 78701 United States