



April 24, 2023

Submitted via Fedex [REDACTED]

U.S. Citizenship & Immigration Services
ATTN: TPS-AFGHANISTAN (BOX 20300)
2108 E. Elliot Road
Tempe, AZ 85283-1806



RE: [REDACTED] (A# [REDACTED])

**I-912 Request for Fee Waiver for I-821 (TPS) and I-765 (EAD)
I-821 Application for Temporary Protected Status
I-765 Application for Work Authorization**

Dear Officer:

Our office is providing pro bono legal representation to Mr. [REDACTED] an Afghan evacuee, in the above captioned matters. Mr. [REDACTED] OAR/OAW refugee resettlement agency is Lutheran Immigration and Refugee Service (LIRS).

The head of household, and sole breadwinner for the family [REDACTED] earned \$43,656.02 last year through his employments with Cardinal Glass Industries and Express Services Inc. The Federal Poverty Guideline for a family of 12 is \$71,120 (\$50,560 + (\$5,140 x 4)) Accordingly, as this family is well below 100% of the applicable Guideline, applicant qualifies for a fee waiver.

Please find attached the following materials in support of the above-listed applications:

1. G-28, notice of entry of appearance by pro bono attorney Zachary Albin for all listed matters;
2. I-912, Request for Fee Waivers for I-821 and I-765;
3. I-821, Application for Temporary Protected Status;
4. I-765, INITIAL Application for a category (c)(19) EAD;
5. Copy of Principal Applicant's (c)(11) EAD;
6. Copy of Principal Applicant's OAR Parole I-94 documenting Afghan citizenship, and physical presence in the U.S. since September 3, 2021;
7. Copy of Principal Applicant's Tazkera from the Islamic Republic of Afghanistan in Pashto and English;

8. 2022 W-2s for sole earner [REDACTED] totaling \$43,656.02 for a family of 12, and USCIS poverty line guidance, demonstrating applicant qualifies for a fee waiver;
9. Copy of Principal Applicant's current card for ND Medicaid, **a means-tested federal benefit (Medicaid)**, demonstrating his eligibility for a fee waiver;
10. Chart by Congressional Research Service confirming Afghan parolees like Mr. [REDACTED] remain eligible for Medicaid for **seven years after entry** (here: 09/03/2028) and from North Dakota Medicaid website confirming income eligibility is assessed annually;
11. Letter dated March 6, 2023, from Lutheran Immigration and Refugee Service (LIRS, North Dakota Field Office), Principal Applicant's resettlement agency, confirming his continuous physical presence since before the effective date for TPS;
12. **Two (2) Passport-Style Photos.**

Thank you for your prompt consideration on this matter. Please do not hesitate to reach out to me at the information below if you have any questions or concerns.



Zachary Albun
Applicant's Attorney
The Advocates for Human Rights
330 Second Avenue South
Suite 800
Minneapolis, MN 55401 USA
zalbun@advrights.org
(612) 252-4444



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)

▶ 0 6 6 3 4 5 8 0 2 4 2 1

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) ALBUN
2.b. Given Name (First Name) Zachary
2.c. Middle Name Abraham

Address of Attorney or Accredited Representative

3.a. Street Number and Name 330 Second Avenue South
3.b. ☐ Apt. ☒ Ste. ☐ Flr. 800
3.c. City or Town Minneapolis
3.d. State MN 3.e. ZIP Code 55401
3.f. Province
3.g. Postal Code
3.h. Country USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number 6122524444
5. Mobile Telephone Number (if any) 6122524444
6. Email Address (if any) zalbun@advrights.org
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

Illinois Supreme Court

1.b. Bar Number (if applicable)

6323553

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)

The Advocates for Human Rights

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-821 I-765 I-912
- 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)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
DOES NOT APPLY
- 7.b. Title of Authorized Signatory for Entity (if applicable)
DOES NOT APPLY
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

11.

12.

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

13.a. 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.

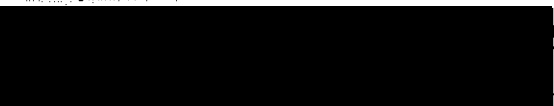
If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 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

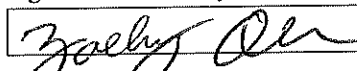
 for an Entity

2.b. Date of Signature (mm/dd/yyyy) 3/10/2023

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)

3/10/2023

- 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	DOES NOT APPLY
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2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d.

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.





Request for Fee Waiver
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-912
OMB No. 1615-0116
Expires: 09/30/2024

For USCIS Use Only	Application Received At (Select only one box)			
	<input type="checkbox"/> USCIS Field Office		<input type="checkbox"/> USCIS Service Center	
	<input type="checkbox"/> Fee Waiver Approved	<input type="checkbox"/> Fee Waiver Denied	<input type="checkbox"/> Fee Waiver Approved	<input type="checkbox"/> Fee Waiver Denied
	Date: _____	Date: _____	Date: _____	Date: _____

► **START HERE** - Type or print in black ink.

If you need extra space to complete any section of this request or if you would like to provide additional information about your circumstances, use the space provided in Part 11. Additional Information. Complete and submit as many copies of Part 11., as necessary, with your request.

Part 1. Basis for Your Request (Each basis is further explained in the **Specific Instructions** section of the Form I-912 Instructions)

Select at least one basis or more for which you may qualify and provide supporting documentation for any basis you select. You only need to qualify and provide documentation for one basis for U.S. Citizenship and Immigration Services (USCIS) to grant your fee waiver. If you choose, you may select more than one basis; you must provide supporting documentation for each basis you want considered.

- ☒ I am, my spouse is, or the head of household living in my household is currently receiving a means-tested benefit. (Complete **Parts 2. - 4.** and **Parts 7. - 10.**)
- ☐ My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete **Parts 2. - 3.**, **Part 5.**, and **7. - 10.**)
- ☐ I have a financial hardship. (Complete **Parts 2. -3.** and **Parts 6. - 10.**)

Part 2. Information About You (Requestor)

Provide information about yourself if you are the person requesting a fee waiver for a petition or application you are filing. If you are the parent or legal guardian filing on behalf of a child or person with a physical disability or developmental or mental impairment, provide information about the child or person for whom you are filing this form.

- Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

List all other names you have used, including nicknames, aliases, and maiden name.

- Alien Registration Number (A-Number) (if any)
- USCIS Online Account Number (if any)

► A

► N / A

- Date of Birth (mm/dd/yyyy)
- U.S. Social Security Number (if any)

Part 2. Information About You (Requestor) (continued)

7. Marital Status

- ☐ Single, Never Married ☒ Married ☐ Divorced ☐ Widowed ☐ Marriage Annulled ☐ Separated
☐ Other (Explain)

Part 3. Applications and Petitions for Which You Are Requesting a Fee Waiver

1. In the table below, add the form numbers of the applications and petitions for which you are requesting a fee waiver.

Applications or Petitions for You and Your Family Members															
Full Name		A-Number (if any)						Date of Birth		Relationship to You		Forms Being Filed			
										Self		I-821			
	A-											I-765			
	A-														
	A-														
Total Number of Forms (including self)												2			

Part 4. Means-Tested BenefitsIf you selected **Item Number 1.** in **Part 1.**, complete this section.

1. If you, your spouse, or the head of household (including parent if the child is under 21 years of age) living with you is receiving any means-tested benefits, list the information in the table below and attach supporting documentation. If you are the parent or legal guardian filing on behalf of a child or person with a physical disability or developmental or mental impairment, provide information about the child or person for whom you are filing this form if he or she is receiving a means-tested benefit.

Means-Tested Benefit Recipients					
Full Name of Person Receiving the Benefit	Relationship to You	Name of Agency Awarding Benefit	Type of Benefit	Date Benefit was Awarded	Date Benefit Expires (or must be renewed)
[REDACTED]	Self	Medicaid	Medical Assistance	01/01/2023	N/A - See Supporting Documents

Part 5. Income at or Below 150 Percent of the Federal Poverty GuidelinesIf you selected **Item Number 2.** in **Part 1.**, complete this section.**Your Employment Status**

1. Employment Status

- ☒ Employed (full-time, part-time, seasonal, self-employed) ☐ Unemployed or Not Employed ☐ Retired ☐ Other (Explain)

Part 5. Income at or Below 150 Percent of the Federal Poverty Guidelines (continued)

2. If you are currently unemployed, are you currently receiving unemployment benefits? ☐ Yes ☒ No

A. Date you became unemployed
(mm/dd/yyyy)

Information About Your Spouse

3. If you are married or separated, does your spouse live in your household? ☒ Yes ☐ No
- A. If you answered "No" to Item Number 3., does your spouse provide any financial support to your household? ☐ Yes ☒ No

Your Household Size

4. Are you the person providing the primary financial support for your household? ☒ Yes ☐ No
- If you answered "Yes" to Item Number 4., type or print your name on the line marked "self" in the table below. If you answered "No" to Item Number 4., type or print your name on the line marked "self" in the table below and add the head of household's name on the line below yours.

Household Size					
Full Name	Date of Birth	Relationship to You	Married	Full-Time Student	Is any income earned by this person counted towards the household income?
		Self	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Wife	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Child	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Child	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Total Household Size (including self)			

Your Annual Household Income

Provide information about your income and the income of all family members counted as part of your household. You must list all amounts in U.S. dollars.

5. Your Annual Income \$

6. Annual Income of All Family Members

Provide the annual income of all family members counted as part of your household as listed in Item Number 4. (Do not include the amount provided in Item Number 5.)

\$

7. Total Additional Income or Financial Support

\$

Provide the total annual amount you receive in additional income or financial support from a source outside of your household. (Do not include the amount provided in Item Numbers 5. or 6.) You must add all of the additional income and financial support amounts and put the total amount in the space provided. Type or print "0" in the total box if there are none. Select the type of additional income or financial support that you receive and provide documentation.

- ☐ Parental Support ☐ Educational Stipends ☐ Unemployment Benefits ☐ Financial Support From Adult Children, Dependents, Other People Living in the Household
- ☐ Spousal Support (Alimony) ☐ Royalties ☐ Social Security Benefits
- ☐ Child Support ☐ Pensions ☐ Veteran's Benefits ☐ Other (Explain)

Part 5. Income at or Below 150 Percent of the Federal Poverty Guidelines (continued)

8. Total Household Income (add the amounts from **Item Numbers 5., 6., and 7.**) \$ 43,656.00
9. Has anything changed since the date you filed your Federal tax returns? (For example, your marital status, income, or number of dependents.) ☒ Yes ☐ No

If you answered "Yes" to **Item Number 9.**, provide an explanation below. Provide documentation if available. You may also use this space to provide any additional information about your circumstances that you would like USCIS to consider.

Last year [REDACTED] began working in April 2022. This year [REDACTED] is working the full year. Therefore, his expected income is about \$54,570 which is well below 100% of the poverty line for a family of 12.

Part 6. Financial Hardship

If you selected **Item Number 3.** in **Part 1.**, complete this section.

1. If you or any family members have a situation that has caused you to incur expenses, debts, or loss of income, describe the situation in the box below. Specify the amounts of the expenses, debts, and income losses in as much detail as possible. Examples may include medical expenses, job loss, eviction, and homelessness.

N/A

2. If you have cash or assets that you can quickly convert to cash, list those in the table below. For example, bank accounts, stocks, or bonds. (Do not include retirement accounts.)

Assets	
Type of Asset	Value (U.S. Dollars)
N/A	N/A
N/A	N/A
N/A	N/A
Total Value of Assets	N/A

Part 6. Financial Hardship (continued)**3. Total Monthly Expenses and Liabilities**\$ N/A

Provide the total monthly amount of your expenses and liabilities. You must add all of the expense and liability amounts and type or print the total amount in the space provided. Type or print "0" in the total box if there are none. Select the types of expenses or liabilities you have each month and provide evidence of monthly payments, where possible.

☐ Rent and/or Mortgage ☐ Loans and/or Credit Cards ☐ Other☐ Food☐ Car PaymentN/A☐ Utilities☐ Commuting Costs☐ Child and/or Elder Care☐ Medical Expenses☐ Insurance☐ School Expenses**Part 7. Requestor's Statement, Contact Information, Certification, and Signature**

NOTE: Read the **Penalties** section of the Form I-912 Instructions before completing this part.

Each person applying for a fee waiver request must complete, sign, and date Form I-912 and provide the required documentation. This includes family members identified in **Part 3**. Signature fields for family members are at the end of this part. If an individual is under 14 years of age, a parent or legal guardian may sign the request on their behalf. USCIS rejects any Form I-912 that is not signed by all individuals requesting a fee waiver and may deny a request that does not provide required documentation.

Select the box for either **Item A.** or **B.** in **Item Number 1**. If applicable, select the box for **Item Number 2**.

1. Requestor's Statement Regarding the Interpreter

- A. ☐ I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- B. ☒ The interpreter named in **Part 9**, read to me every question and instruction on this request and my answer to every question in Pashto, a language in which I am fluent, and I understood everything.

2. Requestor's Statement Regarding the Preparer (if applicable)

- ☒ At my request, the preparer named in **Part 10**, Zachary Albun, prepared this request for me based only upon information I provided or authorized.

Requestor's Contact Information**3. Requestor's Daytime Telephone Number**(608) 696-7368**4. Requestor's Mobile Telephone Number (if any)**(608) 696-7368**Requestor's Certification**

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

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

I certify, under penalty of perjury, that I provided or authorized all of the information in my request, I understand all of the information contained in, and submitted with, my request, and that all of this information is complete, true, and correct.

Part 7. Requestor's Statement, Contact Information, Certification, and Signature (continued)

WARNING: If you knowingly and willfully falsify or conceal a material fact or submit a false document with your Form I-912, USCIS will deny your fee waiver request and may deny any other immigration benefit. In addition, you may face severe penalties provided by law and may be subject to criminal prosecution.

Requestor's Signature

Date of Signature (mm/dd/yyyy)

3/10/2023

completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.

Family Members' Signatures

NOTE: Each family member **must** type or print their full name and sign in the spaces below. You can find additional family members' signature spaces in **Item Numbers 7. - 10.** below. All family members identified in **Part 3.** must sign and date Form I-912.

I certify that the information provided by the requestor in **Part 7.** applies to me.

7. Family Member 1

Family Member's Name

N/A

Family Member's Signature

N/A

Date of Signature (mm/dd/yyyy)

N/A

8. Family Member 2

Family Member's Name

N/A

Family Member's Signature

N/A

Date of Signature (mm/dd/yyyy)

N/A

9. Family Member 3

Family Member's Name

N/A

Family Member's Signature

N/A

Date of Signature (mm/dd/yyyy)

N/A

10. Family Member 4

Family Member's Name

N/A

Family Member's Signature

N/A

Date of Signature (mm/dd/yyyy)

N/A

11. Family Member 5

Family Member's Name

N/A

Family Member's Signature

N/A

Date of Signature (mm/dd/yyyy)

N/A

Part 8. Family Member's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-912 Instructions before completing this part.

If the information provided by the requestor in **Part 7** is not applicable to a family member identified in **Part 3**, (for example, the family member used an interpreter or speaks a different language) that individual should complete **Part 8**. USCIS rejects any Form I-912 that is not signed by all individuals requesting a fee waiver.

Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Family Member's Statement Regarding the Interpreter for N/A
- A. ☐ I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- B. ☐ The interpreter named in **Part 9**, read to me every question and instruction on this request and my answer to every question in N/A, a language in which I am fluent, and I understood everything.
2. Family Member's Statement Regarding the Preparer for N/A
- ☐ At my request, the preparer named in **Part 10**, N/A, prepared this request for me based only upon information I provided or authorized.

Family Member's Contact Information

3. Family Member's Daytime Telephone Number N/A
4. Family Member's Mobile Telephone Number (if any) N/A
5. Family Member's Email Address (if any) N/A

Family Member's Certification

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

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

I certify, under penalty of perjury, that I provided or authorized all of the information in my request, I understand all of the information contained in, and submitted with, my request, and that all of this information is complete, true, and correct.

Family Member's Signature

6. Family Member's Signature N/A N/A
- N/A N/A

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

Part 9. Interpreter's Contact Information, Certification, and Signature

1. Did any person filing this request use an interpreter? ☒ Yes, (complete this section) ☐ No (skip to Part 10.)
2. Was the same interpreter used for all individuals requesting a fee waiver (as listed in Part 3.)? ☒ Yes ☐ No

NOTE for Family Members: If you used a different interpreter than the one used by the requestor, make additional copies of Part 9., provide the following information, indicate the family member for whom he or she interpreted, and include the pages with your completed Form I-912.

Provide the following information about the interpreter for

Interpreter's Full Name

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

Interpreter's Mailing Address*(USPS ZIP Code Lookup)*

5. Street Number and Name Apt. ☐ Ste. ☒ Flr. ☐ Number
- City or Town State ZIP Code
- Province Postal Code Country

Interpreter's Contact Information

6. Interpreter's Daytime Telephone Number
7. Interpreter's Mobile Telephone Number (if any)
8. 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 7., Item B. in Item Number 1., and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the Applicant's Certification, and has verified the accuracy of every answer.

Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

1. Did any person prepare this request on your behalf? ☒ Yes, (complete this section) ☐ No, skip
2. Was the same preparer used for all individuals requesting a fee waiver (as listed in **Part 3**)? ☒ Yes ☐ No

NOTE for Family Members: If you used a different preparer than the one used by the requestor, provide the following information, and include the pages with your completed Form I-912.

Provide the following information about the preparer for

Preparer's Full Name

3. Preparer's Family Name (Last Name)

ALBUN

Preparer's Given Name (First Name)

Zachary

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

The Advocates for Human Rights

Preparer's Mailing Address

5. Street Number and Name

330 Second Avenue South

Apt. Ste. Flr. Number

☐ ☒ ☐ 800

City or Town

Minneapolis

State

MN

ZIP Code

55401

Province

Postal Code

Country

USA

Preparer's Contact Information

6. Preparer's Daytime Telephone Number

612 252 4444

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

612 252 4444

8. Preparer's Email Address (if any)

zalbun@advrights.org

Preparer's Statement

9. A. ☐ I am not an attorney or accredited representative but have prepared this request on behalf of the requestor and with the requestor's consent.
- B. ☒ I am an attorney or accredited representative and my representation of the requestor in this case ☐ extends ☒ does not extend beyond the preparation of this request.

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, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this request.

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)


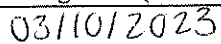
Preparer's Certification

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

Preparer's Signature

10. Preparer's Signature

Date of Signature (mm/dd/yyyy)

➔  

Part 11. Additional Information

If you need extra space to provide any additional information within this request, 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 request or attach a separate sheet of paper. Include 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.

1. Family Name (Last Name) Given Name (First Name) Middle Name

[REDACTED]

2. A-Number (if any) ▶ A-

[REDACTED]

3. A. Page Number B. Part Number C. Item Number

1

2

2

- D. My employment verification letter and letter of recommendation submitted with my Chief of Mission (COM) application incorrectly list my name as [REDACTED]

[REDACTED]

4. A. Page Number B. Part Number C. Item Number

1

2

2

- D. My North Dakota Medicaid card incorrectly lists my name as [REDACTED]

[REDACTED]

5. A. Page Number B. Part Number C. Item Number

3

5

4

- D.

[REDACTED]

6. A. Page Number B. Part Number C. Item Number

3

5

4

- D.

[REDACTED]



Application for Temporary Protected Status

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

USCIS
Form I-821

OMB No. 1615-0043
Expires 08/31/2025

For USCIS Use Only		
Receipt	Action Block	Case ID:
		A-Number:
		Returned:
		Resubmitted:
		Relocated:
		Received:
		Sent:
Remarks		

To be completed by an Attorney or Accredited Representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable) 6323553	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 6 6 3 4 5 8 0 2 4 2 1
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► **START HERE** - Type or print in black ink.

Part 1. Type of Application (select one)

NOTE: Select the box for **Item Number 1.a.**, **1.b.**, or **2.** If applicable, select the box for **Item Number 3.a.** or **3.b.** For **Item Number 4.**, enter the name of the designated TPS country.

1.a. ☒ This is my initial (first time) application for Temporary Protected Status (TPS). I do not currently have TPS.

1.b. ☐ This is my re-registration application for TPS. I currently have TPS, and am applying to re-register.

NOTE: If you have previously applied or have a pending application for TPS, but do not currently have TPS, select **Item Number 1.a.** and describe each time that you previously applied, including the receipt number (if available) and the outcome (if any) of each application. If you currently have a pending TPS application, please also describe when you filed it and the application receipt number (if available) in **Part 11. Additional Information**. If you do not recall or have incomplete information on your prior TPS applications, please provide the information you can, even if incomplete.

2. If you selected **Item Number 1.b.**, please indicate who granted you TPS.

☐ USCIS

☐ Immigration Judge/Board of Immigration Appeals

Are you also filing a request for employment authorization?

3.a. ☒ Yes, I am requesting an Employment Authorization Document (EAD), and I am filing Form I-765, Application for Employment Authorization, together with my Form I-821.

3.b. ☐ No, I am not currently requesting an EAD.

4. Name of designated TPS country under which you are applying.

Afghanistan

Part 2. Information About You

Your Full Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name DOES NOT APPLY



Part 2. Information About You (continued)**Other Names Used**

Provide all other names you have used since birth, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

2.a. Family Name (Last Name) [REDACTED]

2.b. Given Name (First Name) [REDACTED]

2.c. Middle Name DOES NOT APPLY

3.a. Family Name (Last Name) [REDACTED]

3.b. Given Name (First Name) [REDACTED]

3.c. Middle Name DOES NOT APPLY

U.S. Mailing Address

4.a. In Care Of Name [REDACTED]

4.b. [REDACTED]

4.c. [REDACTED]

4.d. [REDACTED]

4.e. [REDACTED]

5. [REDACTED]

address (where you live)? ☒ Yes ☐ No

If you answered "No" to Item Number 5., please provide your physical address below.

U.S. Physical Address

6.a. Street Number and Name N/A

6.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

6.c. City or Town N/A

6.d. State N/A 6.e. ZIP Code N/A

Other Information

7. Alien Registration Number (A-Number) (if any) [REDACTED]

8. USCIS Online Account Number (if any) N/A

9. U.S. Social Security Number (if any) [REDACTED]

10. Date of Birth (mm/dd/yyyy) [REDACTED]

Other Dates of Birth Used (if any)

Provide all other dates of birth you have ever used. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

11.a. Other Date of Birth (mm/dd/yyyy) N/A

11.b. Other Date of Birth (mm/dd/yyyy) N/A

12. Gender ☒ Male ☐ Female

13. City/Town/Village of Birth [REDACTED]

14. Country of Birth Afghanistan

Countries of Residence (Before entering the U.S.)

15.a. Afghanistan

15.b. DOES NOT APPLY

15.c. DOES NOT APPLY

15.d. DOES NOT APPLY

Country or Countries of Citizenship or Nationality (if any)
(List all countries that apply.)

16.a. Afghanistan

16.b. DOES NOT APPLY

16.c. DOES NOT APPLY

16.d. DOES NOT APPLY

Your Marital Information

17. Current Marital Status (Select **only one** box)

☐ Single, Never Married ☒ Married
☐ Divorced ☐ Widowed
☐ Separated ☐ Marriage Annulled
☐ Other [REDACTED]

Part 2. Information About You (continued)

18. Date of Current Marriage (if currently married)
(mm/dd/yyyy) [REDACTED]

U.S. Entry Information

19. Date of Last Entry into the United States
(mm/dd/yyyy) [REDACTED]
20. Immigration Status (or Lack of Status) When You Last Entered the United States (for example, visitor, student, no status)

OAR Parole

Place of Last Entry into the United States

21. U.S. Port of Entry (if any)

Dulles International Airport

- 22.a. City or Town

Dulles

- 22.b. State

VA

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

24. Date Your Authorized Period of Stay in the United States Expired or Will Expire (as shown on Form I-94 or Crewman's Landing Permit (Form I-95)) (mm/dd/yyyy or duration of status (D/S))

[REDACTED] 2023

25. Passport Number (most recent passport) (if any) (If you have other expired or valid passports, please list all of them and provide all information requested below about each passport.)

DOES NOT APPLY

26. Travel Document Number (if any)

DOES NOT APPLY

27. Additional Passport or Travel Document Number

DOES NOT APPLY

28. Additional Passport or Travel Document Number

DOES NOT APPLY

29. Country of Issuance for most recent Passport or Travel Document

DOES NOT APPLY

30. Expiration Date for most recent Passport or Travel Document (mm/dd/yyyy)

N/A

Your Current Immigration Status

31. Current Immigration Status or Lack of Status

OAR Parole

32. Are you now or were you EVER in immigration proceedings?

☐ Yes☒ No

If you answered "Yes" to Item Number 32., provide the following information.

Type of Proceedings (Select all boxes that apply):

- 33.a. ☐ Immigration Court (before an Immigration Judge)
- 33.b. ☐ Board of Immigration Appeals (BIA)
- 33.c. ☐ I am no longer in Department of Justice (DOJ) or Department of Homeland Security (DHS) immigration proceedings, but I am or was in Federal court proceedings regarding immigration issues.

34. Locations Where Your DOJ and/or DHS Proceedings were Held (or are currently being held) (if applicable)

DOES NOT APPLY

35. Locations Where Your Federal Court Proceedings Regarding Immigration Issues were Held (or are currently being held) (if applicable)

DOES NOT APPLY

Dates for Your Proceedings

NOTE: If your proceedings are ongoing, leave the "To" date blank. If you have been in more than one type of proceedings, or in Federal Court, list dates for each time period.

- 36.a. From (mm/dd/yyyy)

N/A

- 36.b. To (mm/dd/yyyy)

N/A

- 36.c. ☐ Present

Part 3. Biographic Information

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

☐ Hispanic or Latino☒ Not Hispanic or Latino

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

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

Part 3. Biographic Information (continued)

3. Height [REDACTED]
4. Weight [REDACTED]
5. Eye Color (Select only one box) [REDACTED]

6. Hair Color (Select only one box) [REDACTED]

Part 4. Information About Your Current Spouse (if any)

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

Provide the following information about your current spouse (if married).

1. USCIS Online Account Number (if any and if known)
▶ [REDACTED]
2. A-Number (if any and if known)
▶ A- [REDACTED]
- 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

Mailing Address of Spouse

- 4.a. Street Number and Name DOES NOT APPLY
4.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A
4.c. City or Town DOES NOT APPLY
4.d. State N/A 4.e. ZIP Code N/A
4.f. Province DOES NOT APPLY
4.g. Postal Code N/A
4.h. Country DOES NOT APPLY

Other Information About Your Current Spouse

5. Your Spouse's Date of Birth (mm/dd/yyyy) N/A
6. Date of Marriage to Your Current Spouse (mm/dd/yyyy) N/A
7. Place of Marriage to Your Current Spouse DOES NOT APPLY
8.a. City or Town DOES NOT APPLY
8.b. State [REDACTED]
8.c. Province (if any) DOES NOT APPLY
8.d. Country DOES NOT APPLY
9. If you know, has your current spouse **EVER** had TPS?
☐ Yes ☐ No
If yes, what dates did he or she have TPS?
10.a. From (mm/dd/yyyy) N/A
10.b. To (mm/dd/yyyy) N/A
10.c. ☐ Present
10.d. ☐ I do not know the dates
11. Is your spouse's TPS still valid? (if known)
☐ Yes ☐ No ☐ I Do Not Know

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

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

Names of All Your Former Spouses (if any)

First Marriage

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name
2. Nationalities of Former Spouse
3. A-Number of Former Spouse (if any and if known)
▶ A-
4. Date of Birth of Former Spouse (mm/dd/yyyy)
5. Date of Death if Former Spouse Deceased (mm/dd/yyyy)

Dates of Marriage to Former Spouse

- 6.a. From (mm/dd/yyyy)
- 6.b. To (mm/dd/yyyy)
7. How Marriage Ended (for example, divorce, widowed, annulled)
8. Did or does this former spouse have TPS (if known)?
☐ Yes ☐ No ☐ I Do Not Know

If yes, what dates did he or she have TPS (if known)?

- 9.a. From (mm/dd/yyyy)
- 9.b. To (mm/dd/yyyy)
- 9.c. ☐ Present
- 9.d. ☐ I do not know the dates
10. Is this former spouse currently applying for or re-registering for TPS (if known)?
☐ Yes ☐ No ☐ I Do Not Know

Second Marriage

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

Part 6. Information About Your Children (if any)

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

Additional Information.

Provide the following information about each of your children (if any). If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

Child 1

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name
2. USCIS Online Account Number (if any and if known)
▶
3. Alien Registration Number (A-Number) (if any and if known)
▶ A-
4. Date of Birth (mm/dd/yyyy)

Mailing Address

- 5.a. Street Number and Name
- 5.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 5.c. City or Town
- 5.d. State 5.e. ZIP Code
- 5.f. Province
- 5.g. Postal Code
- 5.h. Country

If this child has or had TPS, please provide the dates of his or her TPS (if known).

- 6.a. From (mm/dd/yyyy)
- 6.b. To (mm/dd/yyyy)
7. If you know, is this child currently applying for or re-registering for TPS (if known)? ☐ Yes ☐ No

Child 2

- 8.a. Family Name (Last Name)
- 8.b. Given Name (First Name)
- 8.c. Middle Name
9. USCIS Online Account Number (if any and if known)
▶
10. Alien Registration Number (A-Number) (if any and if known)
▶ A-
11. Date of Birth (mm/dd/yyyy)

Mailing Address

- 12.a. Street Number and Name
- 12.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 12.c. City or Town
- 12.d. State 12.e. ZIP Code
- 12.f. Province
- 12.g. Postal Code
- 12.h. Country

If this child has or had TPS, please provide the dates of his or her TPS (if known).

- 13.a. From (mm/dd/yyyy)
- 13.b. To (mm/dd/yyyy)
14. If you know, is this child currently applying for or re-registering for TPS (if known)? ☐ Yes ☐ No

Part 7. Eligibility Standards

Basis for Eligibility

Provide the following information:

- 1.a. I am a national of (or a person having no nationality who last habitually resided in the country of):

Part 7. Eligibility Standards) (continued)

- 1.b. I entered the United States on the following date, and have resided in the United States since that time.

(mm/dd/yyyy)

- 1.c. Have you **EVER** traveled to and entered another country, other than the one listed in **Item Number 1.a.** before you last entered the United States? ☒ Yes ☐ No

If you answered "Yes" to **Item Number 1.c.**, provide the information requested in **Item Numbers 2. - 5.** for **EACH** country you traveled to and entered prior to entering the United States. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

2. Name of All the Other Countries to Which You Traveled and Entered Prior to Entering the United States

Qatar and Bahrain

Dates That You Were in the Other Country or Countries

- 3.a. From (mm/dd/yyyy)

- 3.b. To (mm/dd/yyyy)

4. Your Immigration Status, if Any, in the Other Country (for example, citizen, legal permanent resident, refugee, asylee, visitor, student, temporary resident, or no status)

No Status

5. Have you **EVER** been offered any immigration status by another country that you did not accept?

☐ Yes ☒ No

6. If you answered "Yes" to **Item Number 5.**, please describe the country or countries, the nature of the immigration status you were offered, and the dates when it was offered.

N/A

7. If you answered "Yes" to **Item Number 5.**, please describe why you chose not to accept the immigration status offered to you by the other country or countries.

N/A

Your Immigration and Criminal History

To be eligible for TPS, you must be **admissible** as an immigrant to the United States, with certain exceptions. The questions below and your responses to these questions will help USCIS determine if you are eligible for TPS. See the **Who Is Eligible for TPS** section of the Instructions for additional information on admissibility and available waivers.

If any of the questions apply to you, please provide information about the events, including the places and dates of occurrence. Provide a full explanation of the circumstances related to the specific event. If you need additional space to respond to a question, use the space provided in **Part 11. Additional Information.**

Criminal Offenses

If you were **EVER** arrested or detained for an offense, you must provide information about the event regardless of the country where the event occurred. If you were arrested, charged, or convicted for an offense, you must provide certified court dispositions showing the court proceedings' outcome wherever possible. You also must provide copies of arrest reports, statements of charges, indictment information, or any other charging document issued against you. If you were not charged with any crime or offense, provide a statement or other documentation from the arresting authority or prosecutor's office to show that you were not charged with any crime or offense.

NOTE: If you are not able to provide the documentation requested above, provide a signed statement as to why you cannot provide such documentation. USCIS usually needs supporting documentation, however, we do recognize that country conditions in certain TPS-designated countries may not allow an applicant to obtain the documents. Each statement will be carefully reviewed by USCIS, and we may need to ask you for additional information.

Please carefully read **Item 6.** in the **General Requirements** section of the Instructions for additional information that you must provide if official documents regarding your criminal history are not available to you.

Human Rights Violations

If you have ever engaged in, ordered, incited, assisted, or otherwise participated in any human rights violations, you must provide information about the events, including the place and date, and a description of the event regardless of the country where the events occurred.

Have you **EVER** been convicted of:

- 8.a. Any felony committed in the United States?

☐ Yes ☒ No

- 8.b. Any misdemeanor committed in the United States?

☐ Yes ☒ No

Part 7. Eligibility Standards (continued)

8.c. Any particularly serious crime committed either in or outside the United States? ☐ Yes ☒ No

9.a. Have you **EVER** ordered, incited, assisted, or otherwise participated in the persecution of any person on account of race, religion, nationality, membership in a particular social group, or political opinion? ☐ Yes ☒ No

9.b. Have you **EVER** committed serious nonpolitical crimes outside of the United States prior to your arrival in the United States? ☐ Yes ☒ No

9.c. Have you **EVER** or are you **NOW** engaged in activities that could be reasonable grounds for concluding that you are a danger to the security of the United States? ☐ Yes ☒ No

Have you **EVER** been convicted of or have you **EVER** committed acts which constitute the essential elements of:

10.a. A crime (other than a purely political offense)? ☐ Yes ☒ No

10.b. A violation of any law relating to a controlled substance as defined in section 102 of the Controlled Substances Act? ☐ Yes ☒ No

10.c. A conspiracy to violate any law relating to a controlled substance as defined in section 102 of the Controlled Substances Act? ☐ Yes ☒ No

11. Have you **EVER** been convicted of two or more criminal offenses (other than purely political offenses) for which you received sentences to confinement that, when combined, total five years or more? ☐ Yes ☒ No

12.a. Have you **EVER** trafficked in or are you **NOW** trafficking in any controlled substance? ☐ Yes ☒ No

12.b. Are you **NOW** or have you **EVER** knowingly assisted, abetted, conspired, or colluded with others in the unlawful trafficking of any controlled substance? ☐ Yes ☒ No

12.c. Are you the spouse or child of an alien who unlawfully trafficked in any controlled substance? ☐ Yes ☒ No

12.d. Are you the spouse or child of an alien who assisted, abetted, conspired, or colluded with others in the unlawful trafficking of any controlled substance? ☐ Yes ☒ No

12.e. Within the previous five years, have you **EVER** obtained any financial or other benefit from the unlawful activity of your spouse (including former spouses) or parents, and you knew, or reasonably should have known, that the financial or other benefit was the product of such illicit activity? ☐ Yes ☒ No

Have you **EVER** engaged, or do you plan to engage, solely, principally, or incidentally, in any of the following:

13.a. Any activity to violate any law of the United States relating to espionage or sabotage? ☐ Yes ☒ No

13.b. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☒ No

13.c. Any other unlawful activity in the United States? ☐ Yes ☒ No

13.d. Any activity in which a purpose is to oppose, control, or overthrow the Government of the United States by force, violence, or other unlawful means, including but not limited to participating in such activities, giving support to others involved in such activities, or being a member or representative of a terrorist organization? ☐ Yes ☒ No

14.a. Have you **EVER** or are you **NOW** engaged in terrorist activities? ☐ Yes ☒ No

14.b. Have you **EVER** or are you **NOW** engaged in or plan to engage in activities in the United States that would have potentially serious adverse foreign policy consequences for the United States? ☐ Yes ☒ No

14.c. Have you **EVER** been or are you **NOW** a member of the Communist or other totalitarian party, except when membership was involuntary? ☐ Yes ☒ No

14.d. Have you **EVER** participated in Nazi persecution or genocide? ☐ Yes ☒ No

Have you **EVER**, whether in the United States or any other country been:

15.a. Arrested, for breaking or violating any law or ordinance, excluding minor traffic violations? ☐ Yes ☒ No

15.b. Cited, charged, or indicted, for breaking or violating any law or ordinance, excluding minor traffic violations? ☐ Yes ☒ No

15.c. Been convicted, fined, imprisoned, placed on probation, received a suspended sentence or deferral of adjudication for breaking or violating any law or ordinance, excluding minor traffic violations? ☐ Yes ☒ No

Part 7. Eligibility Standards (continued)

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

Part 7. Eligibility Standards (continued)

Have you **EVER**:

- 31.a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? ☒ Yes ☐ No
- 31.b. Served or worked in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? ☒ Yes ☐ No
32. Have you **EVER** been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☒ Yes ☐ No
33. Have you **EVER** assisted with or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? ☐ Yes ☒ No
34. Have you **EVER** received any type of military, paramilitary, or weapons training? ☒ Yes ☐ No
35. Have you **EVER** unlawfully voted in a United States Federal, state, or local election? ☐ Yes ☒ No
36. Have you **EVER** claimed to be a U. S. citizen (in writing or in any other way)? ☐ Yes ☒ No
- 37.a. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? ☐ Yes ☒ No
- 37.b. Have you **EVER** used any person under 15 years of age to take part in hostilities or to help or provide services to people in combat? ☐ Yes ☒ No
- 38.a. Have you **EVER** committed or conspired to commit human trafficking offenses, as defined in the section 103 of the Victims of Trafficking and Violence Protection Act of 2000, in the United States or outside the United States? ☐ Yes ☒ No
- 38.b. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with a human trafficker? ☐ Yes ☒ No
- 38.c. Are you **NOW** the spouse or child of an alien who committed or conspired to commit human trafficking offenses? ☐ Yes ☒ No

38.d. Are you **NOW** the spouse or child of, or are you yourself, an alien who knowingly aided, abetted, assisted, conspired, or colluded with a human trafficker?

☐ Yes ☒ No

38.e. Within the previous five years, have you **EVER** obtained any financial or other benefit from the human trafficking activity of your spouse (including former spouses) or parents, **and** you knew, or reasonably should have known, that the financial or other benefit that you received resulted from such human trafficking?

☐ Yes ☒ No

39.a. Are you **NOW** or have you **EVER** engaged in money laundering as described in section 1956 or 1957 of Title 18, United States Code?

☐ Yes ☒ No

39.b. Are you **NOW** or have you **EVER** been a knowing aider, abettor, assister, conspirator, or colluder with others in money laundering?

☐ Yes ☒ No

40. Have you **EVER** been responsible for or directly carried out particularly severe violations of religious freedom, as defined in section 3 of the International Religious Freedom Act of 1998 (22 U.S.C. section 6402) while serving as a foreign government official?

☐ Yes ☒ No

41. Has an immigration judge or the Board of Immigration Appeals **EVER** determined that you filed a frivolous asylum application in the past?

☐ Yes ☒ No

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

NOTE: Read the **Penalties** section of the Form I-821 Instructions before completing this part. You must file Form I-821 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.**

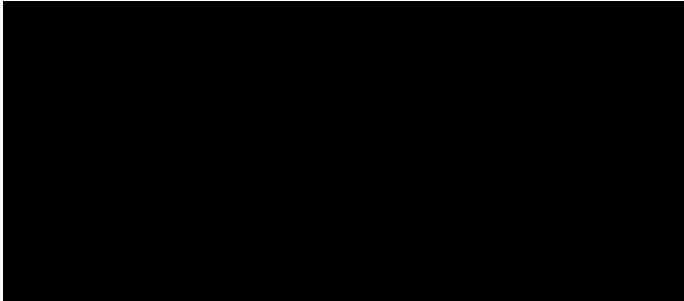
1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. ☒ The interpreter named in **Part 9**, read to me every question and instruction on this application and my answer to every question in **Pashto** a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 10**, **Zachary Alburn** prepared this application for me based only upon information I provided or authorized.

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

Applicant's Contact Information



Applicant's Certification

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

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

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

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

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

Applicant's Signature

6.a. Applicant's Signature

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

03/10/2023

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

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

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

HOTAK

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

Ahmad Jawad

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

University Language Center

Interpreter's Mailing Address

3.a. Street Number and Name

4445 West 77th Street

3.b. ☐ Apt. ☒ Ste. ☐ Flr.

110

3.c. City or Town

Minneapolis

3.d. State

MN

3.e. ZIP Code

55435

3.f. Province

3.g. Postal Code

3.h. Country

USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

952 224 5600

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

952 224 5600

6. Interpreter's Email Address (if any)

interpreting@ulanguage.com

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and

Pashto

which is the same language specified in **Part 8., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Part 9. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Signature

7.a. Interpreter's Signature

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

03/16/2023

Part 10. 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)

The Advocates for Human Rights

Preparer's Mailing Address

3.a. Street Number and Name 330 2nd Avenue South

3.b. ☐ Apt. ☒ Ste. ☐ Flr. 800

3.c. City or Town Minneapolis

3.d. State MN 3.e. ZIP Code 55401

3.f. Province DOES NOT APPLY

3.g. Postal Code N/A

3.h. Country

United States of America

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

612 252 4444

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

612 252 4444

6. Preparer's Email Address (if any)

zalbun@advrights.org

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 whose representation extends beyond preparation of this application, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States with this application.

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 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

Zachary Albun

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

03/16/2023

Part 11. 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) [REDACTED]
1.b. Given Name (First Name) [REDACTED]
1.c. Middle Name DOES NOT APPLY
2. A-Number (if any) ▶ A- [REDACTED]

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

- 3.d. My employment verification letter and letter of recommendation submitted with my Chief of Mission (COM) application incorrectly list my name as [REDACTED]

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

- 4.d. My North Dakota Medicaid card incorrectly lists my name as [REDACTED]

5.a. Page Number 5.b. Part Number 5.c. Item Number
3 2 25

- 5.d. My I-94 entry document with record number [REDACTED] lists my passport number [REDACTED]. This number is the first 8-digits of my Afghanistan Takzera. I have never had a passport from Afghanistan or any other countries.

6.a. Page Number 6.b. Part Number 6.c. Item Number
9 7 30bc

- 6.d. I participated in these activities only in the course of my official duties with the NDS 03 unit. My official duties included providing security and counter-terrorism operations on behalf of the U.S and Afghan governments. In any situation requiring the use of force or weapons, I acted in self-defense and followed the direction of my U.S. and Afghan...

7.a. Page Number 7.b. Part Number 7.c. Item Number
[REDACTED] [REDACTED] [REDACTED]

- 7.d. advisors and the official rules of engagement. I do not know if I personally ever injured any enemies, as they were far away from my position.

Part 11. 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. See previous answer.

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

4.d. See previous answer.

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

5.d. See previous answer.

- 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.





Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 10/31/2025

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- <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
Remarks												

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).

☒ Select this box if Form G-28 is attached.

Attorney or Accredited Representative USCIS Online Account Number (if any)

0 6 6 3 4 5 8 0 2 4 2 1

► **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 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)

--	--	--	--	--	--	--	--	--	--
- 1.b. Given Name (First Name)

--	--	--	--	--	--	--	--	--	--
- 1.c. Middle Name

DOES NOT APPLY									
----------------	--	--	--	--	--	--	--	--	--

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)

--	--	--	--	--	--	--	--	--	--
- 2.b. Given Name (First Name)

--	--	--	--	--	--	--	--	--	--
- 2.c. Middle Name

DOES NOT APPLY									
----------------	--	--	--	--	--	--	--	--	--
- 3.a. Family Name (Last Name)

--	--	--	--	--	--	--	--	--	--
- 3.b. Given Name (First Name)

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

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

5.b. Street Number and Name

5.c. ☐ Apt. ☐ Ste.

5.d. City or Town

5.e. State

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).

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 (Last Name)

16.b. Given Name (First Name)

Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name)

17.b. Given Name (First Name)

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

Afghanistan

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 and District
[REDACTED]
- 19.b. State/Province
[REDACTED]
- 19.c. Country of Birth
Afghanistan
20. Date of Birth (mm/dd/yyyy)
[REDACTED]

Information About Your Last Arrival in the United States

- 21.a. Form I-94 Arrival-Departure Record Number (if any)
[REDACTED]
- 21.b. Passport Number of Your Most Recently Issued Passport
DOES NOT APPLY
- 21.c. Travel Document Number (if any)
DOES NOT APPLY
- 21.d. Country That Issued Your Passport or Travel Document
DOES NOT APPLY
- 21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)
N/A
22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)
09/03/2021
23. Place of Your Last Arrival Into the United States
Dulles International Airport
24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)
OAR Parole
25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)
OAR Parole
26. Student and Exchange Visitor Information System (SEVIS) Number (if any)
N- [REDACTED]

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)(19)
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.**, 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.
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


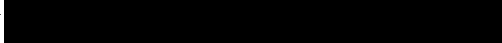
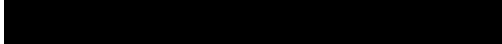
NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

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 Pashto, 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. 
5. 
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 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) 2/10/2023

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) HOTAK
- 1.b. Interpreter's Given Name (First Name) Ahmad Jawad
2. Interpreter's Business or Organization Name (if any) University Language Center

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 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)

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)
- 1.b. Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

Preparer'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

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)

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



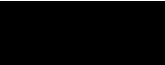
8.b. Date of Signature (mm/dd/yyyy)

03/09/2023



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.

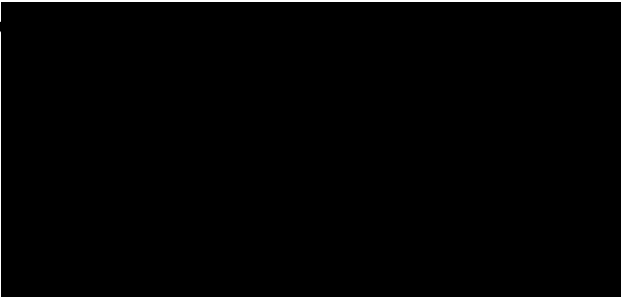
1.a. Family Name (Last Name) 

1.b. Given Name (First Name) 

1.c. Middle Name DOES NOT APPLY

2. A-Number (if any) ▶ A- 2 4 1 5 3 6 2 7 8

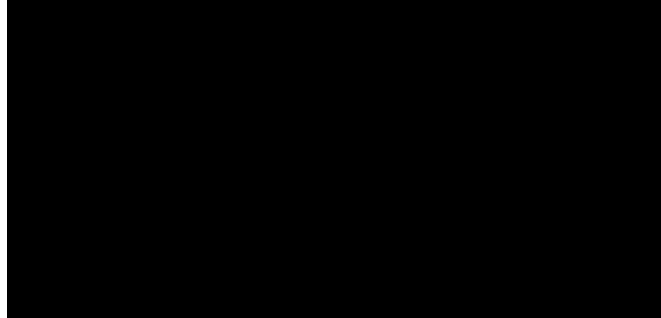
3.a. Page Number 1 3.b. Part Number 2 3.c. Item Number 2.b.

3.d. 

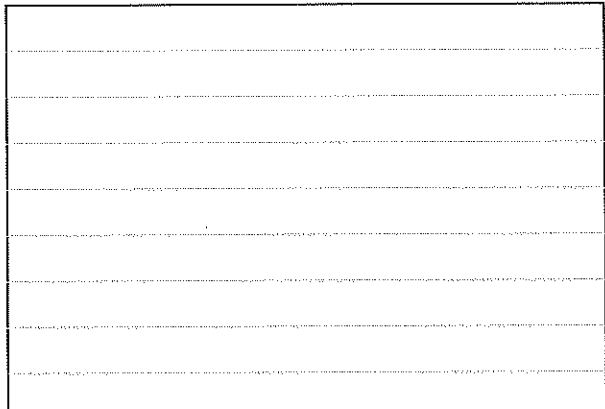
4.a. Page Number 1 4.b. Part Number 2 4.c. Item Number 3.b.

4.d. 

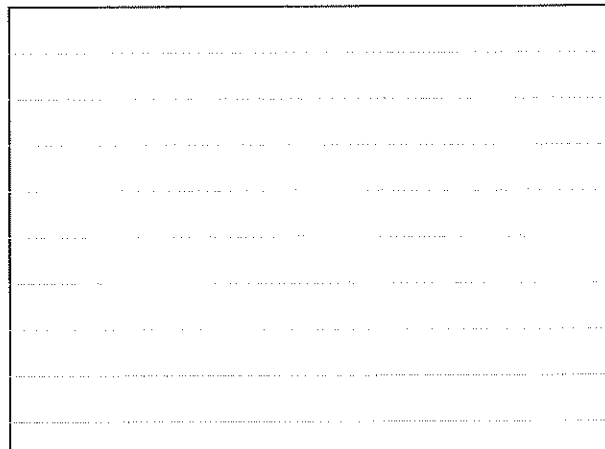
5.a. Page Number 3 5.b. Part Number 2 5.c. Item Number 21.b.

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. 



UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

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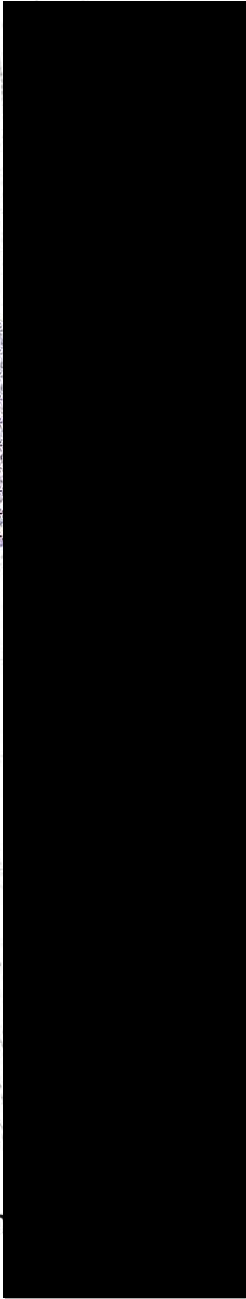
FORM I-766
Rev (02-2016)

39337208



This card is not evidence of U.S. citizenship or permanent residence.
This document is void if altered, and may be revoked by the U.S. Government.
The person identified is authorized to work in the U.S. for the validity of this card.


in any US Mailbox. USPS: Mail to 7 Product Way, Lees Summit, MO 64002



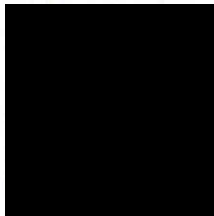
 For: 



Most Recent I-94

Admission (I-94) Record Number 
Most Recent Date of Entry: 2021 September 03
Class of Admission : OAR
Admit Until Date : 09/02/2023
Details provided on the I-94 Information form:

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



[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.

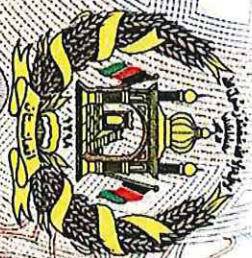
► Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1551-4111
Expiration Date: 11/30/2021

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

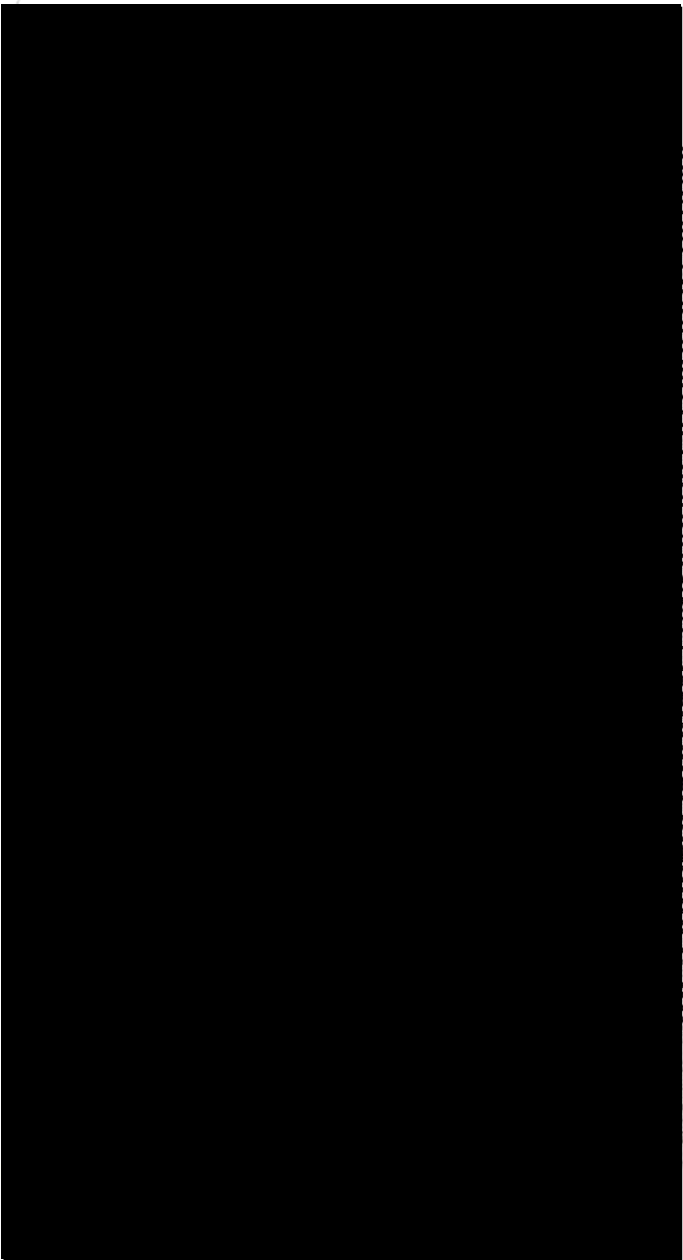
[Accessibility](#) | [Privacy Policy](#)

جمهوری اسلامی افغانستان
وزارت امور داخله
تذکره تابعیت



د افغانستان اسلامي جمهوریت
د کورنیو چارو وزارت
د تابعیت تذکره

Islamic Republic of Afghanistan / National Identity Card



W-2 Employee's Copy Wage and Tax Statement Copy 1 to be filed with employee's Federal income tax return		W-2 Wage and Tax Statement Copy 2 to be filed with employee's State/Chy/Local income tax return		W-2 Wage and Tax Statement Copy 2 to be filed with employee's State/Chy/Local income tax return		
1 Wages, tips, other comp.	32173.39	2 Federal income tax withheld	570.24	1 Wages, tips, other comp.	32173.39	
3 Social security wages	33389.55	4 Social Security tax withheld	2070.16	3 Social security wages	33389.55	
5 Medicare wages and tips	33389.55	6 Medicare tax withheld	484.15	5 Medicare wages and tips	33389.55	
4 Control number	NDFRIQ/		Employer use only	4 Control number	NDFRIQ/	

11 Nonqualified plan	12a See instructions for box 12	11 Nonqualified plan	12a See instructions for box 12
14 Other	12b 1216.16	14 Other	12b
	12c		12c
	12d		12d
13 Sick pay	13a Sick pay	13 Sick pay	13a Sick pay

15 State NO	Employer's state ID no.	16 State wages, tips, etc.	32173.39	15 State NO	Employer's state ID no.	16 State wages, tips, etc.	32173.39
17 State income tax	356.00	18 Local wages, tips, etc.		17 State income tax	356.00	18 Local wages, tips, etc.	
19 Local income tax		20 Locality name		19 Local income tax		20 Locality name	

W-2 Employee Reference Copy Wage and Tax Statement Copy C for Employer Records	
1 Wages, tips, other comp.	32173.39
2 Federal income tax withheld	570.24
3 Social security wages	33389.55
4 Social Security tax withheld	2070.16
5 Medicare wages and tips	33389.55
6 Medicare tax withheld	484.15
4 Control number	Employer use only

Employee's Name

10 State

ND

840909680

Copy B To Be Filed With Employee's FEDERAL Tax Return

Total State wages, tips, etc.

10186.65

2022

Form W-2 Wage and Tax Statement



10186.65+33389.55



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π	cos	log	4	5	6	×
e	tan	√	1	2	3	-
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55401, Minneapolis, MN - Based on your places (Work) - Update location

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U.S. Citizenship and Immigration Services

Home > Forms > All Forms > 2023 HHS Poverty Guidelines for Affidavit of Support

I-864P, 2023 HHS Poverty Guidelines for Affidavit of Support


Use the HHS Poverty Guidelines to complete Form I-864, Affidavit of Support Under Section 213A of the INA.

These poverty guidelines are effective beginning Mar. 1, 2023.

Close All Open All

For the 48 Contiguous States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and the Commonwealth of the Northern Mariana Islands:

Sponsor's Household Size	100% of HHS Poverty Guidelines*	125% of HHS Poverty Guidelines*
	<i>For sponsors on active duty in the U.S. armed forces who are petitioning for their spouse or child</i>	<i>For all other sponsors</i>
2	\$19,720	\$24,650
3	\$24,860	\$31,075

Sponsor's Household Size	100% of HHS Poverty Guidelines*	125% of HHS Poverty Guidelines* 
4	\$30,000	\$37,500
5	\$35,140	\$43,925
6	\$40,280	\$50,350
7	\$45,420	\$56,775
8	\$50,560	\$63,200
	Add \$5,140 for each additional person	Add \$6,425 for each additional person

For Alaska



For Hawaii:


 Close All
  Open All

Means-Tested Public Benefits

Federal Means-Tested Public Benefits

Federal means-tested public benefits include food stamps, Medicaid, Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and the State Child Health Insurance Program (SCHIP).

State Means-Tested Public Benefits

Each state will determine which, if any, of its public benefits are means-tested. If a state determines it has programs that meet this definition, we encourage them to notify the public on which programs are included. You can also check with the state public assistance office for more information.

NORTH DAKOTA

MEDICAID

Identification Card

Recipient - Present this card to your provider when requesting services. If you are a Medicaid Expansion member, present your Sanford Health Plan card to all providers except pharmacy.

Eligibility information may be obtained by calling the North Dakota Verify System: 1-877-328-7098.

PLEASE REPORT LOST OR STOLEN CARDS TO THE COUNTY SOCIAL SERVICE OFFICE.

Fraudulent use of this card to obtain services or knowingly assist any other person to obtain services and/or payments for services is a crime punishable by imprisonment and/or fine.

Afghan Eligibility for Selected Benefits Based on Immigration Status: In Brief

Updated November 29, 2022

Congressional Research Service

<https://crsreports.congress.gov>

R46950

Table 1. Eligibility for Selected Public Benefit Programs, Work Authorization, and Path to LPR Status for Selected Immigration Statuses

Status	Medicaid	SNAP	TANF	SSI	ORR Refugee Benefits ^a	Work Authorization	Prescribed Path to LPR Status ^b
Refugees	Eligible for seven years after entry/grant of such status Eligible at state option after seven years	Eligible after entry/grant of status	Eligible for five years after entry/grant of such status Eligible at state option after five years	Eligible for seven years after entry/grant of such status Ineligible after seven years unless naturalized	Yes	Yes	After one year in refugee status, refugees are required to apply to adjust to LPR status
Asylees	Same as refugees	Same as refugees	Same as refugees	Same as refugees	Yes	Yes	After one year in asylee status, asylees may apply to adjust to LPR status
Afghan Special Immigrants	Same as refugees	Same as refugees	Same as refugees	Same as refugees	Yes	Yes	Granted LPR status upon admission to the United States
Parolees ^c	Ineligible for five years after entry ^d Otherwise eligible at state option	Children under 18 are eligible Adults ineligible for five years after entry ^e	Ineligible for five years after entry Otherwise eligible at state option	Ineligible ^f	No	Granted at the discretion of DHS	No ^g
Afghan Parolees ^h	Same as refugees	Same as refugees	Same as refugees	Same as refugees	Yes	Yes ⁱ	No ^g
SI/SQ Parolees	Same as refugees	Same as refugees	Same as refugees	Same as refugees	Yes	Granted at the discretion of DHS	Granted LPR status if application is approved
Temporary Protected Status (TPS) Recipients ^j	Eligible only for emergency services	Ineligible	Ineligible	Ineligible	No	Yes ^k	No ^g

Home / Healthcare Coverage / North Dakota Medicaid / Eligibility

Eligibility

Medicaid provides coverage to qualifying individuals.

Who is Eligible?	+
Eligibility Requirements	+
Asset Limits	+

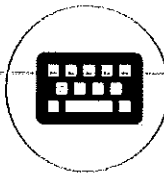
Income Levels

Effective April 1, 2023 - Income levels are revised annually.

Family Size	Full Coverage for Entire Family	Medically Needy *	Children Ages 6-19 and Medicaid Expansion	Children Ages 0-6	Pregnant Women
1	\$517	\$1,118	\$1,677	\$1,847	\$1,969

2	\$694	\$1,512	\$2,268	\$2,498	\$2,663
3	\$871	\$1,906	\$2,859	\$3,149	\$3,357
4	\$1,048	\$2,300	\$3,450	\$3,800	\$4,050
5	\$1,226	\$2,695	\$4,042	\$4,452	\$4,744

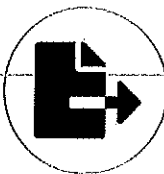
* Aged, blind, disabled and families who may be responsible for a portion of their medical bills



WAYS TO APPLY

Apply online, manually and by mail.

Apply



FILE AN APPEAL

How to appeal a decision.

File

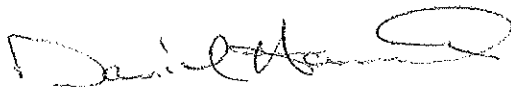
March/6/2023

To Whom It May Concern,

Our agency, Lutheran Immigration and Refugee Service (ND Field Office) was the sponsoring agency for the resettlement of [REDACTED] who arrived under our auspices on 11/19/2021. We are confirming that [REDACTED] has resided in Fargo since arriving under our auspices. His current address is [REDACTED]

If you need further confirmation regarding this, please feel free to contact me at [REDACTED]

Sincerely,



Daniel Hannaher (he/him/his)
Field Office Director | DHannaher@lirs-nd.org | Office: 701-409-3750 | Cell: 701-866-2778

Lutheran Immigration and Refugee Service
3310 Flechtner Dr, Suite 100
Fargo, North Dakota 58103 | www.lirs.org

