



# Application to Register Permanent Residence or Adjust Status

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

USCIS

Form I-485

OMB No. 1615-0023

Expires 03/31/2027

## For USCIS Use Only

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

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

► START HERE - Type or print in black ink.

A-Number ► A- \_\_\_\_\_

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

## Part 1. Information About You (Personal information for lawful permanent residence)

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

- 1.a. Family Name Zhen  
(Last Name)  
1.b. Given Name Kai  
(First Name)  
1.c. Middle Name \_\_\_\_\_

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

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

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

#### Additional Information

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

5. Date of Birth (mm/dd/yyyy) 07/23/1988  
**NOTE:** In addition to providing your actual date of birth, include any other dates of birth you have used in connection with any legal names or non-legal names in the space provided in **Part 14. Additional Information**.  
6. Sex  Male  Female  
7. City or Town of Birth Shijiazhuang



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

8. Country of Birth

**CHINA, THE PEOPLE'S REPUBLIC OF**

9. Country of Citizenship or Nationality

**CHINA, THE PEOPLE'S REPUBLIC OF**

10. Alien Registration Number (A-Number) (if any)

► A-

**NOTE:** If you have **EVER** used other A-Numbers, include the additional A-Numbers in the space provided in **Part 14. Additional Information**.

11. USCIS Online Account Number (if any)

►

**U.S. Mailing Address**

12.a. In Care Of Name (if any)

12.b. Street Number and Name

**414 W Northlane Dr**12.c.  Apt.  Ste.  Flr.

12.d. City or Town

**Bloomington**12.e. State **IN**12.f. ZIP Code **47404**[US ZIP Code Lookup](#)**Alternate and/or Safe Mailing Address**

If you are applying based on the Violence Against Women Act (VAWA) or as a special immigrant juvenile, human trafficking victim (T nonimmigrant), or victim of a qualifying crime (U nonimmigrant) and you do not want USCIS to send notices about this application to your home, you may provide an alternative and/or safe mailing address.

13.a. In Care Of Name (if any)

13.b. Street Number and Name

13.c.  Apt.  Ste.  Flr.

13.d. City or Town

13.e. State **IN**13.f. ZIP Code **Social Security Card**

14. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?

 Yes  No

If you answered "Yes," provide the information requested in **Item Number 15**.

15. Provide your U.S. Social Security Number (SSN).

► **3 8 1 4 1 3 8 5 8**16. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 17**. **Consent for Disclosure** to receive a card.) Yes  No17. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card. Yes  No**Recent Immigration History**

Provide the information for **Item Numbers 18. - 24.** if you last entered the United States using a passport or travel document.

18. Passport Number Used at Last Arrival

**EJ5248220**

19. Travel Document Number Used at Last Arrival

20. Expiration Date of this Passport or Travel Document (mm/dd/yyyy)

**02/14/2032**

21. Country that Issued this Passport or Travel Document

**CHINA, THE PEOPLE'S REPUBLIC OF**

22. Nonimmigrant Visa Number from this Passport (if any)

**ROO31897**

Place of Last Arrival into the United States

23.a. City or Town

**Indianapolis**23.b. State **IN**

24. Date of Last Arrival (mm/dd/yyyy)

**05/12/2024**

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

When I last arrived in the United States, I:

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

H-1B

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

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

- 25.d.  Other:

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

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

► 2 4 5 4 6 6 5 0 4 A 2

- 26.b. Expiration Date of Authorized Stay Shown on Form I-94

(mm/dd/yyyy)

08/20/2026

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

H-1B

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

H-1B

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

- 28.a. Family Name  
(Last Name)

ZHEN

- 28.b. Given Name  
(First Name)

KAI

- 28.c. Middle Name

## Part 2. Application Type or Filing Category

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

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

### 1.a. Family-based

- Immediate relative of a U.S. citizen, Form I-130
- Other relative of a U.S. citizen or relative of a lawful permanent resident under the family-based preference categories, Form I-131
- Person admitted to the United States as a fiancé(e) or close relative of a fiancé(e) or of a U.S. citizen, Form I-129F (K-1/K-2 Nonimmigrant)
- Visa or widow(er) of a U.S. citizen, Form I-360
- Visa WA self-petitioner, Form I-360

### 1.b. Employment-based

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

### Special Immigrant

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

### 1.d. Asylee or Refugee

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

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

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



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

(continued)

**1.f. Special Programs Based on Certain Public Laws**

- The Cuban Adjustment Act
- The Cuban Adjustment Act for battered spouses and children
- Dependent status under the Haitian Refugee Immigrant Fairness Act
- Dependent status under the Haitian Refugee Immigrant Fairness Act for battered spouses and children
- Lautenberg Parolees
- Diplomats or high ranking officials unable to return home (Section 13 of the Act of September 11, 1957)
- Indochinese Parole Adjustment Act of 2000

**1.g. Additional Options**

- Diversity Visa program
- Continuous residence in the United States since before January 1, 1972 ("Registry")
- Individual born in the United States under diplomatic status
- Other eligibility

2. Are you applying for adjustment based on the Immigration and Nationality Act (INA) section 245(i)?

Yes  No

**NOTE:** If you answered "Yes" to **Item Number 2.**, you must have selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 1.a. - 1.g.** as the basis for your application for adjustment of status. Fill out the rest of this application as Supplement A to Form I-485, Adjustment of Status Under Section 245(i) (Supplement A). For detailed filing instructions, read the Form I-485 Instructions (including any **Additional Instructions** that relate to the immigrant category that you selected in **Item Numbers 1.a. - 1.g.**) and Supplement A Instructions.

**Information About Your Immigrant Category**

If you are the **principal applicant**, provide the following information.

3. Receipt Number of Underlying Petition (if any)

4. Priority Date from Underlying Petition (if any)

(mm/dd/yyyy)

If you are a **derivative applicant** (the spouse or unmarried child under 21 years of age of a principal applicant), provide the following information for the **principal applicant**.

Principal Applicant's Name

5.a. Family Name   
(Last Name)

5.b. Given Name   
(First Name)

5.c. Middle Name

6. Principal Applicant's A-Number (if any)

► A-

7. Principal Applicant's Date of Birth  
(mm/dd/yyyy)

8. Receipt Number of Principal's Underlying Petition (if any)

9. Priority Date of Principal Applicant's Underlying Petition (if any) (mm/dd/yyyy)

**Part 3. Additional Information About You**

1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad?

Yes  No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2.a. - 4.** below. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**.

Location of U.S. Embassy or U.S. Consulate

2.a. City

2.b. Country

3. Decision (for example, approved, refused, denied, withdrawn)

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



### Part 3. Additional Information About You

(continued)

#### Address History

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

Physical Address 1 (current address)

5.a. Street Number and Name	414 W Northlane Dr
5.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text"/>
5.c. City or Town	Bloomington
5.d. State <input type="checkbox"/> IN	5.e. ZIP Code 47404
5.f. Province	<input type="text"/>
5.g. Postal Code	<input type="text"/>
5.h. Country	USA

Dates of Residence

6.a. From (mm/dd/yyyy)	08/02/2016
6.b. To (mm/dd/yyyy)	Present

Physical Address 2

7.a. Street Number and Name	<input type="text"/>
7.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text"/>
7.c. City or Town	<input type="text"/>
7.d. State <input type="checkbox"/> IN	7.e. ZIP Code <input type="text"/>
7.f. Province	<input type="text"/>
7.g. Postal Code	<input type="text"/>
7.h. Country	<input type="text"/>

Dates of Residence

8.a. From (mm/dd/yyyy)	<input type="text"/>
8.b. To (mm/dd/yyyy)	<input type="text"/>

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

9.a. Street Number and Name	Unit 3, Room 601, Building 68, Shuixie Huadu
9.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text"/>
9.c. City or Town	Shijiazhuang
9.d. State <input type="checkbox"/> IN	9.e. ZIP Code <input type="text"/>
9.f. Province	Hebei
9.g. Postal Code	050000
9.h. Country	CHINA, THE PEOPLE'S REPUBLIC OF

Dates of Residence

10.a. From (mm/dd/yyyy)	05/03/2014
10.b. To (mm/dd/yyyy)	11/04/2024

#### Employment History

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

Employer 1 (current or most recent)

11. Name of Employer or Company	None
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Address of Employer or Company

12.a. Street Number and Name	<input type="text"/>
12.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text"/>
12.c. City or Town	<input type="text"/>
12.d. State <input type="checkbox"/> IN	12.e. ZIP Code <input type="text"/>
12.f. Province	<input type="text"/>
12.g. Postal Code	<input type="text"/>

12.h. Country	<input type="text"/>
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13. Your Occupation	<input type="text"/>
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### Part 3. Additional Information About You (continued)

Dates of Employment

14.a. From (mm/dd/yyyy) 14.b. To (mm/dd/yyyy) 

Employer 2

15. Name of Employer or Company 

Address of Employer or Company

16.a. Street Number  
and Name 16.b.  Apt.  Ste.  Flr. 16.c. City or Town 16.d. State  16.e. ZIP Code 16.f. Province 16.g. Postal Code 16.h. Country 17. Your Occupation 

Dates of Employment

18.a. From (mm/dd/yyyy) 18.b. To (mm/dd/yyyy) 

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

19. Name of Employer or Company 

Address of Employer or Company

20.a. Street Number  
and Name 20.b.  Apt.  Ste.  Flr. 20.c. City or Town 20.d. State  20.e. ZIP Code 20.f. Province 20.g. Postal Code 20.h. Country 21. Your Occupation 

Dates of Employment

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

### Part 4. Information About Your Parents

#### Information About Your Parent 1

Parent 1's Legal Name

1.a. Family Name (Last Name)  Liu1.b. Given Name (First Name)  Zhaoqing1.c. Middle Name 

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

2.a. Family Name (Last Name)  Liu2.b. Given Name (First Name)  Zhaoqing2.c. Middle Name 3. Date of Birth (mm/dd/yyyy)  09/28/19664. Sex  Male  Female5. City or Town of Birth  Chengde6. Country of Birth  CHINA, THE PEOPLE'S REPUBLIC OF

**Part 4. Information About Your Parents**

(continued)

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

Shijiazhuang

8. Current Country of Residence (if living)

CHINA, THE PEOPLE'S REPUBLIC OF

**Information About Your Parent 2**

Parent 2's Legal Name

9.a. Family Name (Last Name) Zhen

9.b. Given Name (First Name) Jianwei

9.c. Middle Name

Parent 2's Name at Birth (if different than above)

10.a. Family Name (Last Name)

10.b. Given Name (First Name)

10.c. Middle Name

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

07/31/1961

12. Sex  Male  Female

13. City or Town of Birth

Baoding

14. Country of Birth

CHINA, THE PEOPLE'S REPUBLIC OF

15. Current City or Town of Residence (if living)

Shijiazhuang

16. Current Country of Residence (if living)

CHINA, THE PEOPLE'S REPUBLIC OF

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

1. What is your current marital status?

Single, Never Married  Married  Divorced  
 Widowed  Marriage Annulled  
 Legally Separated

2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard?

N/A  Yes  No

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

--

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

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

Current Spouse's Legal Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

5. A-Number (if any)

► A-

6. Current Spouse's Date of Birth (mm/dd/yyyy)

7. Date of Marriage to Current Spouse (mm/dd/yyyy)

Current Spouse's Place of Birth

8.a. City or Town

8.b. State or Province

8.c. Country

Place of Marriage to Current Spouse

9.a. City or Town

9.b. State or Province

9.c. Country

10. Is your current spouse applying with you?

Yes  No



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

(continued)

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

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

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

11.a. Family Name (Last Name)

11.b. Given Name (First Name)

11.c. Middle Name

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

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

Place of Marriage to Prior Spouse

14.a. City or Town

14.b. State or Province

14.c. Country

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

Place Where Marriage to Prior Spouse Legally Ended

16.a. City or Town

16.b. State or Province

16.c. Country

**Part 6. Information About Your Children**

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

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

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

Child 1

Current Legal Name

2.a. Family Name (Last Name)  **NONE**

2.b. Given Name (First Name)

2.c. Middle Name

3. A-Number (if any)

► A-

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

5. Country of Birth

6. Is this child applying with you?  Yes  No

Child 2

Current Legal Name

7.a. Family Name (Last Name)

7.b. Given Name (First Name)

7.c. Middle Name

8. A-Number (if any)

► A-

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

10. Country of Birth

11. Is this child applying with you?  Yes  No



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

Child 3

Current Legal Name

12.a. Family Name (Last Name) 12.b. Given Name (First Name) 12.c. Middle Name 

13. A-Number (if any)

► A- 14. Date of Birth (mm/dd/yyyy) 15. Country of Birth 16. Is this child applying with you?  Yes  No

## Part 7. Biographic Information

1. Ethnicity (Select **only one** box) Hispanic or Latino Not Hispanic or Latino2. Race (Select **all applicable** boxes) White Asian Black or African American American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander3. Height Feet  Inches 4. Weight Pounds   5. Eye Color (Select **only one** box)

<input type="checkbox"/> Black	<input type="checkbox"/> Blue	<input checked="" type="checkbox"/> Brown
<input type="checkbox"/> Gray	<input type="checkbox"/> Green	<input type="checkbox"/> Hazel
<input type="checkbox"/> Maroon	<input type="checkbox"/> Pink	<input type="checkbox"/> Unknown/Other

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

<input type="checkbox"/> Bald (No hair)	<input checked="" type="checkbox"/> Black	<input type="checkbox"/> Blond
<input type="checkbox"/> Brown	<input type="checkbox"/> Gray	<input type="checkbox"/> Red
<input type="checkbox"/> Sandy	<input type="checkbox"/> White	<input type="checkbox"/> Unknown/Other

## Part 8. General Eligibility and Inadmissibility Grounds

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

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

Organization 1

2. Name of Organization 3.a. City or Town 3.b. State or Province 3. Country 4. Nature of Group 

Dates of Membership or Dates of Involvement

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

Organization 2

6. Name of Organization 

None

7.a. City or Town 7.b. State or Province 7.c. Country 8. Nature of Group 

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

Dates of Membership or Dates of Involvement

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

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

Organization 3

10. Name of Organization

11.a. City or Town

11.b. State or Province

11.c. Country

12. Nature of Group

Dates of Membership or Dates of Involvement

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

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

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

14. Have you **EVER** been denied admission to the United States?  Yes  No
15. Have you **EVER** been denied a visa to the United States?  Yes  No
16. Have you **EVER** worked in the United States without authorization?  Yes  No
17. Have you **EVER** violated the terms or conditions of your nonimmigrant status?  Yes  No
18. Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings?  Yes  No
19. Have you **EVER** been issued a final order of exclusion, deportation, or removal?  Yes  No

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

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

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

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

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

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

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

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

## Criminal Acts and Violations

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

25. Have you **EVER** been arrested, cited, charged, or detained for any reason by any law enforcement official (including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard)?  Yes  No
26. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime)?  Yes  No



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

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

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

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

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

- 30.** Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country?

- 31.** Have you **EVER** been convicted of two or more offenses (other than purely political offenses) for which the combined sentences to confinement are five years or more?

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

- 33.** Have you EVER knowingly aided, abetted, assisted, conspired, or colluded in the illicit trafficking of any illegal narcotic or other controlled substances?

- 34.** Are you the spouse, son, or daughter of a foreign national who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last five years, any financial or other benefit from the illegal activity of your spouse or parent, although you knew or reasonably should have known that the financial or other benefit resulted from the illicit activity of your spouse or parent?

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

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

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

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

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

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

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

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

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

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

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



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

*Security and Related*

Do you intend to:

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

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

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

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

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

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

Have you **EVER**:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

52. Have you **EVER** assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person?

Yes  No



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

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

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

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

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

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

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

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

58.b. Killing any person?  Yes  No

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

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

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

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

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

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

### Public Charge

61. Are you subject to the public charge ground of inadmissibility under INA section 212(a)(4)?

Yes  No

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

62. What is the size of your household?

1

63. Indicate your annual household income.

- \$0-\$17,000
- \$17,001-52,000
- \$52,001-85,000
- \$85,001-141,000
- Over \$141,000

64. Identify the total value of your household assets.

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



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

65. Identify the total value of your household liabilities (including both secured and unsecured liabilities).

\$0     \$1-10,100     \$10,101-57,700     \$57,701-186,800     Over \$186,800

66. What is the highest degree or level of school you have completed?

Grades 1 through 11     12<sup>th</sup> grade - no diploma     High school diploma, GED, or alternative credential  
 1 or more years of college credit, no degree     Associate's degree     Bachelor's degree  
 Master's degree     Professional degree (JD, MD, DMD, etc.)     Doctorate degree

67. List your certifications, licenses, skills obtained through work experience, and educational certificates.

68.a. Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or State, Tribal, territorial, or local, cash benefit programs for income maintenance (often called "General Assistance" in the State context, but which may exist under other names)?  Yes     No

68.b. Have you ever received long-term institutionalization at government expense?  Yes     No

68.c. If your answer to **Item Number 68.a.** is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, and the dollar amount of benefits received.

Benefit Received	Start Date	End Date	Dollar Amount

68.d. If your answer to **Item Number 68.b.** is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, and the reason you were institutionalized.

Institution Name/City/State	Date From	Date To	Reason



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

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

- 69.a.** Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997?  Yes  No

**69.b.** If your answer to **Item Number 69.a.** is "Yes," do you believe you had reasonable cause?  Yes  No

**69.c.** If your answer to **Item Number 69.b.** is "Yes," attach a written statement explaining why you had reasonable cause.

**70.** Have you **EVER** submitted fraudulent or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States?  Yes  No

**71.** Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit?  Yes  No

**72.** Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)?  Yes  No

**73.** Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States?  Yes  No

**74.** Have you **EVER** knowingly encouraged, induced, assisted, abetted, or forced a national to enter or to try to enter the United States illegally (alien smuggling)?  Yes  No

**75.** Are you under final order of civil penalty for violating INA section 274c because of fraudulent documents?  Yes  No

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

76. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States?  Yes  No

77. Have you **EVER** entered the United States without being inspected and admitted or paroled?  Yes  No

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

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

**78.b.** For one year or more and then departed the United States?

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

Since April 1, 1997, have you **EVER** entered or attempted to reenter the United States while being suspected and admitted or paroled after:

- 79.a.** Having been lawfully present in the United States for more than one year?  Yes  No

**79.b.** Having been deported, excluded, or removed from the United States?  Yes  No

Mrs. Jane's Product

9. Do you plan to practice polygamy in the United States?  Yes  No

10. Are you accompanying another foreign national who requires your protection or guardianship but who is inadmissible after being certified by a medical officer as being helpless from sickness, physical or mental disability, or infancy, as described in INA section 232(c)?  Yes  No

11. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a U.S. citizen who has been granted custody of the child?  Yes  No

12. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States?  Yes  No

13. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States?  Yes  No

Have you EVER:

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





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

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

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

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

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

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

**Applicant's Signature**

6.a. Applicant's Signature (must be in ink)

→

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

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

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

Provide the following information about the interpreter.

**Interpreter's Full Name**

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

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

2. Interpreter's Business Organization Name (if any)

**Interpreter's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)



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

I certify, under penalty of perjury, that:

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

**Interpreter's Signature**

- 7.a. Interpreter's Signature (sign in ink)

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

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

Provide the following information about the preparer.

**Preparer's Full Name**

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

**Macris**

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

**Catherine**

2. Preparer's Business Organization Name (if any)

**FRAGOMEN, DEL REY, BERNSEN AND LOEWY LLP****Preparer's Mailing Address**

3.a. Street Number and Name **7000 BROOKTREE RD**

3.b.  Apt.  Ste.  Flr.

3.c. City or Town **WEXFORD**

3.d. State **PA**  3.e. ZIP Code **15090**

3.f. Province

3.g. Postal Code

3.h. Country **UNITED STATES OF AMERICA**

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

**617-574-0400**

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

- Preparer's Email Address (if any)

**Preparer's Statement**

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

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



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

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

**Preparer's Signature**

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

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

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

**Part 13. Signature at Interview**

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the corrections made to this application, numbered

through , are complete, true, and correct. All additional pages submitted by me with this Form I-485, on numbered pages  through  are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (initials) before me

USCIS Officer's Printed Name  Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)



**Part 14. Additional Information**

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name  
(Last Name)

1.b. Given Name  
(First Name)

1.c. Middle Name

2. A-Number (if any) ► A-

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

3.d.

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

5.d.

Handwriting practice lines for question 5.d.

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

6.d.

Handwriting practice lines for question 6.d.

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

7.d.

Handwriting practice lines for question 7.d.

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

4.d.

Handwriting practice lines for question 4.d.





# Application for Travel Documents, Parole Documents, and Arrival/Departure Records

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

USCIS

Form I-131

OMB No. 1615-0013

Expires 06/30/2027

For USCIS Use Only	Receipt	Action Block	To Be Completed by an Attorney/Representative, if any.
	<input type="checkbox"/> Document Hand Delivered  By: _____ Date: ____ / ____ / ____		<input checked="" type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.
	<b>Document Issued</b>  <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: ____ / ____ / ____  <input type="checkbox"/> TPS Travel Authorization Documentation Valid Until: ____ / ____ / ____	<b>Mail To (Reentry Permit and Refugee Travel Document Only)</b>  <input type="checkbox"/> U.S. Embassy, U.S. Consulate, or USCIS International field office at: _____	<b>Address in Part</b>  <input type="checkbox"/> _____

► START HERE - Type or print in black ink.

## Part 1. Application Type

Select the application type below.

### Reentry Permit

- I am a lawful permanent resident or conditional permanent resident of the United States, and I am applying for a reentry permit.

### Refugee Travel Document

- I now hold refugee or asylee status in the United States, and I am applying for a Refugee Travel Document.
- I am a lawful permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.

### Travel Authorization Document (for Temporary Protected Status (TPS) beneficiaries who are inside the United States)

- I am a TPS beneficiary in the United States, and I am applying for a TPS Travel Authorization Document under the Immigration and Nationality Act (INA) section 244(f)(3) to allow me to seek admission under TPS upon my return from abroad. The receipt number for my last **approved** Form I-821, Application for Temporary Protected Status, is: \_\_\_\_\_

### Advance Parole Document (for noncitizens who are inside the United States) and Advance Permission to Travel for Commonwealth of Northern Mariana Islands (CNMI) Long-Term Residents

- I am located **inside** the United States, and I am applying for an Advance Parole Document to allow me to seek parole into the United States under INA section 212(d)(5)(A) upon my return from abroad based on:
  - A pending Form I-485, Application to Register Permanent Residence or Adjust Status, receipt number if you are filing this form separately from your Form I-485:  
\_\_\_\_\_



## Part 1. Application Type (continued)

- B.  A pending Form I-589, Application for Asylum and for Withholding of Removal, receipt number:  
[Redacted]
- C.  A pending initial Form I-821, Application for Temporary Protected Status, receipt number:  
[Redacted]
- D.  Deferred Enforced Departure.
- E.  Approved Form I-821D, Consideration of Deferred Action for Childhood Arrivals, receipt number:  
[Redacted]
- F.  An approved Form I-914, Application for T Nonimmigrant Status, or Form I-914, Supplement A, Application for Family Member of T-1 Recipient, receipt number:  
[Redacted]
- G.  An approved Form I-918, Petition for U Nonimmigrant Status, or Form I-918, Supplement A, Petition for Qualifying Family Member of U-1 Recipient, receipt number:  
[Redacted]
- H.  Being a current parolee under INA section 212(d)(5), under class of admission:  
[Redacted]
- I.  An approved Form I-817, Application for Family Unity Benefits, receipt number:  
[Redacted]
- J.  A pending Form I-687, Application for Status as a Temporary Resident Under Section 245A of the Immigration and Nationality Act, receipt number:  
[Redacted]
- K.  An approved V Nonimmigrant Status, receipt number:  
[Redacted]
- L.  CNMI long-term residence, receipt number:  
[Redacted]
- M.  Other (Provide explanation)  
[Redacted]

## Initial Parole Document (for noncitizens who are currently outside the United States)

6. I am applying for a parole document under INA section 212(d)(5)(A) on my own behalf and I am **outside** the United States, or I am applying on behalf of someone else who is **outside** the United States, for the first time (initial application) under one of the following specific parole programs or processes:
- A.  Filipino World War II Veterans Parole (FWVP) Program, Form I-130 receipt number:  
[Redacted]



## Part 1. Application Type (continued)

- B.  Immigrant Military Members and Veterans Initiative (IMMVI)
- (1)  A current or former service member.
  - (2)  A current spouse, child, or unmarried son or daughter (or their child under 21 years of age) of a current or former service member.
  - (3)  Current legal guardian or surrogate of a current or former service member.

- C.  Intergovernmental Parole Referral

U.S. Federal Executive Branch Government Agency:

U.S. Federal Government Agency Representative Official Email Address:

- D.  Family Reunification Task Force (FRTF) Process; Task Force Registration Number:

- E.  Other: (List specific parole program or process)

7.  I am applying for a parole document under INA section 212(d)(5)(A) for myself and I am **outside** the United States, or I am applying for a parole document under INA section 212(d)(5)(A) on behalf of someone else who is **outside** the United States for the first time (initial application), **but not under a specific parole program or process**.

## Initial Request for Arrival/Departure Record for Parole in Place (for noncitizens who are inside the United States)

8. I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) on behalf of someone else who is **inside** the United States, under:

- A.  Military Parole in Place (I-131), on my own behalf, and I am a:

- (1)  A current or former service member.
- (2)  Spouse, parent, son, or daughter of a current or former service member.

- B.  Family Reunification Task Force (FRTF) Process; Task Force Registration Number:

- C.  Other: (List specific program or process)

9.  I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, **but not under** a specific program or process, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) for someone else who is **inside** the United States, but **not under** a specific program or process.



## Part 1. Application Type (continued)

### Arrival/Departure Records for Re-parole for Noncitizens Who Are Requesting a New Period of Parole (from inside the United States)

10. I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) under one of the following programs or processes and I am requesting a new period of parole, or I am applying for a new period of parole on behalf of someone else who was initially paroled into the United States under one of the following programs or processes:
- A.  Family Reunification Parole Process
  - B.  Certain Afghans Paroled Into the United States After July 31, 2021 (See form Instructions)
  - C.  Certain Ukrainians Paroled Into the United States After February 24, 2022 (See form Instructions)
  - D.  Filipino World War II Veterans Parole (FWVP) Program
  - E.  Immigrant Military Members and Veterans Initiative (IMMVI)
    - (1)  A current or former service member.
    - (2)  A current spouse, child, or unmarried son or daughter (or their child under 18 years of age) of a current or former service member.
    - (3)  Current legal guardian or surrogate of a current or former service member.
  - F.  Central American Minors (CAM) Program
  - G.  Family Reunification Task Force (FRTF) Process
  - H.  Military Parole in Place (Military PIP)
    - (1)  A current or former service member.
    - (2)  A spouse, parent, son, or daughter of a current or former service member.
  - I.  Other Program or Process (List specific program or process):
11.  I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) and I am requesting a new period of parole, but **not** under a specific program or process, or I am requesting a new period of parole on behalf of someone else who was initially paroled into the United States or granted parole in place, but **not** under a specific program or process.
12. If you selected  of the boxes in Item **Numbers 10. or 11.**, list the Admit Until Date/Parole shown on Form I-94: (MM/dd/yyyy)

## Refugee Status

13. Do you hold status as a refugee, were you paroled as a refugee, or are you a lawful permanent resident as a direct result of being a refugee?  Yes  No

## Part 2. Information About You

1. Your Full Name

Family Name (Last Name)

Zhen

Given Name (First Name)

Kai

Middle Name (if applicable)



## Part 2. Information About You (continued)

### 2. Other Names Used (if applicable)

Family Name (Last Name)


Given Name (First Name)


Middle Name (if applicable)


### 3. Current Mailing Address or Safe Address (if applicable)

In Care Of Name (if any)

--

Street Number and Name

414 W Northlane Dr	Apt. Ste. Flr. Number
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

City or Town

Bloomington	State	ZIP Code
	IN	47404

Province

	Postal Code	Country
		United States

### 4. Current Physical Address (if different from the above address)

In Care Of Name (if any)

--

Street Number and Name

	Apt. Ste. Flr. Number
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

City or Town

	State	ZIP Code

Province

	Postal Code	Country

## Other Information

### 5. Alien Registration Number (A-Number) (if any)

► A- 

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

### 6. Country of Birth

07/23/1988  
CHINA, THE PEOPLE'S REPUBLIC OF

### 7. Country of Citizenship or Nationality

CHINA, THE PEOPLE'S REPUBLIC OF

### 8. Gender

Male  Female  Another Gender Identity

### 9. Date of Birth

(mm/dd/yyyy) 

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

### 10. U.S. Social Security Number (if any)

► 

3	8	1	4	1	3	8	5	8
---	---	---	---	---	---	---	---	---

### 11. USCIS Online Account Number (if any)

► 

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

If you are physically present in the United States, **and** you are seeking a Temporary Protected Status (TPS) travel authorization document, advance parole, a renewed period of parole (re-parole), or parole in place, (**Part 1., Item Numbers 4., 5., 8., 9., 10., or 11.**) complete the following:

### 12. Class of Admission (COA) (if any)

--

### 13. Most Recent Form I-94 Arrival/Departure Record Number (if any)

--



## Part 2. Information About You (continued)

14. Expiration Date of Authorized Stay Shown on Form I-94  
(if any) (mm/dd/yyyy)

15. eMedical U.S. Parolee ID (USPID) (if any)

## Information About Them (Complete this section only if you are applying on behalf of someone else.)

If you are requesting parole on behalf of someone other than yourself, provide the following information about that person in **Item Numbers 16. - 27.** Do not complete this section if filing for yourself.

16. Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)

17. Their Other Names Used (if applicable)

Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)

18. Date of Birth (mm/dd/yyyy)  19. Country of Birth

20. Country of Citizenship or Nationality

21. Day  Phone Number

22. Email Address (if any)

23. Airline Registration Number (A-Number) (if any)  
► A-

24. Their Current Mailing Address

In Care Of Name (if any)

Street Number and Name  Apt. Ste. Flr. Number

City or Town  State  ZIP Code

Province  Postal Code  Country

25. Their Current Physical Address

In Care Of Name (if any)

Street Number and Name  Apt. Ste. Flr. Number

City or Town  State  ZIP Code

Province  Postal Code  Country



## Part 2. Information About You (continued)

### Their Other Information

26. Class of Admission (COA) (if any)      27. Most Recent Form I-94 Arrival/Departure Record Number (if any)

## Part 3. Biographic Information of the Person Who Will Receive the Travel Document, Parole Document, or Arrival/Departure Record

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

Hispanic or Latino     Not Hispanic or Latino

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

American Indian or Alaska Native     Asian     Black or African American     Native Hawaiian or Other Pacific Islander     White

3. Height   Feet  Inches       4. Weight   Pounds

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

Black     Blue     Brown     Gray     Green     Hazel     Maroon     Pink     Unknown/Other

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

Bald     Black     Blond     Brown     Gray     Red     Sandy     White     Unknown/Other  
(No Hair)

## Part 4. Processing Information

1. Has the person who will receive the travel document, parole document, or Arrival/Departure Record, if approved, been in any exclusion, deportation, removal, or rescission proceedings?     Yes     No
- 2.a. Have you **EVER** before been issued a Reentry Permit or Refugee Travel Document? (If you answered "Yes," provide the information in Item Numbers 2.b. - 2.c. for the last document issued to you.)     Yes     No
- 2.b. Date Issued       2.c. Disposition (attached, lost, stolen, damaged/destroyed, still in my possession, etc.):  
(mm/dd/yyyy)
- 3.a. Have you **EVER** been issued an Advance Parole Document? (If you answered "Yes," please provide the information in Item Numbers 3.b. - 3.c. for the last document issued to you.)     Yes     No
- 3.b. Date Issued       3.c. Disposition (attached, lost, stolen, damaged/destroyed, still in my possession, etc.):  
(mm/dd/yyyy)

If you are requesting **parole from outside the United States, parole in place, or re-parole from inside the United States**, SKIP to Part 8.

4. Are you requesting a **replacement** Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document?     Yes     No



## Part 4. Processing Information (continued)

5. If you answered "Yes," select one of the following boxes and complete **Item Numbers 6.a. - 6.b.** If you answered "No," you can skip to **Item Number 7.a.**

- My document was issued, but I did not receive it.
- I received my document, but then it was lost, stolen, or damaged.
- I received my document, but it has incorrect information because of an error caused by me or because my information has changed.
- I received my document, but it has incorrect information because of an error not caused by me (such as a U.S. Citizenship and Immigration Services (USCIS) error).

- 6.a. If you are replacing your Reentry Permit, Refugee Travel Document, Advance Parole Document, or CPS Travel Authorization Document because it has incorrect information, please select the applicable box(es) indicating the information that needs to be corrected and then provide any additional information in the text box that helps USCIS confirm the correction needed.

- Name
- A-Number
- Country of Birth/Citizenship
- Terms and Conditions
- Date of Birth
- Gender
- Validity Date
- Photo

Provide an explanation of what is incorrect on your current document to support your request for a correction and attach copies of any documents supporting your request.

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- 6.b. Provide the receiving address for the Form I-131 related to the Reentry Permit, Refugee Travel Document, Advance Parole Document, or CPS Travel Authorization Document that you are seeking to replace:

If you are applying for an Advance Parole Document, SKIP to Part 7.

You must complete the rest of Part 4. if you are requesting a Reentry Permit or Refugee Travel Document.

Where do you want your Reentry Permit or Refugee Travel Document sent? Please note that if you want your Reentry Permit or Refugee Travel Document sent to another country, you will need to pick it up at a U.S. Embassy, U.S. Consulate, or USCIS international field office. (Select one)

- 7.a.  To the U.S. address shown in **Part 2., Item Number 3.** of this application.

- 7.b.  To a U.S. Embassy, U.S. Consulate, USCIS international field office, or Department of Homeland Security (DHS) office overseas at:

City or Town

Country



## Part 4. Processing Information (continued)

If you are requesting that the Reentry Permit or Refugee Travel Document be sent to a U.S. Embassy, U.S. Consulate, or USCIS international field office, where should the **notification** to pick up the travel document be sent?

- 8.a.  To the address shown in **Part 2., Item Number 3.** of this application.  
8.b.  To the address shown below in **Part 4., Item Number 9.a.** of this application.

9.a. In Care Of Name (if any)

Street Number and Name

 Apt. Ste. Flr. Number  
  

City or Town

 State  Zip Code

Province

 Postal Code  Country

9.b. Daytime Phone Number

8 1 2    6 0 6    6 6 6 5

9.c. Email Address

## Part 5. Complete Only If Applying for a Reentry Permit (Part 1., Item Number 1.)

1. 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?

- Less Than 6 Months  
 6 Months to 1 Year  
 1 to 2 Years  
 2 to 3 Years  
 3 to 4 Years  
 More Than 4 Years

## Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.)

1. Country from which you are refugee or asylee:

If you answer "Yes" to Items Numbers 2. - 6.c. below, use the space provided in **Part 13. Additional Information** to provide an explanation.

2. Do you plan to travel to the country named above in **Item Number 1.?**  Yes  No

Since you were admitted to the United States as a refugee or granted asylee status, have you EVER:

- 3.a. Returned to the country named above in **Item Number 1.?**  Yes  No  
3.b. Applied for and/or obtained a national passport, passport renewal, or entry permit from the country in **Item Number 1.?**  Yes  No  
3.c. Applied for and/or received any benefit from the country named in **Item Number 1.** (for example, health insurance benefits)?  Yes  No



## **Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.)**

(continued)

Since you were admitted to the United States as a refugee or granted asylee status in the United States, have you, by any legal procedure or voluntary act:

- 4.a. Reacquired the nationality of the country named above in **Item Number 1.**?  Yes  No
- 4.b. Acquired a new nationality?  Yes  No
- 4.c. Been granted refugee or asylee status in any other country?  Yes  No
5. Are you filing for a Refugee Travel Document before departing the United States?  Yes  No

If you answered "Yes" to **Item Number 5.**, because you are filing for a Refugee Travel Document before departing the United States, you may skip **Item Numbers 6.a. - 6.c.**

If you answered "No" to **Item Number 5.**, you must answer **Item Number 6.a. - 6.c.**

- 6.a. Are you currently outside the United States?  Yes  No
- 6.b. If you answered "Yes," what is your current location (City or Town and Country)?

- 6.c. If you answered "Yes," what other countries have you traveled to since leaving the United States?

## **Part 7. Information About Your Proposed Travel (Complete only if you are applying for an Advance Parole Document (Part 1., Item Number 5.))**

1. Date of Intended Departure (mm/dd/yyyy) **ASAP**
2. Purpose of trip. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information.**)

3. List the countries you intend to visit. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information.**)

4. How many trips do you intend to use this document?
- One Trip  More than one trip
5. Expected Length of Trip (in days) **TBD**



**Part 8. Complete Only If Applying for an Initial Parole Document, Parole In Place, or Re-parole  
(Part 1., Item Numbers 6. - 11.)**

1. Explain how you qualify for parole, parole in place, or re-parole. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information.**) Include copies of any supporting documents or evidence you wish considered. (See Instructions.)

2. Expected Length of Stay in the United States

If the person intended to receive the parole document is outside the United States, complete the following **Item Numbers:**

- 3.a. Date of Intended Arrival to the United States (mm/dd/yyyy)

- 3.b. Location (City or Town and Country) of the U.S. Embassy, U.S. Consulate, or the USCIS International field office that you want us to notify.

City or Town

Country

**Part 9. Employment Authorization For New Period of Parole (Re-parole) (Part 1., Item Number 10. or 11.)**

1.  I am requesting an Employment Authorization Document (EAD) upon approval of my new period of parole (re-parole) selected under **Part 1., Item Number 10. or 11.**

**Part 10. Applicant's Contact Information, Certification, and Signature (Read the information on penalties and travel warnings in the following instructions before completing this Part 10.)**

**Applicant's Contact Information**

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number

2. Applicant Mobile Telephone Number (if any)

3. Applicant's Email Address (if any)

**Applicant's Certification and Signature**

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application (as explained to me by the interpreter), and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature



Date of Signature (mm/dd/yyyy)



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**Part 11. Interpreter's Contact Information, Certification, and Signature (if applicable) (If no interpreter was used, skip to Part 12.)**

**Interpreter's Full Name**

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

**Interpreter's Contact Information**

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

**Interpreter's Certification and Signature**

I certify, under penalty of perjury, that I am fluent in English and  , and I have interpreted every question on the application and Instructions and interpreted the application, the answers to the questions in that language, and the applicant informed me that they understood every instruction, question, and answer on the application.

6. Interpreter's Signature
- Date of Signature (mm/dd/yyyy)



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

**Preparer's Full Name**

1. Preparer's Family Name (Last Name)	Preparer's Given Name (First Name)
Macris	Catherine
2. Preparer's Business or Organization Name	
FRAGOMEN, DEL REY, BERNSEN AND LOEWY LLP	

**Preparer's Contact Information**

3. Preparer's Daytime Telephone Number	4. Preparer's Mobile Telephone Number (if any)
617 574 0400	
5. Preparer's Email Address (if any)	

**Preparer's Certification and Signature**

I certify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that all the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that they understand the responses and information in or submitted with the application.

6. Preparer's Signature	Date of Signature (mm/dd/yyyy)



### Part 13. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which the answer refers; and sign and date each sheet.

1. Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/> <input type="text"/> <input type="text"/>		
2. A-Number (if any) ► A-	<input type="text"/>	
3. Page Number	Part Number	Item Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/>		
4. Page Number	Part Number	Item Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/>		
5. Page Number	Part Number	Item Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/>		
6. Page Number	Part Number	Item Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/>		
7. Page Number	Part Number	Item Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/>		

*Preview*





# Application For Employment Authorization

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

USCIS

Form I-765

OMB No. 1615-0040

Expires 09/30/2027

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

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

## Part 1. Reason for Applying

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

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

## Part 2. Information About You

### Your Full Legal Name

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

### Other Names Used

Please tell other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this question, use the space provided in Part 6.

### Additional Information

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



## Part 2. Information About You (continued)

### Your U.S. Mailing Address

5.a. In Care Of Name (if any)

5.b. Street Number and Name **414 W Northlane Dr**

5.c.  Apt.  Ste.  Flr.

5.d. City or Town **Bloomington**

5.e. State **IN** 5.f. ZIP Code **47404**

([USPS ZIP Code Lookup](#))

6. Is your current mailing address the same as your physical address?  Yes  No

**NOTE:** If you answered "No" to Item Number 6., provide your physical address below.

### U.S. Physical Address

7.a. Street Number and Name

7.b.  Apt.  Ste.  Flr.

7.c. City or Town

7.d. State  7.e. ZIP Code

### Other Information

8. Alien Registration Number (A-Number) (if any)

9. USCIS Online Account Number (if any)

10. Gender  Male  Female

11. Marital Status

Single  Married  Divorced  Widowed

12. Have you previously filed Form I-765?

Yes  No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?

Yes  No

**NOTE:** If you answered "No" to Item Number 13.a., skip to Item Number 14. If you answered "Yes" to Item Number 13.a., provide the information requested in Item Number 13.b.

13.b. Provide your Social Security number (SSN) (if known).

► **3 8 1 4 1 3 8 5 8**

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 15., Consent for Disclosure, to receive a card.)

Yes  No

**NOTE:** If you answered "No" to Item Number 14., skip to Part 2., Item Number 18.a. If you answered "Yes" to Item Number 14., you must also answer "Yes" to Item Number 15.

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.  Yes  No

**NOTE:** If you answered "Yes" to Item Numbers 14. - 15., provide the information requested in Item Numbers 16.a. - 17.b.

#### Father's Name

Provide your father's birth name.

16.a. Family Name **Zhen**

6.b. Given Name (First Name) **Jianwei**

#### Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name) **Liu**

17.b. Given Name (First Name) **Zhaoqing**

### Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

18.a. Country

**CHINA, THE PEOPLE'S REPUBLIC OF**

18.b. Country



## Part 2. Information About You (continued)

### Place of Birth

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

19.a. City/Town/Village of Birth

Shijiazhuang

19.b. State/Province of Birth

Hebei

19.c. Country of Birth

CHINA, THE PEOPLE'S REPUBLIC OF

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

07/23/1988

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

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

► 2 4 5 4 6 6 5 0 4 A 2

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

\_\_\_\_\_

21.c. Travel Document Number (if any)

\_\_\_\_\_

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

CHINA, THE PEOPLE'S REPUBLIC OF

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

02/14/2032

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

05/12/2024

23. Place of Your Last Arrival into the United States

Indianapolis, IN

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or H-1B status)

H-1B

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

H-1B

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

► N-

### Information About Your Eligibility Category

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

(c ) (9 ) ( )

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

28.a. Degree

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

Yes  No

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

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

► \_\_\_\_\_

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

Yes  No

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



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

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

#### **Applicant's Statement**

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

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

#### **Applicant's Contact Information**

3. Applicant's Daytime Telephone Number  
**8126066665**
4. Applicant's Mobile Telephone Number (if any)  
[redacted]
5. Applicant's Email Address (if any)  
[redacted]
6.  Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

#### **Applicant's Declaration and Certification**

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to do so and reaffirming that:

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

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

#### **Applicant's Signature**

- 7.a. Applicant's Signature  
→ [redacted]

- 7.b. Date of Signature (mm/dd/yyyy)  
[redacted]

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

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

Provide the following information about the interpreter.

#### **Interpreter's Full Name**

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



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

### Interpreter's Mailing Address

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

### Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

### Interpreter's Certification

I certify, under penalty of perjury, that

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

### Interpreter's Signature

7.a. Interpreter's Signature

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

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

Provide the following information about the preparer.

### Preparer's Full Name

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

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

2. Preparer's Business or Organization Name (if any)   
**FRAGOMEN, DEL REY, BERNSEN AND LOEWY LLP**

### Preparer's Mailing Address

3.a. Street Number and Name   
**7000 BROOKTREE RD**

3.b.  Apt.  Ste.  Flr.

3.c. City or Town   
**WEXFORD**

3.d. State  3.e. ZIP Code   
**15090**

3.f. Province

3.g. Postal Code

3.h. Country   
**UNITED STATES OF AMERICA**

### Preparer's Contact Information

4. Preparer's Daytime Telephone Number   
**617-574-0400**

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

6. Preparer's Email Address (if any)



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

***Preparer's Statement***

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

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

***Preparer's Certification***

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

***Preparer's Signature***

- 8.a. Preparer's Signature

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



## Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name  (Last Name)

1.b. Given Name  (First Name)

1.c. Middle Name

2. A-Number (if any) ► A-

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

3.d.

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

4.d.

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

5.d.

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

6.d.

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

7.d.





# Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 05/31/2021

## Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

►

### Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

### Address of Attorney or Accredited Representative

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

### Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

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

Select all applicable items.

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

Licensing Authority

- 1.b. Bar Number (if applicable)

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

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

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

- 2.b. Name of Recognized Organization

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

3.  I am associated with

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

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

- 4.b. Name of Law Student or Law Graduate



### Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

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

- 1.a.  U.S. Citizenship and Immigration Services (USCIS)

- 1.b. List the form numbers or specific matter in which appearance is entered.

I-485,I-765,I-131

- 2.a.  U.S. Immigration and Customs Enforcement (ICE)

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

- 3.a.  U.S. Customs and Border Protection (CBP)

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

4. Receipt Number (if any)

►

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

- Applicant    Petitioner    Requestor  
 Beneficiary/Derivative    Respondent (ICE, CBP)

### Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name) Zhen

- 6.b. Given Name (First Name) Kai

- 6.c. Middle Name

- 7.a. Name of Entity (if applicable)

- 7.b. Title of Authorized Signatory for Entity (if applicable)

8. Client's USCIS Online Account Number (if any)

►

9. Client's Alien Registration Number (A-Number) (if any)

► A-

### Client's Contact Information

10. Daytime Telephone Number

11. Mobile Telephone Number (if any)

12. Email Address (if any)

### Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name

- 13.b.  Apt.    Ste.    Flr.

- 13.c. City or Town

- 13.d. State

13.e. ZIP Code

- 13.f. Province

- 13.g. Postal Code

- 13.h. Country

### Part 4. Client's Consent to Representation and Signature

#### Consent to Representation and Release of Information

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 U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



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

### Options Regarding Receipt of USCIS Notices and Documents

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

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

- 1.a.  I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b.  I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

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

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

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

- 2.a. Signature of Client or Authorized Signatory for an Entity  
→
- 2.b. Date of Signature (mm/dd/yyyy)

## Part 5. Signature of Attorney or Accredited Representative

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

- 1.a. Signature of Attorney or Accredited Representative

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

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

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







# Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 05/31/2021

## Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

►

### Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

### Address of Attorney or Accredited Representative

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

### Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

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

Select all applicable items.

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

Licensing Authority

1.b. Bar Number (if applicable)

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

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

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

2.b. Name of Recognized Organization

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

3.  I am associated with

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

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

4.b. Name of Law Student or Law Graduate



### Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

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

- 1.a.  U.S. Citizenship and Immigration Services (USCIS)

- 1.b. List the form numbers or specific matter in which appearance is entered.

I-485,I-765,I-131

- 2.a.  U.S. Immigration and Customs Enforcement (ICE)

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

- 3.a.  U.S. Customs and Border Protection (CBP)

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

4. Receipt Number (if any)

►

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

- Applicant    Petitioner    Requestor  
 Beneficiary/Derivative    Respondent (ICE, CBP)

### Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name) Zhen

- 6.b. Given Name (First Name) Kai

- 6.c. Middle Name

- 7.a. Name of Entity (if applicable)

- 7.b. Title of Authorized Signatory for Entity (if applicable)

8. Client's USCIS Online Account Number (if any)

►

9. Client's Alien Registration Number (A-Number) (if any)

► A-

### Client's Contact Information

10. Daytime Telephone Number

11. Mobile Telephone Number (if any)

12. Email Address (if any)

### Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name

- 13.b.  Apt.    Ste.    Flr.

- 13.c. City or Town

- 13.d. State

13.e. ZIP Code

- 13.f. Province

- 13.g. Postal Code

- 13.h. Country

### Part 4. Client's Consent to Representation and Signature

#### Consent to Representation and Release of Information

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 U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



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

### Options Regarding Receipt of USCIS Notices and Documents

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

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

- 1.a.  I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b.  I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

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

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

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

- 2.a. Signature of Client or Authorized Signatory for an Entity  
→
- 2.b. Date of Signature (mm/dd/yyyy)

## Part 5. Signature of Attorney or Accredited Representative

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

- 1.a. Signature of Attorney or Accredited Representative

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

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

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







# Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 05/31/2021

## Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

►

### Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

### Address of Attorney or Accredited Representative

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

### Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

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

Select all applicable items.

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

Licensing Authority

- 1.b. Bar Number (if applicable)

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

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

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

- 2.b. Name of Recognized Organization

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

3.  I am associated with

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

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

- 4.b. Name of Law Student or Law Graduate



### Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

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

- 1.a.  U.S. Citizenship and Immigration Services (USCIS)

- 1.b. List the form numbers or specific matter in which appearance is entered.

I-485,I-765,I-131

- 2.a.  U.S. Immigration and Customs Enforcement (ICE)

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

- 3.a.  U.S. Customs and Border Protection (CBP)

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

4. Receipt Number (if any)

►

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

- Applicant    Petitioner    Requestor  
 Beneficiary/Derivative    Respondent (ICE, CBP)

### Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name)

Zhen

- 6.b. Given Name (First Name)

Kai

- 6.c. Middle Name

- 7.a. Name of Entity (if applicable)

- 7.b. Title of Authorized Signatory for Entity (if applicable)

8. Client's USCIS Online Account Number (if any)

►

9. Client's Alien Registration Number (A-Number) (if any)

► A-

### Client's Contact Information

10. Daytime Telephone Number

11. Mobile Telephone Number (if any)

12. Email Address (if any)

### Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name

- 13.b.  Apt.    Ste.    Flr.

- 13.c. City or Town

- 13.d. State

 13.e. ZIP Code

- 13.f. Province

- 13.g. Postal Code

- 13.h. Country

### Part 4. Client's Consent to Representation and Signature

#### Consent to Representation and Release of Information

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 U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



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

### Options Regarding Receipt of USCIS Notices and Documents

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

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

- 1.a.  I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b.  I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

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

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

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

- 2.a. Signature of Client or Authorized Signatory for an Entity  
→
- 2.b. Date of Signature (mm/dd/yyyy)

## Part 5. Signature of Attorney or Accredited Representative

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

- 1.a. Signature of Attorney or Accredited Representative

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

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

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



