

April 17, 2023

Submitted via Fedex [REDACTED]

USCIS
Attn: I-765 C08 (Box 650888)
2501 S. State Hwy. 121 Business
Suite 400
Lewisville, TX 75067-8003

RE: [REDACTED]

I-765, INITIAL Application for Employment Authorization

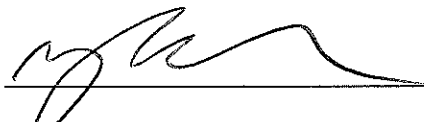
Dear Officer:

Our office is providing pro bono legal representation to [REDACTED], an Afghan evacuee, in the above captioned matter. **Please note that this is an INITIAL application in the (c)(8) category, and therefore there is NO FILING FEE.**

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 Albus;
2. I-765, INITIAL Application for work authorization;
3. Copy of Principal Applicant's I-94;
4. Color copy of the biographic page from Principal Applicant's Afghanistan Passport;
5. Color copy of Principal Applicant's (c)(11) EAD;
6. Copy of I-589 receipt [REDACTED] confirming that over **177 days** have elapsed on Principal Applicant's Asylum EAD clock;
7. Copy of interview notice for Principal Applicant's completed [REDACTED] interview;
8. **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)



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)

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-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) [REDACTED]
- 6.b. Given Name (First Name) [REDACTED]
- 6.c. Middle Name [REDACTED]
- 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 [REDACTED]

Client's Contact Information

10. Daytime Telephone Number
[REDACTED]
11. Mobile Telephone Number (if any)
[REDACTED]
12. Email Address (if any)
[REDACTED]

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 [REDACTED]
- 13.b. ☒ Apt. ☐
- 13.c. City or Town [REDACTED]
- 13.d. State MN
- 13.f. Province [REDACTED]
- 13.g. Postal Code [REDACTED]
- 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. 

2.b. Date of Signature (mm/dd/yyyy) 3/17/23

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

Yally

1.b. Date of Signature (mm/dd/yyyy) 03/17/2023

- 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

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.





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)

► **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

--

Other Names Used

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

Additional Information.

- 2.a. Family Name (Last Name)

DOES NOT APPLY

- 2.b. Given Name (First Name)

DOES NOT APPLY

- 2.c. Middle Name

DOES NOT APPLY

- 3.a. Family Name (Last Name)

DOES NOT APPLY

- 3.b. Given Name (First Name)

DOES NOT APPLY

- 3.c. Middle Name

DOES NOT APPLY

- 4.a. Family Name (Last Name)

DOES NOT APPLY

- 4.b. Given Name (First Name)

DOES NOT APPLY

- 4.c. Middle Name

DOES NOT APPLY



Part 2. Information About You (continued)

Your U.S. Mailing Address

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

N/A

5.b. Street Number and Name

5.c. ☒ Apt. ☐

5.d. City or Town

5.e. State MN

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

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

U.S. Physical Address

7.a. Street Number and Name

N/A

7.b. ☐ Apt. ☐ Ste. ☐ Flr.

N/A

7.c. City or Town

N/A

7.d. State N/A

7.e. ZIP Code

N/A

Other Information

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

A

9. USCIS Online Account Number (if any)

N/A

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)

N/A

16.b. Given Name (First Name)

N/A

Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name)

N/A

17.b. Given Name (First Name)

N/A

Your Country or Countries of Citizenship or Nationality

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

18.a. Country

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 of Birth

19.b. State/Province of Birth

19.c. Country of Birth

Afghanistan

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

Information About Your Last Arrival in the United States

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

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

21.c. Travel Document Number (if any)

DOES NOT APPLY

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

Afghanistan

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

2023

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

2021

23. Place of Your Last Arrival Into the United States

Philadelphia 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/A

Information About Your Eligibility Category

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

(c)(8)

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

28.a. Degree

DOES NOT APPLY

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

DOES NOT APPLY

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

DOES NOT APPLY

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

N/A

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, 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

Dari

,
a language in which I am fluent, and I understood everything.
2. ☒ At my request, the preparer named in **Part 5.**,

Zachary Albun

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

Applicant's Contact Information

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

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)

AMINI

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

Sayed Ahmad

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 [REDACTED]
3.b. ☐ Apt. ☒ S [REDACTED]
3.c. City or Town [REDACTED]
3.d. State
3.f. Province [REDACTED]
3.g. Postal Code [REDACTED]
3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number [REDACTED]
5. Interpreter's Mobile Telephone Number (if any) [REDACTED]
6. Interpreter's Email Address (if any) [REDACTED]

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
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 [REDACTED]
3.g. Postal Code [REDACTED]
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)

03/17/2023



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

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.

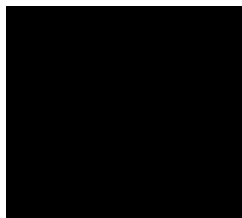




Most Recent I-94

Admission (I-94) Record Number : [REDACTED]
Most Recent Date of Entry: 2021 [REDACTED]
Class of Admission : OAR
Admit Until Date [REDACTED] 2023
Details provided on the I-94 Information form:

Last/Surname :
First (Given) Name :
Birth Date :
Document Number :
Country of Citizenship :



[Get Travel History](#)

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

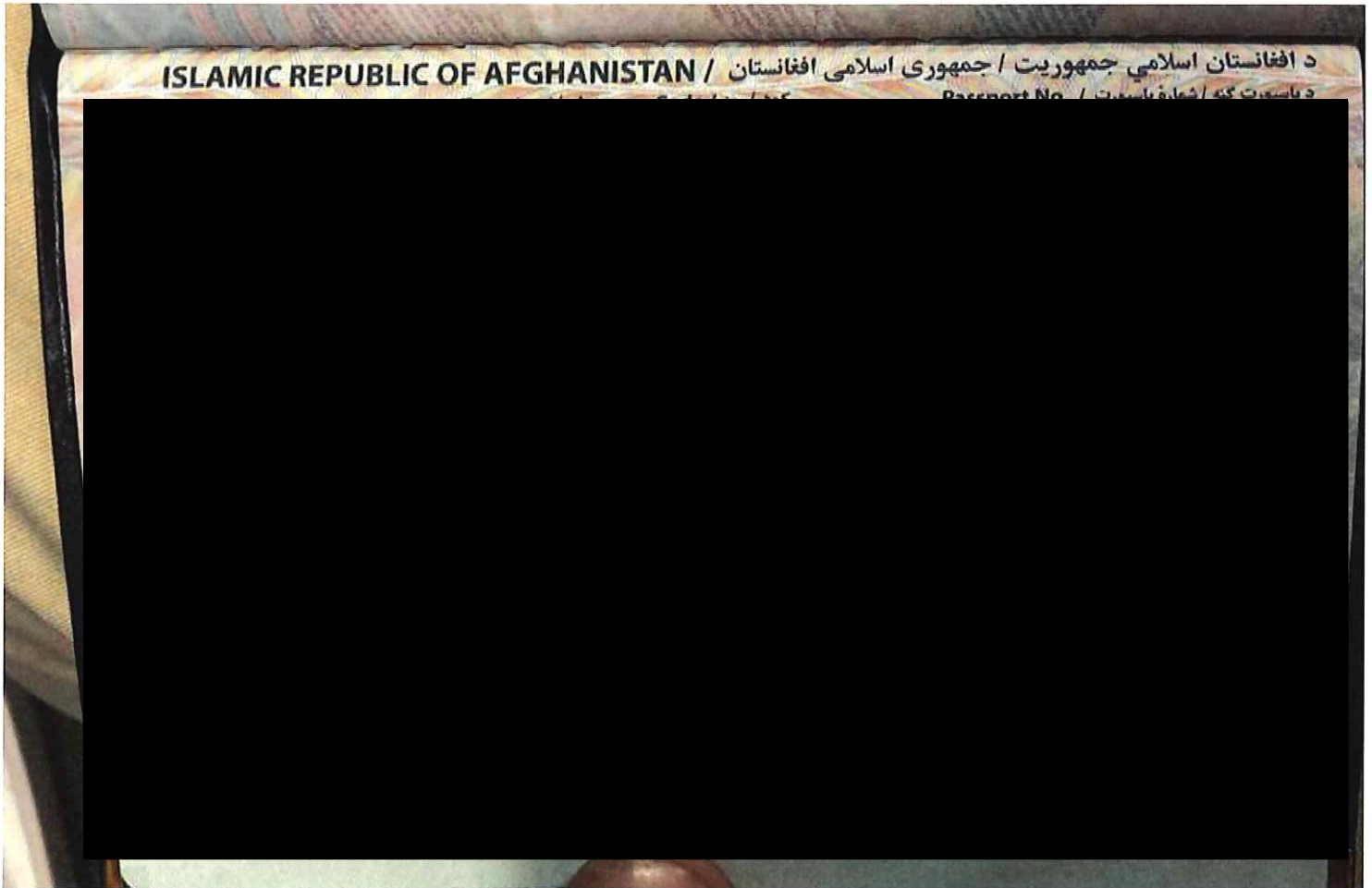
► If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

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

OMB No. 1651-0111
Expiration Date: 08/31/2022

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

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



UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

Surname

Given Name

USCIS#

Category Card#

C11

Country of Birth

Afghanistan

Terms and Conditions

None

Date of Birth

Sex

M

10/09/21

Valid From

10/08/23

Card Expires

NOT VALID FOR REENTRY TO U.S.

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Receipt Number [REDACTED]		Case Type I589 - APPLICATION FOR ASYLUM AND FOR WITHHOLDING OF REMOVAL
Received Date 10/21/2022	Priority Date	Applicant A2 [REDACTED]
Notice Date 10/24/2022	Page 1 of 1	
[REDACTED]		Notice Type: Receipt Notice

*** ACKNOWLEDGEMENT OF RECEIPT ***

Your complete Form I-589 Application for Asylum and Withholding of Removal was received and is pending as of 10/21/2022.

You may remain in the U.S. until your asylum application is decided. If you wish to leave while your application is pending, you must obtain advance parole from USCIS. If you change your address, send written notification of the change within 10 days to the Asylum Office at the below address or using the USCIS Online Change of Address system at <https://egov.uscis.gov/coa/displayCOAForm.do>.

You will receive a notice informing you when you and those listed on your application as a spouse or child dependents must appear at an Application Support Center (ASC) for biometrics collection. You will also receive a notice informing you when you and those listed on your application as a spouse or dependents must appear for an asylum interview. Those notices will contain instructions for what to bring to your ASC appointment and what to bring to your asylum interview.

WARNING: Failure to appear at the ASC for biometrics collection or for your asylum interview may affect your eligibility for employment authorization, and may also result in the dismissal of your asylum application or referral of your asylum application to an immigration judge.

NOTE FOR INDIVIDUALS WHO HAVE MADE VANGALA SETTLEMENT AGREEMENT FILING DATE REQUESTS: If you are receiving this notice after asking USCIS to amend your Form I-589 receipt date under the Vangala Settlement Agreement (i.e., "No Blank Space Rejection Policy"), USCIS has changed your receipt date to the date listed above in our systems. If you are in removal proceedings, USCIS has informed the immigration court and the U.S. Immigration and Customs Enforcement Office of the Principal Legal Advisor (ICE OPLA) field office with jurisdiction over your asylum application of this change.

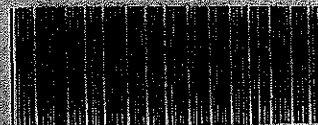
Applicant(s):
Alien Number Name
[REDACTED]

Please see the additional information on the back. You will be notified separately about any other cases you filed.

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/file-online>.

Chicago Asylum Office
U.S. CITIZENSHIP & IMMIGRATION SVC
181 W. Madison Street, Suite 3000
Chicago IL 60602

USCIS Contact Center: www.uscis.gov/contactcenter





U.S. Citizenship
and Immigration
Services

[REDACTED]

Date: November 15, 2022

File Number: 2 [REDACTED]

Please come to the office shown below at the time and place indicated in connection with an official matter.

OFFICE LOCATION	250 Marquette Avenue Suite 710 Minneapolis, MN 55401
DATE AND HOUR	Thursday, December 1 st 2022; 12:15 PM CST
REASON FOR APPOINTMENT	Interview on your eligibility for asylum (Application for Asylum and for Withholding of Removal, Form I-589)

IT IS IMPORTANT THAT YOU KEEP THIS APPOINTMENT AND BRING THIS LETTER WITH YOU.

You and your dependent family members (if any) on your Form I-589 are scheduled for an asylum interview on the date and time shown above. Please read this interview notice in its entirety, as it contains important information about your asylum interview. USCIS asylum offices are open with additional precautions to prevent the spread of the COVID-19 virus. These precautions are listed below, at Section IV, COVID-19 Safety Precautions.

I. You must appear for this interview unless you, your dependent family members, other members of your household, your attorney or accredited representative, or interpreter:

- Have COVID-19 or any symptoms of COVID-19 according to the Centers for Disease Control and Prevention (CDC), including, but not limited to, a recently developed cough, fever, difficulty breathing, new loss of smell or taste, fatigue, muscle aches, headache, congestion, sore throat, or vomiting (this list does not include all symptoms);
- Have been in close contact (within six feet for a total of 15 minutes or more) with anyone known to have COVID-19 in the past 14 days (unless you are fully vaccinated or if you are a health care worker and consistently wear an N95 respirator and proper personal protective equipment (PPE) or equivalent when in contact with COVID-19 positive individuals);
- Have returned from domestic, international, or cruise ship travel in the past 10 days (unless you are fully vaccinated);
- Have been instructed by a health care provider, public health authority, or government entity to self-isolate or self-quarantine in the past 14 days (unless you have been cleared to end isolation or quarantine); or
- Refuse to wear a face covering or mask in accordance with USCIS policy.

Fully vaccinated means it has been at least two weeks since you received your second dose in a two-dose series, or at least two weeks since you received a single-dose vaccine.

You may request to reschedule your appointment due to illness or heightened risk of severe COVID-19 infection due to age or underlying medical conditions, and the delay will not be attributed to you for purposes of obtaining an Employment Authorization Document. Contact your asylum office in writing as soon as possible if you must reschedule your interview.