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May 4, 2017

USCIS Phoenix Lockbox
Attn: DACA
1820 E. Skyharbor Circle S
Suite 100
Phoenix, AZ 85034

RE: FORM I-821D (RENEWAL)
APPLICATION FOR DEFERRED ACTION FOR CHILDHOOD ARRIVALS

Applicant: [REDACTED]
A# [REDACTED]

Dear Officer:

Enclosed please find the following in regard to the above-referenced matter:

1. **Form G-1145, E-Notification of Petition Acceptance;**
2. **Form G-28, Notice of Entry of Appearance as Attorney;**
3. Original, signed **Form I-821D, Application for Deferred Action for Childhood Arrivals;**
4. A check of \$495 made out to the Department of Homeland Security for the renewal application and biometrics fees;
5. An original, signed **Form I-765 and I-765WS, Application for Employment Authorization;**
6. Evidence of DACA validity until December 11, 2017; and
7. Two (2) passport photos.

Thank you for your timely consideration of the enclosed application. Please do not hesitate to contact me with any questions.

Respectfully submitted,

Prerna Lal, Esq.

Enclosures: as stated.



e-Notification of Application/Petition Acceptance

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

USCIS
Form G-1145
OMB No. 1615-0109
Expires 09/30/2016

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. The information may also be made available, as appropriate, for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 3 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue, NW, Washington, DC 20529-2140. OMB No. 1615-0109. **Do not mail your completed Form G-1145 to this address.**

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

Applicant/Petitioner Full Last Name [REDACTED]	Applicant/Petitioner Full First Name [REDACTED]	Applicant/Petitioner Full Middle Name [REDACTED]
E-mail Address [REDACTED]		Mobile Phone Number (Text Message) [REDACTED]



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 03/31/2018

Part 1. Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number *(if any)*
▶

Name and Address of Attorney or Accredited Representative

2.a. Family Name *(Last Name)*
 2.b. Given Name *(First Name)*
 2.c. Middle Name
 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
 4. Daytime Telephone Number
 5. Fax Number
 6. E-Mail Address *(if any)*
 7. Mobile Telephone Number *(if any)*

Part 2. Notice of Appearance as Attorney or Accredited Representative

This appearance relates to immigration matters before
(Select only one box):

1.a. USCIS
 1.b. List the form numbers

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

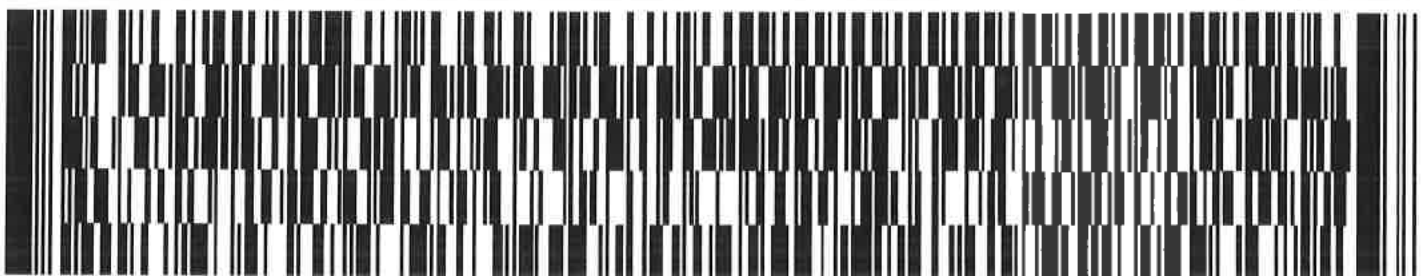
 3.a. CBP
 3.b. List the specific matter in which appearance is entered

I enter my appearance as attorney or accredited representative at the request of:

4. Select **only one** box:
 Applicant Petitioner Requestor
 Respondent (ICE, CBP)

Information About Applicant, Petitioner, Requestor, or Respondent

5.a. Family Name *(Last Name)*
 5.b. Given Name *(First Name)*
 5.c. Middle Name
 6. Name of Company or Organization *(if applicable)*



Part 2. Notice of Appearance as Attorney or Accredited Representative (continued)

Information About Applicant, Petitioner, Requestor, or Respondent (continued)

- 7. USCIS ELIS Account Number (if any)
▶
- 8. Alien Registration Number (A-Number) or Receipt Number
- 9. Daytime Telephone Number
- 10. Mobile Telephone Number (if any)
- 11. E-Mail Address (if any)

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

NOTE: Provide the mailing address of the applicant, petitioner, requestor, or respondent. Do not provide the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on the application, petition, or request being filed with this Form G-28.

- 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

Part 3. 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 additional space, use Part 6.)
Licensing Authority
- 1.b. Bar Number (if applicable)
- 1.c. Name of Law Firm
- 1.d. I (choose one) am not am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (If you need additional space, use Part 6.)
- 2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.
- 2.b. Name of Recognized Organization
- 2.c. Date accreditation expires (mm/dd/yyyy) ▶



Part 3. Eligibility Information for Attorney or Accredited Representative (continued)

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 is at his or her request.

NOTE: If you select this item, also complete **Item Numbers 1.a. -1.b. or Item Numbers 2.a. - 2.c. in Part 3. (whichever is appropriate).**

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)(iv).

4.b. Name of Law Student or Law Graduate

Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature

Consent to Representation and Release of Information

1. 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 DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP.

When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

DHS will also send the Form I-94, Arrival Departure Record, to you **unless** you select **Item Number 2.a. in Part 4.** All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) at your U.S. mailing address **unless** you ask us to send your secure identity documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select **all applicable** boxes below:

2.a. I request DHS send any notice (including Form I-94) on an application, petition, or request to the U.S. business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.

2.b. I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the U.S. business address of my attorney of record or accredited representative as listed in this form or to a designated military or diplomatic address for pickup in a foreign country (if permitted). I consent to having my secure identity document sent to my attorney of record or accredited representative's U.S. business address and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.

3.a. Signature of Applicant, Petitioner, Requestor, or Respondent
→

3.b. Date of Signature (mm/dd/yyyy) ▶ 05/02/2017

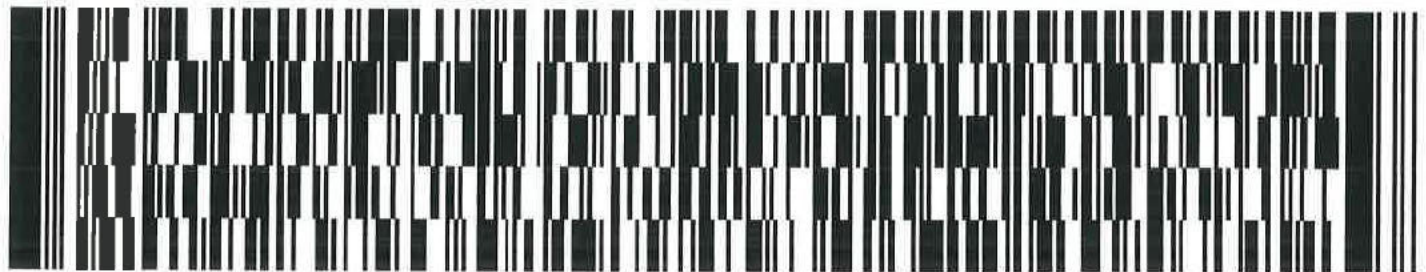
Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. 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. Signature of Attorney or Accredited Representative

2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy) ▶ 05/02/2017





Application For Employment Authorization

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

USCIS
Form I-765

OMB No. 1615-0040
Expires 02/28/2018

For USCIS Use Only	Fee Stamp	Action Block	Initial Receipt	Resubmitted
			Relocated	
			Received	Sent
			Completed	
<input type="checkbox"/> Application Approved <input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid To _____ Subject to the following conditions: _____		<input type="checkbox"/> Application Denied - Failed to establish: <input type="checkbox"/> Eligibility under 8 CFR 274a.12 (a) or (c) <input type="checkbox"/> Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		<input type="checkbox"/> Approved <input type="checkbox"/> Denied A# _____
				<input type="checkbox"/> Applicant is filing under section 274a.12 _____

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

I am applying for:

- Permission to accept employment.
- Replacement (of lost employment authorization document).
- Renewal of my permission to accept employment (attach a copy of your previous employment authorization document).

1. Full Name

Family Name First Name Middle Name
 [Redacted]

2. Other Names Used (include Maiden Name)

Family Name First Name Middle Name

3. U.S. Mailing Address

Street Number and Name Apt. Number
 [Redacted] [Redacted]

Town or City State ZIP Code
 [Redacted] [Redacted] [Redacted]

4. Country of Citizenship or Nationality

[Redacted]

5. Place of Birth

Town or City State/Province Country
 [Redacted] [Redacted] [Redacted]

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

[Redacted]

7. Gender Male Female

8. Marital Status

Single Married Divorced Widowed

9. Social Security Number (Include all numbers you have ever used, if any)

[Redacted]

10. Alien Registration Number (A-Number) or Form I-94 Number (if any)

[Redacted]

11. Have you ever before applied for employment authorization from USCIS?

Yes (Complete the following questions.)

Which USCIS Office? Dates
 Nebraska Service Center 12/12/2014

Results (Granted or Denied - attach all documentation)

Granted

No (Proceed to Question 12.)

12. Date of Last Entry into the U.S., on or about (mm/dd/yyyy)

12/11/2006

13. Place of Last Entry into the U.S.

[Redacted]

14. Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.)

[Redacted]

15. Current Immigration Status (Visitor, Student, etc.)

DACA

16. Eligibility Category. Go to the "Who May File Form I-765?" section of the Instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. For example, (a)(8), (c)(17)(iii), etc.

(c) (33) ()

17. **(c)(3)(C) Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Question 16** above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.

Degree Employer's Name as listed in E-Verify

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

18. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Question 16** above, please provide the receipt number of your H-1B principal spouse's most recent Form I-797 Notice of Approval for Form I-129.

19. **(c)(35) and (c)(36) Eligibility Category**

a. If you entered the eligibility category (c)(35) or (c)(36) in **Question 16** above, please provide the receipt number of the Form I-140 beneficiary's Form I-797 Notice of Approval for Form I-140.

b. Have you **EVER** been arrested for and/or convicted of any crime? Yes No

NOTE: If you answered "Yes" to **Item Numbers 19.b.**, refer to **Item Number 5.**, **Item H.** or **Item 1.** in the **Who May File Form I-765** section of these Instructions for information about providing court dispositions.

Certification

I certify, under penalty of perjury, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "**Who May File Form I-765?**" section of the instructions and have identified the appropriate eligibility category in **Question 16.**

Applicant's Signature

Date of Signature (mm/dd/yyyy)

05/02/2017

Telephone Number

Signature of Person Preparing Form, If Other Than Applicant

I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Preparer's Signature

Date of Signature (mm/dd/yyyy)

05/02/2017

Printed Name

Prerna Lal

Address

East Bay Community Law Center
2921 Adeline Street, Berkeley, CA 94703



Form I-765 Worksheet
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-765WS
OMB No. 1615-0040
Expires 02/28/2018

If you are applying for employment authorization under the (c)(14), Deferred Action, or (c)(33), Consideration of Deferred Action for Childhood Arrivals, categories, you must complete this worksheet so that USCIS can determine whether you have an economic need to work. In the spaces provided, please indicate your current annual income, your current annual expenses, and the total current value of your assets. It is not necessary to submit supporting documentation, though it will be accepted and reviewed if you choose to submit it. You do not need to include other household members' financial information to establish your own economic necessity.

Part 1. Full Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Part 2. Financial Information

2. My current annual income is: \$

3. My current annual expenses are: \$

4. The total current value of my assets is: \$

Part 3. Explanation

If you would like to provide an explanation regarding your current financial information or your economic need for employment authorization, please use the space below.

I am a graduating from UC Berkeley in May 2017 and wish to pursue graduate studies in the medical field. I am currently a full-time student finishing my Bachelors degree and am then studying for the MCATs full-time even after graduating. I need work authorization to continue my studies and pay for housing, food, and educational expenses.



Consideration of Deferred Action for Childhood Arrivals

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

USCIS
Form I-821D
OMB No. 1615-0124
Expires 01/31/2019

For USCIS Use Only	A- <input type="text"/>	Receipt	Action Block
	Case ID: <input type="text"/>		
	<input type="checkbox"/> Requestor interviewed on <input type="text"/>	Returned: <input type="text"/>	Remarks
<input type="checkbox"/> Resubmitted: <input type="text"/>	Relocated: <input type="text"/>	Received: <input type="text"/>	
To Be Completed by an Attorney or Accredited Representative, if any.		<input checked="" type="checkbox"/> Select this box if Form G-28 is attached to represent the requestor.	Attorney State Bar Number (if any): <input type="text"/>

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

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

Removal Proceedings Information

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

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

I am requesting:

1. **Initial Request** - Consideration of Deferred Action for Childhood Arrivals

OR

2. **Renewal Request** - Consideration of Deferred Action for Childhood Arrivals

AND

For this Renewal request, my most recent period of Deferred Action for Childhood Arrivals expires on

(mm/dd/yyyy) ►

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

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

Full Legal Name

Status or outcome:

3.a. Family Name (Last Name)

5.a. Currently in Proceedings (Active)

3.b. Given Name (First Name)

5.b. Currently in Proceedings (Administratively Closed)

3.c. Middle Name

5.c. Terminated

5.d. Subject to a Final Order

5.e. Other. Explain in Part 8. Additional Information.

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

5.f. Most Recent Date of Proceedings (mm/dd/yyyy) ►

4.a. In Care Of Name (if applicable)

5.g. Location of Proceedings

4.b. Street Number and Name

4.c. Apt. Ste. Flr.

4.d. City or Town

4.e. State 4.f. ZIP Code

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

Other Information

6. Alien Registration Number (A-Number) (if any)
▶ A- [REDACTED]
7. U.S. Social Security Number (if any)
▶ [REDACTED]
8. Date of Birth (mm/dd/yyyy) ▶ [REDACTED]
9. Gender Male Female
- 10.a. City/Town/Village of Birth
[REDACTED]
- 10.b. Country of Birth
[REDACTED]
11. Current Country of Residence
United States
12. Country of Citizenship or Nationality
[REDACTED]
13. Marital Status
 Married Widowed Single Divorced

Other Names Used (If Applicable)

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

- 14.a. Family Name (Last Name) N/A
- 14.b. Given Name (First Name)
- 14.c. Middle Name

Processing Information

15. Ethnicity (Select **only one** box)
 Hispanic or Latino
 Not Hispanic or Latino
16. Race (Select **all applicable** boxes)
 White
 Asian
 Black or African American
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
17. Height Feet Inches
18. Weight Pounds
19. Eye Color (Select **only one** box)
 Black Blue Brown
 Gray Green Hazel
 Maroon Pink Unknown/Other
20. Hair Color (Select **only one** box)
 Bald (No hair) Black Blond
 Brown Gray Red
 Sandy White Unknown/Other

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

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

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

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

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

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

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

Present Address

2.a. Dates at this residence (mm/dd/yyyy)
From ▶ 07/30/2011 To ▶ Present

2.b. Street Number and Name [REDACTED]

2.c. Apt. Ste. Flr. [REDACTED]

2.d. City or Town [REDACTED]

2.e. State [REDACTED] 2.f. ZIP Code [REDACTED]

Address 1

3.a. Dates at this residence (mm/dd/yyyy)
From ▶ [REDACTED] To ▶ [REDACTED]

3.b. Street Number and Name N/A

3.c. Apt. Ste. Flr. [REDACTED]

3.d. City or Town [REDACTED]

3.e. State [REDACTED] 3.f. ZIP Code [REDACTED]

Address 2

4.a. Dates at this residence (mm/dd/yyyy)
From ▶ [REDACTED] To ▶ [REDACTED]

4.b. Street Number and Name N/A

4.c. Apt. Ste. Flr. [REDACTED]

4.d. City or Town [REDACTED]

4.e. State [REDACTED] 4.f. ZIP Code [REDACTED]

Address 3

5.a. Dates at this residence (mm/dd/yyyy)
From ▶ [REDACTED] To ▶ [REDACTED]

5.b. Street Number and Name N/A

5.c. Apt. Ste. Flr. [REDACTED]

5.d. City or Town [REDACTED]

5.e. State [REDACTED] 5.f. ZIP Code [REDACTED]

Travel Information

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

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

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

Departure 1

6.a. Departure Date (mm/dd/yyyy) ▶ N/A

6.b. Return Date (mm/dd/yyyy) ▶ [REDACTED]

6.c. Reason for Departure [REDACTED]

Departure 2

7.a. Departure Date (mm/dd/yyyy) ▶ N/A

7.b. Return Date (mm/dd/yyyy) ▶ [REDACTED]

7.c. Reason for Departure [REDACTED]

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

9.a. What country issued your last passport? [REDACTED]

9.b. Passport Number [REDACTED]

9.c. Passport Expiration Date (mm/dd/yyyy) ▶ [REDACTED]

10. Border Crossing Card Number (if any) [REDACTED]

Part 3. For Initial Requests Only

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

2. Date of **Initial** Entry into the United States (on or about) (mm/dd/yyyy) ▶ [REDACTED]

3. Place of **Initial** Entry into the United States [REDACTED]

Part 3. For Initial Requests Only (continued)

4. Immigration Status on June 15, 2012 (e.g., *No Lawful Status, Status Expired, Parole Expired*)
- 5.a. Were you **EVER** issued an Arrival-Departure Record (Form I-94, I-94W, or I-95)? Yes No
- 5.b. If you answered "Yes" to **Item Number 5.a.**, provide your Form I-94, I-94W, or I-95 number (if available).
▶
- 5.c. If you answered "Yes" to **Item Number 5.a.**, provide the date your authorized stay expired, as shown on Form I-94, I-94W, or I-95 (if available).
(mm/dd/yyyy) ▶

Education Information

6. Indicate how you meet the education guideline (e.g., *Graduated from high school, Received a general educational development (GED) certificate or equivalent state-authorized exam, Currently in school*)
7. Name, City, and State of School Currently Attending or Where Education Received
8. Date of Graduation (e.g., *Receipt of a Certificate of Completion, GED certificate, other equivalent state-authorized exam*) or, if currently in school, date of last attendance. (mm/dd/yyyy) ▶

Military Service Information

9. Were you a member of the U.S. Armed Forces or U.S. Coast Guard? Yes No

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

- 9.a. Military Branch
- 9.b. Service Start Date (mm/dd/yyyy) ▶
- 9.c. Discharge Date (mm/dd/yyyy) ▶
- 9.d. Type of Discharge

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

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

1. Have you **EVER** been arrested for, charged with, or convicted of a felony or misdemeanor, including incidents handled in juvenile court, in the United States? Do not include minor traffic violations unless they were alcohol- or drug-related. Yes No

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

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

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

3. Have you **EVER** engaged in, do you continue to engage in, or plan to engage in terrorist activities? Yes No
4. Are you **NOW** or have you **EVER** been a member of a gang? Yes No
5. Have you **EVER** engaged in, ordered, incited, assisted, or otherwise participated in any of the following:
- 5.a. Acts involving torture, genocide, or human trafficking? Yes No
- 5.b. Killing any person? Yes No
- 5.c. Severely injuring any person? Yes No
- 5.d. Any kind of sexual contact or relations with any person who was being forced or threatened? Yes No
6. Have you **EVER** recruited, enlisted, conscripted, or used any person to serve in or help an armed force or group while such person was under age 15? Yes No
7. Have you **EVER** used any person under age 15 to take part in hostilities, or to help or provide services to people in combat? Yes No

Part 5. Statement, Certification, Signature, and Contact Information of the Requestor (For Initial and Renewal Requests)

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

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

Requestor's Certification

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

- 2.a. Requestor's Signature
- 2.b. Date of Signature (mm/dd/yyyy) ▶ 05/02/2017

Requestor's Contact Information

3. Requestor's Daytime Telephone Number
4. Requestor's Mobile Telephone Number
5. Requestor's Email Address

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

Interpreter's Full Name

Provide the following information concerning the interpreter:

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

- 3.a. Street Number and Name
- 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 Email Address

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

Interpreter's Certification

I certify that:

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

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

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

6.a. Interpreter's Signature
[]

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

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

Preparer's Full Name

Provide the following information concerning the preparer:

1.a. Preparer's Family Name (Last Name)
[Lal]

1.b. Preparer's Given Name (First Name)
[Prerna]

2. Preparer's Business or Organization Name
[East Bay Community Law Center]

Preparer's Mailing Address

3.a. Street Number and Name [2921 Adeline St.]

3.b. Apt. Ste. Flr. []

3.c. City or Town [Berkeley]

3.d. State [CA] 3.e. ZIP Code [94703]

3.f. Province []

3.g. Postal Code []

3.h. Country [United States]

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
[510-548-4040]

5. Preparer's Fax Number
[510-548-2566]

6. Preparer's Email Address
[plal@ebclc.org]

Preparer's Declaration

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

7.a. Preparer's Signature
[]

7.b. Date of Signature (mm/dd/yyyy) ► [05/02/2017]

NOTE: If you need extra space to complete any item within this request, see the next page for **Part 8. Additional Information.**

Part 8. Additional Information (For Initial and Renewal Requests)

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

Full Legal Name

1.a. Family Name (Last Name) [Redacted]

1.b. Given Name (First Name) [Redacted]

1.c. Middle Name [Redacted]

2. A-Number (if any)
▶ A- [Redacted]

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

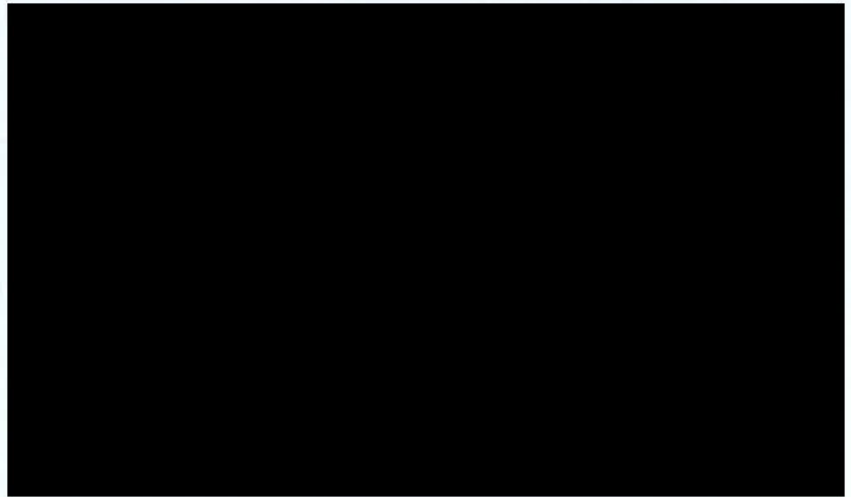
3.d. [Blank lines for response]

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

4.d. [Blank lines for response]

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

5.d. [Blank lines for response]





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