



THE PUBLIC INTEREST LAW OFFICE OF THE LOS ANGELES COUNTY AND BEVERLY HILLS BAR ASSOCIATIONS  
The Southern California Affiliate of The Lawyers' Committee for Civil Rights Under Law

**Via USPS Priority Mail**

May 16, 2022

U.S. Citizenship and Immigration Services

Attn: I-765 C14

P.O. Box 20900

Phoenix, AZ 85036-0900

Check the USCIS website to verify the correct mailing address depending upon the applicant's place of residence (as of 6/3/22, either Phoenix or Chicago) and method of mailing.

**RE: JANE DOE A# 123-456-789**

**Original Submission: Application for Employment Authorization**

To Whom It May Concern:

I represent Jane Doe, a sixteen-year-old child under the jurisdiction of the Los Angeles County Superior Court. USCIS has granted Jane both classification as a special immigrant juvenile and deferred action. Jane now seeks employment authorization. Accordingly, I file on her behalf the enclosed fee waiver request, application, and supporting materials.

Enclosed please find:

1. Form G-1145 (e-Notification of Application/Petition Acceptance) Optional
2. Form G-28 (Notice of Entry of Appearance as Attorney or Accredited Representative)
3. Form I-912 (Request for Fee Waiver) Or filing fee
4. Form I-797 (Notice of Action reflecting approval of Jane's Form I-360 (Petition for Amerasian, Widow(er), or Special Immigrant))
5. Form I-765 (Application for Employment Authorization)
6. Copy of Jane's Honduran consular identification card
7. Two passport-style color photographs

Items 4 and 6-7 are not included in this sample but must be filed with USCIS.

Or a copy of a passport, a birth certificate along with a photo ID, or a visa issued by a foreign consulate

This may also reflect the grant of deferred action. Note that per the USCIS 4/27/22 SIJ stakeholder event, proof of deferred action having been granted is not required to be filed (provided the USCIS case status online system shows that USCIS granted deferred action) and Form I-765WS along with proof of economic necessity also is not required to be filed.

May 16, 2022

Page 2 of 2

Thank you for your prompt attention to this filing. If you have any questions or concerns, you can reach me (213) 385-2977, ext. 157 or [kjackson@publiccounsel.org](mailto:kjackson@publiccounsel.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Kristen Jackson", written in a cursive style.

Kristen Jackson  
Senior Staff Attorney

Enclosures



## e-Notification of Application/Petition Acceptance

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

USCIS  
Form G-1145

### What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

### General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

### USCIS Privacy Act Statement

**AUTHORITIES:** The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

**PURPOSE:** The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

**ROUTINE USES:** The information provided on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [**DHS/USCIS-007 - Benefits Information System and DHS/USCIS-001 - Alien File (A-File) and Central Index System (CIS)**], which can be found at [www.dhs.gov/privacy](http://www.dhs.gov/privacy). The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name Doe	Applicant/Petitioner Full First Name Jane	Applicant/Petitioner Full Middle Name
Email Address kjackson@publiccounsel.org		Mobile Phone Number (Text Message)



Notice of Entry of Appearance  
as Attorney or Accredited Representative

Department of Homeland Security

DHS  
Form G-28

OMB No. 1615-0105  
Expires 05/31/2021

**Part 1. Information About Attorney or Accredited Representative**

1. USCIS Online Account Number (if any)



**Name of Attorney or Accredited Representative**

2.a. Family Name  
(Last Name)

Jackson

2.b. Given Name  
(First Name)

Kristen

2.c. Middle Name

Marie

**Address of Attorney or Accredited Representative**

3.a. Street Number  
and Name

610 South Ardmore Avenue

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

Los Angeles

3.d. State

CA

3.e. ZIP Code

90005

3.f. Province

3.g. Postal Code

3.h. Country

USA

**Contact Information of Attorney or Accredited Representative**

4. Daytime Telephone Number

2133852977

5. Mobile Telephone Number (if any)

6. Email Address (if any)

kjackson@publiccounsel.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

California

1.b. Bar Number (if applicable)

226255

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)

Public Counsel

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

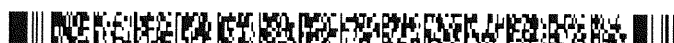
2.c. Date of Accreditation (mm/dd/yyyy)

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-912 I-765

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

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

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

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

4. Receipt Number (if any)

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) Doe

6.b. Given Name (First Name) Jane

6.c. Middle Name

7.a. Name of Entity (if applicable)

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

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

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

A- 1 2 3 4 5 6 7 8 9

### Client's Contact Information

10. Daytime Telephone Number

9876543210

11. Mobile Telephone Number (if any)

12. Email Address (if any)

### Mailing Address of Client

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

13.a. Street Number and Name 456 Main Street

13.b. ☒ Apt. ☐ Ste. ☐ Flr. 1

13.c. City or Town Oaktown

13.d. State CA 13.e. ZIP Code 98765

13.f. Province

13.g. Postal Code

13.h. Country USA

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

#### Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

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

***Options Regarding Receipt of USCIS Notices and Documents***

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

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

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

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

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

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

2.a. Signature of Client or Authorized Signatory for an Entity



*Game Doe*

2.b. Date of Signature (mm/dd/yyyy) 05/16/2022

**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

*[Signature]*

1.b. Date of Signature (mm/dd/yyyy) 05/16/2022

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) Jane

1.c. Middle Name

**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

[illegible]

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

[illegible]

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

[illegible]

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

[illegible]



**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

<b>For USCIS Use Only</b>	<b>Application Received At (Select only one box)</b>			
	<input type="checkbox"/> <b>USCIS Field Office</b>		<input type="checkbox"/> <b>USCIS Service Center</b>	
	<input type="checkbox"/> Fee Waiver Approved Date: _____	<input type="checkbox"/> Fee Waiver Denied Date: _____	<input type="checkbox"/> Fee Waiver Approved Date: _____	<input type="checkbox"/> Fee Waiver Denied 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.**) *Per the attached instructions, which will also apply to I-765s filed on behalf of SIJs granted deferred action, I need not complete Parts 4-6 or submit proof of income. I have been granted SIJ classification and the attached I-797C is the only evidence required.*
- ☐ 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.

**1. Full Name**

Family Name (Last Name)

Doe

Given Name (First Name)

Jane

Middle Name

N/A

**2. Other Names Used (if any)**

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

Family Name (Last Name)

N/A

Given Name (First Name)

Middle Name

**3. Alien Registration Number (A-Number) (if any)**

► A- 1 2 3 4 5 6 7 8 9

**4. USCIS Online Account Number (if any)**

►

**5. Date of Birth (mm/dd/yyyy)**

06/03/2005

**6. 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	
Jane Doe	A-	1	2	3	4	5	6	7	8	9	06/03/2005	Self	1	
	A-													
	A-													
	A-													
Total Number of Forms (including self)													1	

**Part 4. Means-Tested Benefits**If 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)

**Part 5. Income at or Below 150 Percent of the Federal Poverty Guidelines**If 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 type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Parental Support          | <input type="checkbox"/> Educational Stipends | <input type="checkbox"/> Unemployment Benefits    | <input type="checkbox"/> Financial Support From Adult Children, Dependents, Other People Living in the Household |
| <input type="checkbox"/> Spousal Support (Alimony) | <input type="checkbox"/> Royalties            | <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> Other (Explain)   |
| <input type="checkbox"/> Child Support             | <input type="checkbox"/> Pensions             | <input type="checkbox"/> Veteran's Benefits       |  |

**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.**) \$
9. Has anything changed since the date you filed your Federal tax returns? (For example, your marital status, ☐ Yes ☐ No income, or number of dependents.)

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.

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**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.

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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)
Total Value of Assets	

## Part 6. Financial Hardship (continued)

### 3. Total Monthly Expenses and Liabilities

\$

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.

- |  |  |                                |
|--|--|--------------------------------|
| <input type="checkbox"/> Rent and/or Mortgage    | <input type="checkbox"/> Loans and/or Credit Cards | <input type="checkbox"/> Other |
| <input type="checkbox"/> Food                    | <input type="checkbox"/> Car Payment               | _____                          |
| <input type="checkbox"/> Utilities               | <input type="checkbox"/> Commuting Costs           | _____                          |
| <input type="checkbox"/> Child and/or Elder Care | <input type="checkbox"/> Medical Expenses          | _____                          |
| <input type="checkbox"/> Insurance               | <input type="checkbox"/> 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 , 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.**, , prepared this request for me based only upon information I provided or authorized.

### Requestor's Contact Information

#### 3. Requestor's Daytime Telephone Number

#### 4. Requestor's Mobile Telephone Number (if any)

#### 5. Requestor's Email Address (if any)

### 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

6. Requestor's Signature

Date of Signature (mm/dd/yyyy)



Jane Doe

05/16/2022

**NOTE TO ALL REQUESTORS:** If you do not 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

Family Member's Signature

Date of Signature (mm/dd/yyyy)

8. Family Member 2

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

9. Family Member 3

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

10. Family Member 4

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

11. Family Member 5

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

## 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

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

2. Family Member's Statement Regarding the Preparer for

- ☐ At my request, the preparer named in **Part 10.**, , 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

4. Family Member's Mobile Telephone Number (if any)

5. Family Member's Email Address (if any)

### 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

Date of Signature (mm/dd/yyyy)



**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 Jane Doe

### Interpreter's Full Name

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

### Interpreter's Mailing Address

(USPS ZIP Code Lookup)

5. Street Number and Name 5432 Pine Street Apt. ☐ Ste. ☐ Flr. ☐ Number ☐
- City or Town Oaktown State CA ZIP Code 98765
- Province  Postal Code  Country USA

### Interpreter's Contact Information

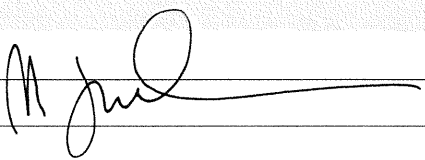
6. Interpreter's Daytime Telephone Number (345) 678-9101
7. Interpreter's Mobile Telephone Number (if any)
8. Interpreter's Email Address (if any) mary.smith@lingua-franca.com

### Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and Spanish, 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

9. Interpreter's Signature  Date of Signature (mm/dd/yyyy) 05/16/2022

## 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 Jane Doe

### Preparer's Full Name

3. Preparer's Family Name (Last Name) Jackson Preparer's Given Name (First Name) Kristen
4. Preparer's Business or Organization Name (if any) Public Counsel

### Preparer's Mailing Address

5. Street Number and Name 610 South Ardmore Avenue Apt. ☐ Ste. ☐ Flr. ☐ Number
- City or Town Los Angeles State CA ZIP Code 90005
- Province  Postal Code  Country USA

### Preparer's Contact Information

6. Preparer's Daytime Telephone Number (213) 385-2977
7. Preparer's Mobile Telephone Number (if any)
8. Preparer's Email Address (if any) kjackson@publiccounsel.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.



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**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)



05/16/2022

## 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

2. A-Number (if any) ► A-

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

D.

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

D.

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

D.

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

D.

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3. If you are a student and not living with your parents or are not claimed as a dependent on your parents' Federal tax return, do not include your parents' incomes. You should only provide proof of your income or documentation that shows you are not required to file a Federal or state tax return, such as proof that you are a full-time student as supporting documentation;
  4. If you are recently unemployed, and your annual income on your Federal tax return or other proof of income is above 150 percent of the Federal Poverty Guidelines, describe your particular situation that you believe qualifies you for a fee waiver in **Part 5, Item Number 9**. Provide information regarding any unemployment benefits you are currently receiving;
  5. If you do not have any income, financial support, or cannot provide evidence of income, describe your particular situation that you believe qualifies you for a fee waiver in **Part 5, Item Number 9**. If available, you may submit affidavits from, for example, religious institutions, non-profits, community-based organizations, or similarly recognized organizations, indicating that you are currently receiving some benefit or support from the organization verifying (or attesting to) your situation; and
  6. If you are filing Form I-485, Application to Register Permanent Residence or Adjust Status, based on SIJ classification, accompany the fee waiver request by evidence that the applicant was approved or filed for SIJ classification (for example, Form I-360, Petition for Amerasian, Widow(er), or Special Immigrant; or a copy of Form I-797, Notice of Action, for Form I-360). SIJ Applicants seeking adjustment of status based on such classification are not required to complete **Parts 4 - 6** of Form I-912 nor show proof of income.

**Item Number 6. Annual Income of All Household Members.** Provide the annual income from all family members counted as part of your household.

1. If a person lives with you, but does not contribute financial support to your household, then you should not include this person's income when calculating your household income.
2. If you are separated or still married, but do not live with your spouse, do not include your spouse's income. However, you must include any financial support your spouse provides to your household in **Item Number 7**.
3. If you are applying for any immigration benefits (such as for adjustment of status) based on the Violence Against Women Act (VAWA), or T or U nonimmigrant status under the Victims of Violence and Trafficking Protection Reauthorization Act, do not provide your spouse's income.
4. If you are a full-time student, over 21 years of age but under 24 years of age, are unmarried, and are living with your parents, or you are claimed as a dependent on your parents' Federal tax return, include your parents' income. You must provide a copy of both parents' Federal tax returns and your own Federal tax return, or provide proof of income as supporting documentation.
5. If members of your household are recently unemployed, and your annual household income on your Federal tax return or other proof of income is above 150 percent of the Federal Poverty Guidelines, describe your particular situation that you believe qualifies you for a fee waiver in **Part 5, Item Number 9**.

**Documentation.** To document your household members' incomes, provide the following:

1. A copy of each household member's most recent Federal tax return;
2. If the household member did not file a Federal tax return, or if the tax return does not properly reflect their current income, submit copies of consecutive pay statements (stubs) for a minimum of the past month, a recent Form W-2, Form SSA-1099, or employer statements on business stationery showing salary or wages paid; or
3. If you do not have any income or cannot provide evidence of income for your household, describe your particular situation in **Part 5, Item Number 9**. If applicable, you may submit affidavits from religious institutions, non-profits, or community-based organizations verifying that you are currently receiving some benefit or support from them.



# Application For Employment Authorization

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

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

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

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

## Part 1. Reason for Applying

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

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

## Part 2. Information About You

### Your Full Legal Name

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

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



## Part 2. Information About You (continued)

### Your U.S. Mailing Address

- 5.a. In Care Of Name (if any)
- 5.b. Street Number and Name
- 5.c. ☒ Apt. ☐ Ste. ☐ Flr.
- 5.d. City or Town
- 5.e. State  5.f. ZIP Code
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)  
▶ A-
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

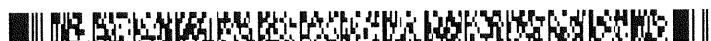
Provide your mother's birth name.

- 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
- 18.b. Country



## Part 2. Information About You (continued)

### Place of Birth

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

19.a. City/Town/Village of Birth

Tegucigalpa

19.b. State/Province of Birth

Francisco Morazan

19.c. Country of Birth

Honduras

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

06/03/2005

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

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



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

N/A

21.c. Travel Document Number (if any)

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

N/A

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)

07/08/2020

23. Place of Your Last Arrival Into the United States

San Ysidro CA

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

No status

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

special immigrant juvenile

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

▶ N-

### Information About Your Eligibility Category

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

( c ) ( 14 ) ( )

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

28.a. Degree

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

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

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

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

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

## Part 2. Information About You (continued)

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

**30.d.** Date you presented yourself to DHS

**30.e.** Location where you presented yourself to DHS

**30.f.** Country of claimed persecution

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

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

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



**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

**Spanish**

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

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

**Kristen Jackson**

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

### Applicant's Contact Information

**3.** Applicant's Daytime Telephone Number

**9876543210**

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

**5.** Applicant's Email Address (if any)

**6.** ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

### Applicant's Declaration and Certification

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

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



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

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

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

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

#### Applicant's Signature

7.a. Applicant's Signature



7.b. Date of Signature (mm/dd/yyyy) 05/16/2022

**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)

Smith

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

Mary

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

Lingua Franca

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

#### Interpreter's Mailing Address

3.a. Street Number and Name 5432 Pine Street

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town Oaktown

3.d. State CA 3.e. ZIP Code 98765

3.f. Province

3.g. Postal Code

3.h. Country

USA

#### Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

3456789101

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

6. Interpreter's Email Address (if any)

mary.smith@lingua-franca.com

#### Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and Spanish, 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) 05/16/2022



**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)

Jackson

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

Kristen

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

Public Counsel

**Preparer's Mailing Address**

3.a. Street Number and Name 610 South Ardmore Avenue

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town Los Angeles

3.d. State CA 3.e. ZIP Code 90005

3.f. Province

3.g. Postal Code

3.h. Country

USA

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

2133852977

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

6. Preparer's Email Address (if any)

kjackson@publiccounsel.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.

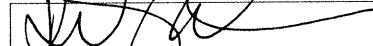
**NOTE:** If you are an attorney or accredited representative, you need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

**Preparer's Certification**

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

**Preparer's Signature**

8.a. Preparer's Signature



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

05/16/2022

## Part 6. Additional Information

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

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ► A-

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

3.d.

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

4.d.

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

5.d.

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

6.d.

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

7.d.

