

HARVARD IMMIGRATION AND REFUGEE CLINICAL PROGRAM

of HARVARD LAW SCHOOL

6 Everett Street ♦ Wasserstein Hall 3103 ♦ Cambridge, Massachusetts 02138

Voice: (617) 384-7504 ♦ Fax: (617) 495-8595

March 2021

Sent Via Fedex 7 [REDACTED]

USCIS Dallas Lockbox

Attn: I-765

2501 S. State Hwy. 121 Business

Suite 400

Lewisville, TX 75067

RE: Form I-765 Applications for Initial Employment Authorization Documents

A [REDACTED] R [REDACTED] (#A [REDACTED])

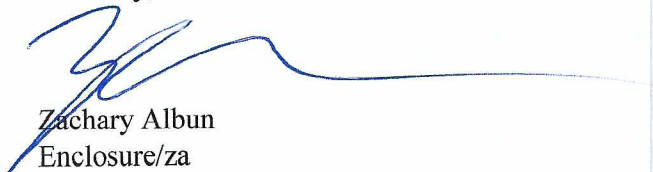
To Whom It May Concern:

Enclosed please find the following documentation in support of the (c)(8) initial application for Employment Authorization of [REDACTED]

1. Form G-28, Notice of Entry of Appearance for Zachary Albun;
2. Form I-765, Application for Employment Authorization;
3. Copy of India passport biographic info page;
4. Copy of ASAP Membership Card;
5. Copy of Biometrics Appointment notice for I-589;
6. Copy of Receipt for I-589 filed with Vermont Service Center;
7. Copy of Most Recent I-94;
6. Copy of most recent EAD [REDACTED] category];
7. 2 passport style photos of the applicant.

As the above-named party is a first-time applicant for employment authorization, AND AN ASAP MEMBER/ CASA CLASS MEMBER, category (c)(8), no filing fee is required at this time. Thank you kindly for your attention to this matter. Please do not hesitate to contact me at Zalbun@law.harvard.edu or at (617) [REDACTED]

Sincerely,


Zachary Albun
Enclosure/za



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, disbaring, 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-765

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)

► N/A

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) R

6.b. Given Name (First Name) A

6.c. Middle Name N/A

7.a. Name of Entity (if applicable)

Not Applicable

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

Not Applicable

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

► N/A

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

► A- 2

Client's Contact Information

10. Daytime Telephone Number

8

11. Mobile Telephone Number (if any)

8

12. Email Address (if any)

N/A

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

USA

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)

Part 6. Additional Information

If you need extra space to provide any additional information within this form, 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 form or attach a separate sheet of paper. Type or print your name 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. Page Number 2.b. Part Number 2.c. Item Number

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 07/31/2022

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

<p>To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).</p>	<p><input checked="" type="checkbox"/> Select this box if Form G-28 is attached.</p>	<p>Attorney or Accredited Representative USCIS Online Account Number (if any)</p> <p><i>N/A</i></p>
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► **START HERE - Type or print in black ink.** Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, “Provide the name of your current spouse”), type or print “N/A” unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, “How many children do you have” or “How many times have you departed the United States”), type or print “None” unless otherwise directed.

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 for Card Error** 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) R [REDACTED]
- 1.b. Given Name (First Name) A [REDACTED]
- 1.c. Middle Name N/A

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

Additional Information.

- | | | |
|------|----------------------------|----------------|
| 2.a. | Family Name
(Last Name) | DOES NOT APPLY |
| 2.b. | Given Name
(First Name) | DOES NOT APPLY |
| 2.c. | Middle Name | DOES NOT APPLY |
| 3.a. | Family Name
(Last Name) | DOES NOT APPLY |
| 3.b. | Given Name
(First Name) | DOES NOT APPLY |
| 3.c. | Middle Name | DOES NOT APPLY |
| 4.a. | Family Name
(Last Name) | DOES NOT APPLY |
| 4.b. | Given Name
(First Name) | DOES NOT APPLY |
| 4.c. | Middle Name | DOES NOT APPLY |



Part 2. Information About You (continued)

Your U.S. Mailing Address (USPS ZIP Code Lookup)

- 5.a. In Care Of Name (if any)
DOES NOT APPLY
- 5.b. Street Number and Name [REDACTED]
- 5.c. ☒ Apt. ☐ Ste. ☐ Flr. [REDACTED]
- 5.d. City or Town [REDACTED]
- 5.e. State MA 5.f. ZIP Code [REDACTED]
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 N/A
- 7.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A
- 7.c. City or Town N/A
- 7.d. State N/A 7.e. ZIP Code N/A

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- 2 [REDACTED]
9. USCIS Online Account Number (if any)
▶ DOES NOT APPLY
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).

▶ 0 [REDACTED]

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. N/A ☐ 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 (Last Name) N/A
- 16.b. Given Name (First Name) N/A

Mother's Name

Provide your mother's birth name.

- 17.a. Family Name (Last Name) N/A
- 17.b. Given Name (First Name) N/A

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
India
- 18.b. Country
DOES NOT APPLY

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

19.b. State/Province of Birth

19.c. Country of Birth

India

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

Information About Your Last Arrival in the United States

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

7

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

Z

21.c. Travel Document Number (if any)

DOES NOT APPLY

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

India

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

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

23. Place of Your Last Arrival Into the United States

Boston MA

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

F-1 Student

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

ASYLUM APPLICANT

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

1

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) (8) ()

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 DOES NOT APPLY

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

DOES NOT APPLY

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

DOES NOT APPLY

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.

N/A

30. **(c)(8) Eligibility Category** If you entered the eligibility category (c)(8) in **Item Number 27.**, provide the information requested in **Item Numbers 30.a. - 30.g.**

30.a. Have you **EVER** been arrested for, and/or charged with, and/or convicted of any crime in any country?

☐ Yes ☒ No

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

30.b. Did you enter the United States lawfully through a U.S. port of entry and were you inspected and admitted or paroled after inspection by an immigration officer? (If you answer "Yes," you **MUST** provide evidence of your lawful entry.)

☒ Yes ☐ No

30.c. If you answered "No" to **Item Number 30.b.**, did you present yourself to the Secretary of Homeland Security or his or her delegate (DHS) within 48 hours of entry or attempted entry **AND** express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country?

☐ Yes ☐ No

Part 2. Information About You (continued)

If you answered "Yes" to **Item Number 30.c.**, provide the following information:

30.d. Date you presented yourself to DHS

N/A

30.e. Location where you presented yourself to DHS

N/A

30.f. Country of claimed persecution

N/A

30.g. Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information.**

N/A

NOTE: Refer to the **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** section of the Form I-765 Instructions for more information.

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.

► N/A

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

a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 5.**,

Zachary Albin

prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4. Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)

DOES NOT APPLY

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.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

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
- 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 authorized by 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



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

02/18/21

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)

DOES NOT APPLY

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

DOES NOT APPLY

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

DOES NOT APPLY

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

Interpreter's Mailing Address

3.a. Street Number and Name DOES NOT APPLY

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N A

3.c. City or Town DOES NOT APPLY

3.d. State 3.e. ZIP Code

3.f. Province DOES NOT APPLY

3.g. Postal Code N A

3.h. Country
DOES NOT APPLY

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

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

N/A

6. Interpreter's Email Address (if any)

DOES NOT APPLY

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and DOES NOT APPLY, which is the same language specified in **Part 3., 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)

N/A

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)

Albun

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

Zachary

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

HIRC

Preparer's Mailing Address

3.a. Street Number and Name 6 Everett Street WCC 3109

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town Cambridge

3.d. State MA 3.e. ZIP Code 02138

3.f. Province

3.g. Postal Code

3.h. Country

USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)

zalbun@law.harvard.edu

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 beyond the preparation of this application. ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you 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)

02/16/2021

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- 2

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

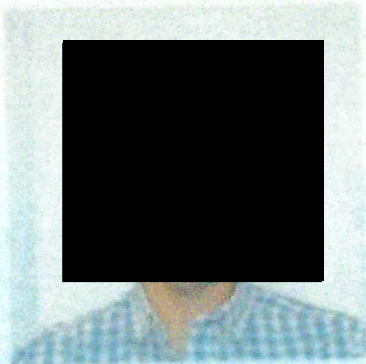
7.d.





3
This passport contains 64 pages.

भारत गणराज्य REPUBLIC OF INDIA



कार्ड / Type

P

राष्ट्र कोड / Country Code

IND

पासपोर्ट नं. / Passport No.

Z

3

उपनाम / Surname

R

Given Name(s)

A

राष्ट्रियता / Nationality

भारतीय / INDIAN

लिंग / Sex

M

जन्म स्थान / Place of Birth

स्थान / Place of Issue

मिति / Date of Issue

समाप्ति तिथि / Date of Expiry



Asylum Seeker Advocacy Project (ASAP)
Proyecto de Apoyo para Solicitantes de Asilo (PASA)



A [REDACTED]

ID #: [REDACTED]

asylumadvocacy.org/members

Please note that this card serves to validate the membership of the above named individual and their minor children.
Por favor tenga en cuenta que esta tarjeta sirve para validar la membresía de la persona nombrada y sus hijos menores.

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.



ASC Appointment Notice		APPLICATION/PETITION/REQUEST NUMBER		NOTICE DATE	
CASE TYPE		ACCOUNT NUMBER		USCIS A#	
1589 - APPLICATION FOR ASYLUM AND FOR WITHHOLDING OF REMOVAL				A21	
				CODE	
				3	
<p>A c/o ZACHARY ALBUN HIRC 6 EVERETT STREET STE 3109 CAMBRIDGE MA 02138</p>					
<p>To process your application, petition, or request, the U. S. Citizenship & Immigration Services (USCIS) must capture your biometrics. PLEASE APPEAR AT THE BELOW APPLICATION SUPPORT CENTER (ASC) AT THE DATE AND TIME SPECIFIED.</p>					
<p>APPLICATION SUPPORT CENTER USCIS BOSTON 7F Everett Street Revere MA 02151</p>		<p>PLEASE READ THIS ENTIRE NOTICE CAREFULLY. DATE AND TIME OF APPOINTMENT 11/20/2020 11:00AM</p>			
<p>WHEN YOU GO TO THE APPLICATION SUPPORT CENTER TO HAVE YOUR BIOMETRICS TAKEN, YOU MUST BRING:</p> <ol style="list-style-type: none">1. THIS APPOINTMENT NOTICE, and2. PHOTO IDENTIFICATION (e.g. passport, valid driver's license, national ID, military ID, State-issued photo ID, or USCIS-issued photo ID). If you do not have photo identification, please expect a delay. <p>Customers may not use cameras and recording capable devices (including cell phones) at an ASC. Cell phones should be silenced while in the waiting area and any conversations should be kept to a low level so as not to disrupt others. Customers must completely turn off all phones during biometrics processing.</p> <p>NOTE: USCIS may use your fingerprints to check the criminal history records of the FBI. You may obtain a copy of your own FBI identification record using the procedures outlined within Title 28 C.F.R. Section 16.32. The procedures to change, correct, or update your FBI identification record are outlined within Title 28 C.F.R. Section 16.34. Your fingerprints and photograph may also be used in an Employment Authorization Document (EAD) if you apply for, and are eligible to receive, an EAD.</p> <p>NOTE: If USCIS ASC is <u>closed</u> due to inclement weather or for other unforeseeable circumstances, USCIS will <u>automatically reschedule</u> your appointment for the next available appointment date and mail you a notice with the new date and time.</p> <p>WARNING: Failure to appear at this biometrics appointment, without good cause, may affect your eligibility for employment authorization. It may also result in dismissal of your asylum application or referral of your asylum application to an immigration judge if you are not currently in removal proceedings. If you are an applicant or eligible dependent in removal proceedings, failure to provide DHS with biometrics as required, except for good cause, may result in a delay in deciding your application or in your application being deemed abandoned and dismissed by the immigration judge.</p> <p>CHANGE OF ADDRESS: You <u>must</u> notify USCIS of any change of address within 10 days. Please see the USCIS website at www.uscis.gov/addresschange for instructions to change your address online or to mail a completed Form AR-11, <i>Alien's Change of Address Card</i>, to USCIS. This form is also available at any U.S. Post Office or any USCIS office. If you are in removal proceedings, you <u>must</u> also notify the Immigration Court within five working days of any change of address or telephone number by filing a completed Form EOIR-33, <i>Alien's Change of Address Form/Immigration Court</i>, in accordance with accompanying instructions, available at www.justice.gov/eoir/form-eoir-33-eoir-immigration-court-listing.</p> <p>WARNING: You must update your mailing address with USCIS, and, if applicable, EOIR. Failure to do so may result in dismissal of your asylum application, referral of your asylum application to an Immigration Judge, or if you are already in removal proceedings, an entry of a removal order in your absence if you fail to appear at a hearing before an immigration judge.</p>					
<p>REQUEST FOR RESCHEDULING</p> <p><input type="checkbox"/> Please reschedule my appointment. Make a copy of this notice for your records, then mail the original with your request to the Biometrics Processing Unit (BPU), Alexandria ASC, Suite 100, 8850 Richmond Hwy, Alexandria, VA 22309-1586. Once USCIS receives your request, you will be sent a new ASC appointment notice.</p>					
<p>If you have any questions regarding this notice, please call 1-800-375-5283. If you have any questions about your application, please contact the Asylum Office or Immigration Court with jurisdiction over your case.</p>					
<p>WARNING: Due to limited seating availability in our lobby area, only persons who are necessary to assist with transportation or completing the biometrics worksheet should accompany you. If you have open wounds or bandages/casts when you appear, the USCIS may reschedule your appointment if it is determined your injuries will interfere with taking your biometrics.</p>					

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Receipt Number [REDACTED]		Case Type I589 - APPLICATION FOR ASYLUM AND FOR WITHHOLDING OF REMOVAL	
Received Date [REDACTED] 2020	Priority Date	Applicant A [REDACTED]	
Notice Date [REDACTED] 2020	Page 1 of 1		
[REDACTED] c/o ZACHARY ALBUN HIRC 6 EVERETT STREET STE 3109 CAMBRIDGE MA 02138		Notice Type: Receipt Notice	
<p>We have mailed an official notice about this case (and any relevant documentation) according to the mailing preferences you chose on Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative. This is a courtesy copy, not the official notice.</p> <p><u>What the Official Notice Said</u></p> <p style="text-align: center;">*** ACKNOWLEDGEMENT OF RECEIPT ***</p> <p>Your complete Form I-589 Application for Asylum and Withholding of Removal was received and is pending as of 08/18/2020. You may remain in the U.S. until your asylum application is decided. If you wish to leave while your application is pending, you must obtain advance parole from USCIS. If you change your address, send written notification of the change within 10 days to the Asylum Office at the below address or using the USCIS Online Change of Address system at https://egov.uscis.gov/coa/displayCOAForm.do. You will receive a notice informing you when you and those listed on your application as a spouse or child dependents must appear at an Application Support Center for biometrics collection. You will also receive a notice informing you when you and those listed on your application as a spouse or dependents must appear for an asylum interview. Those notices will contain instructions for what to bring to your ASC appointment and what to bring to your asylum interview.</p> <p>WARNING: Failure to appear at the ASC for biometrics collection or for your asylum interview may affect your eligibility for employment authorization, and may also result in the dismissal of your asylum application or referral of your asylum application to an immigration judge.</p> <p>[REDACTED]</p>			
Please see the additional information on the back. You will be notified separately about any other cases you filed.			
USCIS Boston Asylum Office U. S. CITIZENSHIP & IMMIGRATION SVC 5 Post Office Square, Ste. 1462 Boston MA 02109 USCIS Contact Center: www.uscis.gov/contactcenter			



For: [REDACTED]



U.S. Customs and Border Protection

Securing America's Borders

Most Recent I-94

Admission (I-94) Record Number : [REDACTED]
Most Recent Date of Entry: 2019 [REDACTED]
Class of Admission : F1
Admit Until Date : [REDACTED]
Details provided on the I-94 Information form:



Last/Surname : [REDACTED]
First (Given) Name : [REDACTED]
Birth Date : [REDACTED]
Passport Number : [REDACTED]
Country of Issuance : India

[Get Travel History](#)

► Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

► If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

► Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1651-0111
Expiration Date: 02/28/2021

[For inquiries or questions regarding your I-94, please click here](#)

[Accessibility | Privacy Policy](#)

개인정보 보호 -
확인

UNITED STATES OF AMERICA

EMPLOYMENT AUTHORIZATION CARD

