Consideration of Deferred Action for Childhood Arrivals

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

Form I-821D
OMB No. 1615-0124
Expires 04/30/2021

For USCIS Use Only
Case ID: INSERT CASE ID

To Be Completed by an Attorney or Accredited Representative, if any.

RETURNED: / / RECEIVED: / / Remarks
RESUBMITTED: / / RECEIVED: / /

Select this box if Form G-28 is attached to represent the requestor.

Attorney State Bar Number (if any):

START HERE - Type or print in black ink. Read Form I-821D Instructions for information on how to complete this form.

Part 1. Information About You (For Initial and Renewal Requests)

I am not in immigration detention and I have included Form I-765, Application for Employment Authorization, and Form I-765WS, Form I-765 Worksheet; and

I am requesting:
1. [ ] Initial Request - Consideration of Deferred Action for Childhood Arrivals
   OR
2. [X] Renewal Request - Consideration of Deferred Action for Childhood Arrivals
   AND

For this Renewal request, my most recent period of Deferred Action for Childhood Arrivals expires on (mm/dd/yyyy) ▶ 07/13/2021

Removal Proceedings Information

5. Are you NOW or have you EVER been in removal proceedings, or do you have a removal order issued in any other context (for example, at the border or within the United States by an immigration agent)?
   [ ] Yes [X] No

NOTE: The term “removal proceedings” includes exclusion or deportation proceedings initiated before April 1, 1997; an Immigration and Nationality Act (INA) section 240 removal proceeding; expedited removal; reinstatement of a final order of exclusion, deportation, or removal; an INA section 217 removal after admission under the Visa Waiver Program; or removal as a criminal alien under INA section 238.

If you answered "Yes" to Item Number 5., you must select a box below indicating your current status or outcome of your removal proceedings.

Status or outcome:
5.a. [ ] Currently in Proceedings (Active)
5.b. [ ] Currently in Proceedings (Administratively Closed)
5.c. [ ] Terminated
5.d. [ ] Subject to a Final Order
5.e. [ ] Other. Explain in Part 8. Additional Information.
5.f. Most Recent Date of Proceedings (mm/dd/yyyy) ▶
5.g. Location of Proceedings

Full Legal Name

3.a. Family Name (Last Name) GARCIA LOPEZ
3.b. Given Name (First Name) Maria
3.c. Middle Name Isabel

U.S. Mailing Address (Enter the same address on Form I-765)

4.a. In Care Of Name (if applicable)
4.b. Street Number and Name 123 Home St
4.c. Apt. [X] Ste. [ ] Fir. [ ] 5
4.d. City or Town Anytown
4.e. State [ ] WA 4.f. ZIP Code 98012

Sample I-821D
**Part 1. Information About You (For Initial and Renewal Requests) (continued)**

**Other Information**

6. Alien Registration Number (A-Number) (if any)  
   ![A- Number]

7. U.S. Social Security Number (if any)  
   ![Social Security Number]

8. Date of Birth (mm/dd/yyyy)  
   ![Date of Birth]

9. Gender  
   - Male  
   - Female

10a. City/Town/Village of Birth  

10b. Country of Birth  

11. Current Country of Residence  
   United States

12. Country of Citizenship or Nationality  
   Mexico

13. Marital Status  
   - Married  
   - Widowed  
   - Single  
   - Divorced

**Other Names Used (If Applicable)**

If you need additional space, use **Part 8. Additional Information**.

14a. Family Name  
   (Last Name)  
   Garcia

14b. Given Name  
   (First Name)  
   Maria

14c. Middle Name

**Processing Information**

15. Ethnicity (Select only one box)  
   - Hispanic or Latino  
   - Not Hispanic or Latino

16. Race (Select all applicable boxes)  
   - White  
   - Asian  
   - Black or African American  
   - American Indian or Alaska Native  
   - Native Hawaiian or Other Pacific Islander

17. Height  
   - Feet  
   - Inches

18. Weight  
   - Pounds

19. Eye Color (Select only one box)  
   - Black  
   - Blue  
   - Brown  
   - Gray  
   - Green  
   - Hazel  
   - Maroon  
   - Pink  
   - Unknown/Other

20. Hair Color (Select only one box)  
   - Bald (No hair)  
   - Black  
   - Blond  
   - Brown  
   - Gray  
   - Red  
   - Sandy  
   - White  
   - Unknown/Other

**Part 2. Residence and Travel Information (For Initial and Renewal Requests)**

1. I have been continuously residing in the U.S. since at least June 15, 2007, up to the present time.  
   - Yes  
   - No

**NOTE:** If you departed the United States for some period of time before your 16th birthday and returned to the United States on or after your 16th birthday to begin your current period of continuous residence, and if this is an initial request, submit evidence that you established residence in the United States prior to 16 years of age as set forth in the instructions to this form.

**For Initial Requests:** List your current address and, to the best of your knowledge, the addresses where you resided since the date of your initial entry into the United States to present.

**For Renewal Requests:** List only the addresses where you resided since you submitted your last Form I-821D that was approved.

If you require additional space, use **Part 8. Additional Information**.
### Part 2. Residence and Travel Information (For Initial and Renewal Requests) (continued)

#### Present Address

2.a. Dates at this residence (mm/dd/yyyy)
   - From: 04/01/2020
   - To: Present

2.b. Street Number and Name
   - 123 Home St


2.d. City or Town
   - Anytown

2.e. State □ 2.f. ZIP Code 98012

#### Address 1

3.a. Dates at this residence (mm/dd/yyyy)
   - From: 01/01/2020
   - To: 03/31/2020

3.b. Street Number and Name
   - 234 E 22nd Ave


3.d. City or Town
   - Anytown

3.e. State □ 3.f. ZIP Code 98022

#### Address 2

4.a. Dates at this residence (mm/dd/yyyy)
   - From: 06/01/2019
   - To: 12/31/2019

4.b. Street Number and Name
   - 345 Third Ave


4.d. City or Town
   - Anytown

4.e. State □ 4.f. ZIP Code 98023

#### Address 3

5.a. Dates at this residence (mm/dd/yyyy)
   - From: 04/01/2019
   - To: 05/31/2019

5.b. Street Number and Name
   - 456 Fourth Ave


5.d. City or Town
   - Anytown

5.e. State □ 5.f. ZIP Code 98024

### Travel Information

**For Initial Requests:** List all of your absences from the United States since June 15, 2007.

**For Renewal Requests:** List only your absences from the United States since you submitted your last Form I-821D that was approved.

If you require additional space, use Part 8. Additional Information.

#### Departure 1

6.a. Departure Date (mm/dd/yyyy)

6.b. Return Date (mm/dd/yyyy)

6.c. Reason for Departure

#### Departure 2

7.a. Departure Date (mm/dd/yyyy)

7.b. Return Date (mm/dd/yyyy)

7.c. Reason for Departure

8. Have you left the United States without advance parole on or after August 15, 2012? □ Yes □ No

9.a. What country issued your last passport?

9.b. Passport Number

9.c. Passport Expiration Date (mm/dd/yyyy)

10. Border Crossing Card Number (if any)

### Part 3. For Initial Requests Only

1. I initially arrived and established residence in the U.S. prior to 16 years of age. □ Yes □ No

2. Date of Initial Entry into the United States (on or about) (mm/dd/yyyy)

3. Place of Initial Entry into the United States
Part 3. For Initial Requests Only (continued)

4. Immigration Status on June 15, 2012 (e.g., No Lawful Status, Status Expired, Parole Expired)

5.a. Were you EVER issued an Arrival-Departure Record (Form I-94, I-94W, or I-95)?

☐ Yes ☐ No

5.b. If you answered "Yes" to Item Number 5.a., provide your Form I-94, I-94W, or I-95 number (if available).

►

5.c. If you answered "Yes" to Item Number 5.a., provide the date your authorized stay expired, as shown on Form I-94, I-94W, or I-95 (if available).

( mm/dd/yyyy )

Education Information

6. Indicate how you meet the education guideline (e.g., Graduated from high school, Received a general educational development (GED) certificate or equivalent state-authorized exam, Currently in school)

7. Name, City, and State of School Currently Attending or Where Education Received

8. Date of Graduation (e.g., Receipt of a Certificate of Completion, GED certificate, other equivalent state-authorized exam) or, if currently in school, date of last attendance.

( mm/dd/yyyy )

Military Service Information

9. Were you a member of the U.S. Armed Forces or U.S. Coast Guard?

☐ Yes ☐ No

If you answered "Yes" to Item Number 9., you must provide responses to Item Numbers 9.a. - 9.d.

9.a. Military Branch

9.b. Service Start Date ( mm/dd/yyyy )

9.c. Discharge Date ( mm/dd/yyyy )

9.d. Type of Discharge

Part 4. Criminal, National Security, and Public Safety Information (For Initial and Renewal Requests)

If any of the following questions apply to you, use Part 8. Additional Information to describe the circumstances and include a full explanation.

1. Have you EVER been arrested for, charged with, or convicted of a felony or misdemeanor, including incidents handled in juvenile court, in the United States? ☐ Yes ☐ No

If you answered “Yes,” you must include a certified court disposition, arrest record, charging document, sentencing record, etc., for each arrest, unless disclosure is prohibited under state law.

2. Have you EVER been arrested for, charged with, or convicted of a crime in any country other than the United States? ☐ Yes ☐ No

If you answered "Yes," you must include a certified court disposition, arrest record, charging document, sentencing record, etc., for each arrest.

3. Have you EVER engaged in, do you continue to engage in, or plan to engage in terrorist activities?

☐ Yes ☐ No

4. Are you NOW or have you EVER been a member of a gang?

☐ Yes ☐ No

5. Have you EVER engaged in, ordered, incited, assisted, or otherwise participated in any of the following:

5.a. Acts involving torture, genocide, or human trafficking?

☐ Yes ☐ No

5.b. Killing any person?

☐ Yes ☐ No

5.c. Severely injuring any person?

☐ Yes ☐ No

5.d. Any kind of sexual contact or relations with any person who was being forced or threatened?

☐ Yes ☐ No

6. Have you EVER recruited, enlisted, conscripted, or used any person to serve in or help an armed force or group while such person was under age 15?

☐ Yes ☐ No

7. Have you EVER used any person under age 15 to take part in hostilities, or to help or provide services to people in combat?

☐ Yes ☐ No
### Part 5. Statement, Certification, Signature, and Contact Information of the Requestor (For Initial and Renewal Requests)

**NOTE:** Select the box for either **Item Number 1.a. or 1.b.**

1.a. ☒ I can read and understand English, and have read and understand each and every question and instruction on this form, as well as my answer to each question.

1.b. ☐ The interpreter named in Part 6. has read to me each and every question and instruction on this form, as well as my answer to each question, in [language], a language in which I am fluent. I understand each and every question and instruction on this form as translated to me by my interpreter, and have provided true and correct responses in the language indicated above.

### Requestor's Certification

I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct and that copies of documents submitted are exact photocopies of unaltered original documents. I understand that I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date. I also understand that knowingly and willfully providing materially false information on this form is a federal felony punishable by a fine, imprisonment up to 5 years, or both, under 18 U.S.C. section 1001. Furthermore, I authorize the release of any information from my records that USCIS may need to reach a determination on my deferred action request.

2.a. Requestor's Signature

2.b. Date of Signature  

### Requestor's Contact Information

3. Requestor's Daytime Telephone Number  
   2068675309

4. Requestor's Mobile Telephone Number

5. Requestor's Email Address  
   myemail@gmail.com

### Part 6. Contact Information, Certification, and Signature of the Interpreter (For Initial and Renewal Requests)

**Interpreter's Full Name**

Provide the following information concerning the interpreter:

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

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

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

**Interpreter's Mailing Address**

3.a. Street Number and Name

   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 Email Address
**Part 6. Contact Information, Certification, and Signature of the Interpreter (For Initial and Renewal Requests) (continued)**

**Interpreter's Certification**

I certify that:

I am fluent in English and ____________________________ which is the same language provided in Part 5, Item Number 1.b.;

I have read to this requestor each and every question and instruction on this form, as well as the answer to each question, in the language provided in Part 5, Item Number 1.b.; and

The requestor has informed me that he or she understands each and every question and instruction on the form, as well as the answer to each question.

6.a. Interpreter's Signature

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

**Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Request, If Other than the Requestor (For Initial and Renewal Requests)**

**Preparer's Full Name**

Provide the following information concerning the preparer:

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

   Volunteer Surname

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

   Volunteer First Name

2. Preparer's Business or Organization Name

   NWIRP DACA Clinic

**Preparer's Mailing Address**

3.a. Street Number and Name

   615 Second Ave


3.c. City or Town

   Seattle

3.d. State  WA ▼

3.e. ZIP Code

   98104

3.f. Province

3.g. Postal Code

3.h. Country

   USA

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

   2065874009

5. Preparer's Fax Number

6. Preparer's Email Address

**Preparer's Declaration**

I declare that I prepared this Form I-821D at the requestor's behest, and it is based on all the information of which I have knowledge.

7.a. Preparer's Signature

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

**NOTE:** If you need extra space to complete any item within this request, see the next page for **Part 8. Additional Information.**
Part 8. Additional Information (For Initial and Renewal Requests)

If you need extra space to complete any item within this request, use the space below. You may also make copies of this page to complete and file with this request. Include your name and A-Number (if any) at the top of each sheet of paper; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.

Full Legal Name

1.a. Family Name (Last Name) GARCIA LOPEZ
1.b. Given Name (First Name) Maria
1.c. Middle Name Isabel

2. A-Number (if any)

3.a. Page Number 2 3.b. Part Number 1 3.c. Item Number

3.d. Other Names:
Isabel Garcia

4.a. Page Number 3 4.b. Part Number 2 4.c. Item Number

4.d. Other Addresses:
Address 4:
Dates: 04/01/2018 to 03/31/2019
Address: 567 Fifth Ave, Anytown, WA 98025

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

5.d.