
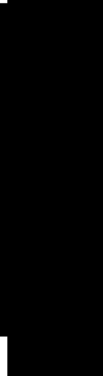
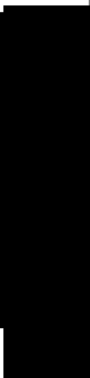



USPS TRACKING #





PRIORITY MAIL®



usps.com
\$8.05
US POSTAGE
Insured



Mailed from 

Click-N-Ship®



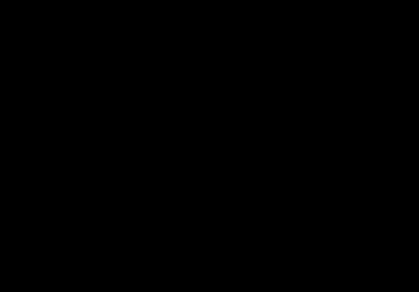
RDC 06
B115



Cut on dotted line.

Instructions

1. Please use a laser or laser-quality printer.
2. Adhere shipping label to package with tape or glue - DO NOT TAPE OVER BARCODE. Be sure all edges are secure. Self-adhesive label is recommended.
3. Place label so that it does not wrap around the edge of the package.
4. Each shipping label number is unique and can be used only once - DO NOT PHOTOCOPY.
5. Please use this shipping label on the "ship date" selected when you requested the label.
6. If a mailing receipt is required, present the article and Online e-Label Record at a Post Office for postmark.

Print Date		\$8.05
Ship Date		\$0.00
		\$0.00
	Total:	\$8.05
From:		
To:		

* Commercial Pricing PRIORITY MAIL® rates apply. There is no fee for USPS Tracking® service on PRIORITY MAIL® service with use of this electronic rate shipping label. Refunds for unused postage paid labels can be requested online 30 days from the print date.



Thank you for shipping with the United States Postal Service!
Check the status of your shipment on the USPS Tracking® page at usps.com



human rights *first*

American ideals. Universal values.

Via USPS

[REDACTED]

Re: (c)(9) Initial Applicant for I-765 Employment Authorization

[REDACTED]

Dear USCIS Officer:

Enclosed you will find the Application for Employment Authorization for the above-named adjustment of status applicant who seeks an initial employment authorization document (EAD) pursuant to 8 C.F.R. 274a.12(c)(9).

In support of this request for employment authorization, the applicant submits the following:

1. Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
2. Form I-912, Request for Fee Waiver;
3. Required documentation in support of fee waiver;
4. Form I-765, Application for Employment Authorization;
5. Two passport-style photos;
6. Copy of Applicant's Passport;
7. Copy of Form I-485 filed with Immigration Court;
8. Immigration Judge order waiving fees for Form I-485;
9. Evidence of pending case before Immigration Court

If you need more information, please do not hesitate to contact me by telephone [REDACTED] or by email at [REDACTED]

Sincerely,

[REDACTED]



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in Part 6. Additional Information.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select only one box) am not am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in Part 6. Additional Information to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

Human Rights First

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.
- 2.a. U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
- 4. Receipt Number (if any)
▶
- 5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
 Applicant Petitioner Requestor
 Beneficiary/Derivative Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 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-

Client's Contact Information

- 10. Daytime Telephone Number
- 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
- 13.b. Apt. Ste. Flr.
- 13.c. City or Town
- 13.d. State 13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity
➔
- 2.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

- 1. a. Signature of Attorney or Accredited Representative
- 1. b. Date of Signature (mm/dd/yyyy)
- 2. a. Signature of Law Student or Law Graduate
- 2. b. Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

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

1.a Family Name (Last Name)

1.b Given Name (First Name)

1.c Middle Name

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

2.d

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

3.d

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

4.d

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

5.d

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

6.d





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

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

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

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

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

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

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

1. 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.**)
2. My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete **Parts 2. - 3., Part 5.,** and **7. - 10.**)
3. 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) [REDACTED]	Given Name (First Name) [REDACTED]	Middle Name
---------------------------------------	---------------------------------------	-------------

2. Other Names Used (if any)

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

Family Name (Last Name) NA	Given Name (First Name)	Middle Name
-------------------------------	-------------------------	-------------

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

▶ A- [REDACTED]

4. USCIS Online Account Number (if any)

▶ [REDACTED]

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

[REDACTED]

6. U.S. Social Security Number (if any)

▶ [REDACTED]

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
[REDACTED]	A-[REDACTED]		Self	I-765
	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)
[REDACTED]	Self	CDSS	Medi-Cal	[REDACTED]	[REDACTED]

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.

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

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

8. Total Household Income (add the amounts from Item Numbers 5., 6., and 7.) \$

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

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

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.

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)

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 [REDACTED]

Interpreter's Full Name

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

Interpreter's Mailing Address

[\(USPS ZIP Code Lookup\)](#)

5. Street Number and Name [REDACTED] Apt. Ste. Flr. Number [REDACTED]
City or Town [REDACTED] State [REDACTED] ZIP Code [REDACTED]
Province [REDACTED] Postal Code [REDACTED] Country [REDACTED] USA

Interpreter's Contact Information

6. Interpreter's Daytime Telephone Number [REDACTED] 7. Interpreter's Mobile Telephone Number (if any) [REDACTED]
8. Interpreter's Email Address (if any) [REDACTED]

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 [REDACTED] Date of Signature (mm/dd/yyyy) [REDACTED]

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 [REDACTED]

Preparer's Full Name

3. Preparer's Family Name (Last Name) [REDACTED] Preparer's Given Name (First Name) [REDACTED]
4. Preparer's Business or Organization Name (if any) [REDACTED]

Preparer's Mailing Address

5. Street Number and Name [REDACTED] Apt. Ste. Flr. Number [REDACTED]
- City or Town [REDACTED] State [REDACTED] ZIP Code [REDACTED]
- Province [REDACTED] Postal Code [REDACTED] Country [REDACTED] USA

Preparer's Contact Information

6. Preparer's Daytime Telephone Number [REDACTED]
7. Preparer's Mobile Telephone Number (if any) [REDACTED]
8. Preparer's Email Address (if any) [REDACTED]

Preparer's Statement

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

NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this request.

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

Preparer's Certification

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

Preparer's Signature

10. Preparer's Signature Date of Signature (mm/dd/yyyy)

→

Part 11. Additional Information

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

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

2. A-Number (if any) ▶ A

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

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

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

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

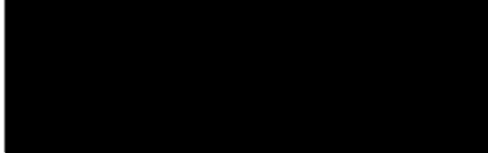


State of California-Health and Human Services Agency
Department of Health Care Services
 P.O. Box 989009, West Sacramento, CA 95798-9850

CLM222590012_MULC3-19-1-001530



09/18/2022



Congratulations! You and the following member(s) of your family are now enrolled in the Medi-Cal Managed Care health and/or dental plan(s) listed below:

Name	Effective Date	Medi-Cal Health Plan
[Redacted]	[Redacted]	L.A. Care Health Plan

Next to each person's name is the *effective date* of enrollment. Their health and/or dental plan(s) will start on this date. After that day, you and anyone in your family listed above who has Medi-Cal will all get health and/or dental service(s) from the health and/or dental plan(s) listed above.

The health and/or dental plan(s) will soon send you an information packet. This packet will include information about the health and/or dental plan's services, identification cards and a list of their locations.

Call your Member Services Department at your health and/or dental plan(s) if you have questions about getting health or dental care. **If you need health and/or dental care before you get the health and/or dental plan(s)' information packet, please take this letter and your enrollment form with you to the health and/or dental plan provider(s).**

If you have questions about your enrollment in the health and/or dental plan(s), contact a Health Care Options Representative at **1-800-430-4263**.

If you want to change your health and/or dental plan(s), ask the Health Care Options Representative for a Medi-Cal Choice Form. Fill out the "I wish to JOIN or change my plan to:" on the form. Please tell us why you want to change your plan by filling in the reason. It can take up to 30 days to change health and/or dental plan(s). Call a Health Care Options Representative for more information at 1-800-430-4263.

The State Ombudsman can help you: The State of California has people who can help you. You can call the State's Ombudsman at 1-888-452-8609 (toll-free), Monday through Friday from 8:00 a.m. to 5:00 p.m. if:

- You are having problems with your health or dental plan(s), doctor/clinic or dentist and cannot get help when you call the Member Services Department of your Medi-Cal health plan.



- You are having a problem with changing your Medi-Cal health or dental plan and cannot get help when you call a Health Care Options Representative at 1-800-430-4263.
- You think a doctor/clinic, dentist, health plan or dental plan representative has told you something about joining a health or dental plan that is not true. For instance, you were told by a doctor/clinic, dentist, health plan or dental plan that you had to join their health or dental plan or you would lose your Medi-Cal.
- You think a doctor/clinic, dentist, health plan or dental plan signed you up for their plan without your permission.

The Medi-Cal program must seek repayment from the estates of certain deceased Medi-Cal members from payments made, including managed care premiums, for nursing facility services, home and community-based services, and related hospital and prescription drug services provided to the deceased Medi-Cal member on or after the member's 55th birthday. If a deceased member does not leave an estate or owns nothing when they die, nothing will be owed. For further information regarding the Estate Recovery program **only**, call (916) 650-0490, or seek legal advice.

Please do not call your eligibility worker. He or she does not have this information, so they cannot help you.

*Questions? Call a Health Care Options Representative at **1-800-430-4263**.*

TDD/TTY users call 1-800-430-7077.

Please call weekdays 8:00 a.m. - 6:00 p.m. The call is free!



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" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
Remarks													

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any) <table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										

▶ **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)
- 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)
[Redacted]
- 5.b. Street Number and Name [Redacted]
- 5.c. Apt. Ste. Flr. [Redacted]
- 5.d. City or Town [Redacted]
- 5.e. State [Redacted] 5.f. ZIP Code [Redacted]
6. Is your current mailing address the same as your physical address?
 Yes No

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

U.S. Physical Address

- 7.a. Street Number and Name [Redacted]
- 7.b. Apt. Ste. Flr. [Redacted]
- 7.c. City or Town [Redacted]
- 7.d. State [Redacted] 7.e. ZIP Code [Redacted]

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- [Redacted]
9. USCIS Online Account Number (if any)
▶ [Redacted]
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).
▶ [Redacted]

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 15., Consent for Disclosure, to receive a card.)
 Yes No

NOTE: If you answered "No" to Item Number 14., skip to Part 2., Item Number 18.a. If you answered "Yes" to Item Number 14., you must also answer "Yes" to Item Number 15.

15. Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.
 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) [Redacted]
- 16.b. Given Name (First Name) [Redacted]

Mother's Name

Provide your mother's birth name.

- 17.a. Family Name (Last Name) [Redacted]
- 17.b. Given Name (First Name) [Redacted]

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 [Redacted]
- 18.b. Country [Redacted]



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

[Redacted]

19.b. State/Province of Birth

[Redacted]

19.c. Country of Birth

[Redacted]

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

[Redacted]

Information About Your Last Arrival in the United States

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

▶ [Redacted]

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

L028552

21.c. Travel Document Number (if any)

[Redacted]

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

[Redacted]

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

[Redacted]

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

[Redacted]

23. Place of Your Last Arrival Into the United States

[Redacted]

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

Paroled

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

Asylum Seeker

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

▶ N- [Redacted]

Information About Your Eligibility Category

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

(c) (09) ([])

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

[Redacted]

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

[Redacted]

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

[Redacted]

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.

▶ [Redacted]

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.

▶ [Redacted]

31.b. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27., have you **EVER** been arrested for and/or convicted of any crime?

Yes No

NOTE: If you answered "Yes" to Item Number 31.b., refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.,** in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.



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

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

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
- 2. At my request, the preparer named in **Part 5.**, , 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)

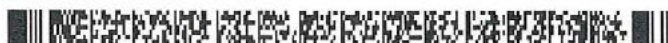
NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

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



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

Interpreter's Mailing Address

- 3.a. Street Number and Name [Redacted]
- 3.b. Apt. Ste. Flr. [Redacted]
- 3.c. City or Town [Redacted]
- 3.d. State [Redacted] 3.e. ZIP Code [Redacted]
- 3.f. Province [Redacted]
- 3.g. Postal Code [Redacted]
- 3.h. Country
USA

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 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 [Redacted]
- 7.b. Date of Signature (mm/dd/yyyy) [Redacted]

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

Preparer's Mailing Address

- 3.a. Street Number and Name [Redacted]
- 3.b. Apt. Ste. Flr. [Redacted]
- 3.c. City or Town [Redacted]
- 3.d. State [Redacted] 3.e. ZIP Code [Redacted]
- 3.f. Province [Redacted]
- 3.g. Postal Code [Redacted]
- 3.h. Country
USA

Preparer's Contact Information

- 4. Preparer's Daytime Telephone Number [Redacted]
- 5. Preparer's Mobile Telephone Number (if any) [Redacted]
- 6. Preparer's Email Address (if any) [Redacted]



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

[Redacted Signature]

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

[Redacted Date]



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.

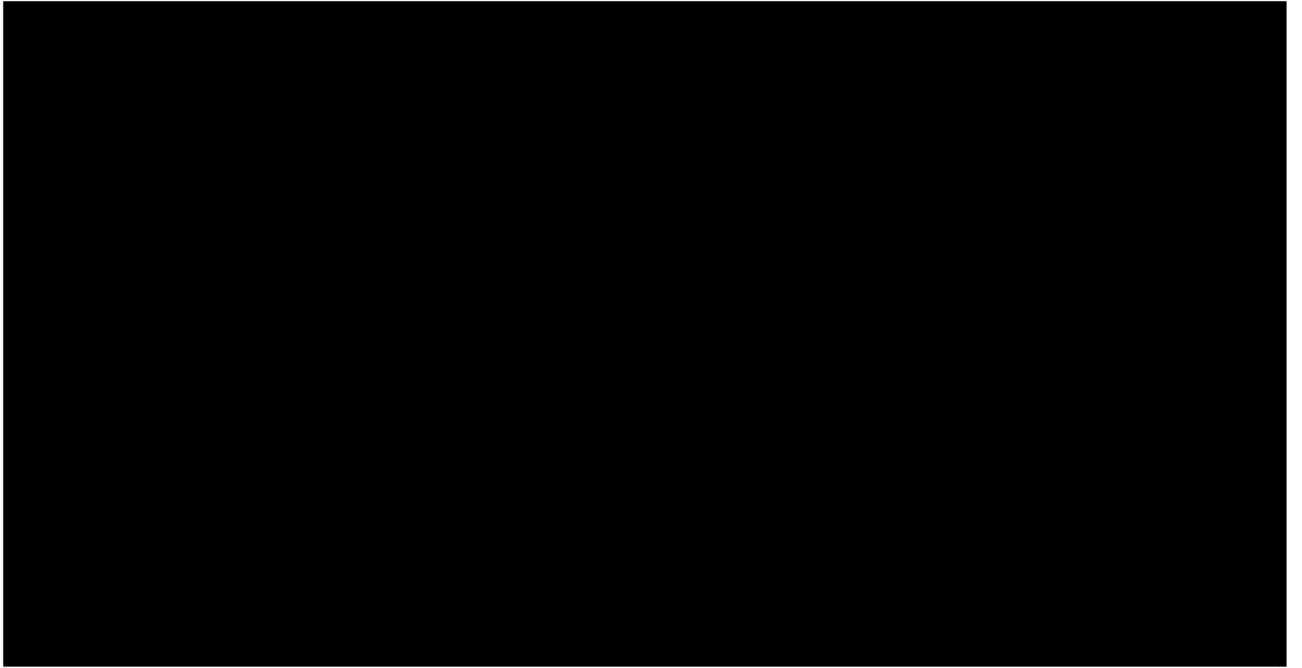
6.a. Page Number 6.b. Part Number 6.c. Item Number

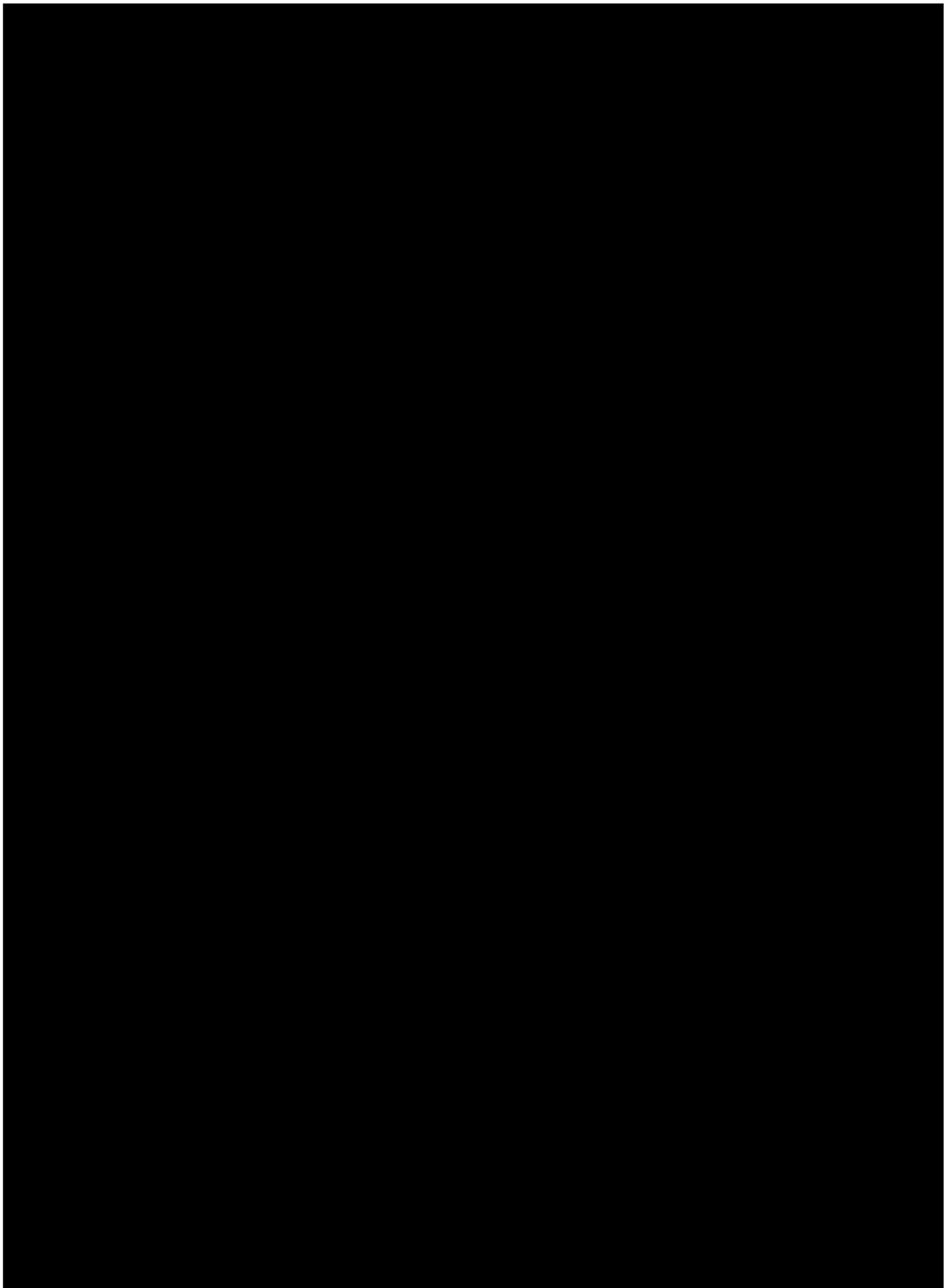
6.d.

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

7.d.





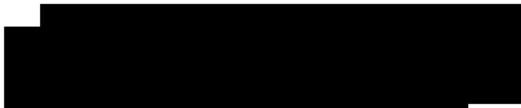




NON-DETAINED

**UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
LOS ANGELES, CALIFORNIA**

In the Matter of:



Respondent.

In Removal Proceedings

File No:



Immigration Judge: Hon. Anita L. Simons

Master Calendar Hearing



**RESPONDENT'S FORM I-485, APPLICATION FOR
ADJUSTMENT OF STATUS UNDER THE
CUBAN ADJUSTMENT ACT**

Application to Register Permanent Residence or Adjust Status



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

USCIS
Form I-485
OMB No. 1615-0023
Expires 10/31/2025

For USCIS Use Only		
Preference Category:	Receipt	Action Block
Country Chargeable:		
Priority Date:		
Date Form I-693 Received:		
<input type="checkbox"/> Applicant Interviewed <input type="checkbox"/> Interview Waived Date of Initial Interview: _____ Lawful Permanent Resident as of: _____	Section of Law <input type="checkbox"/> INA 209(a) <input type="checkbox"/> INA 209(b) <input type="checkbox"/> INA 245(a) <input type="checkbox"/> INA 245(i) <input type="checkbox"/> INA 245(m)	<input type="checkbox"/> INA 249 <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> Cuban Adjustment Act <input type="checkbox"/> Other _____

To be completed by an attorney or accredited representative (if any).			
<input type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any) _____	Attorney State Bar Number (if applicable) _____	Attorney or Accredited Representative USCIS Online Account Number (if any) _____

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

A-Number ▶ A- [REDACTED]

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may deny your application.

Part 1. Information About You (Person applying for lawful permanent residence)

Your Current Legal Name (do not provide a nickname)

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

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

1.c. Middle Name [REDACTED]

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 _____

Other Names You Have Used Since Birth (if applicable)

NOTE: Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names. If you need extra space to complete this section, use the space provided in Part 14. Additional Information.

2.a. Family Name (Last Name) None

2.b. Given Name (First Name) _____

2.c. Middle Name _____

Other Information About You

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

NOTE: In addition to providing your actual date of birth, include any other dates of birth you have used in connection with any legal names or non-legal names in the space provided in Part 14. Additional Information.

6. Sex Male Female

7. City or Town of Birth [REDACTED]

RCIR - 2 of 22



A-Number ▶ A- 2 4 0 5 9 5 9 4 5

Part L. Information About You (Person applying for lawful permanent residence) (continued)

8. Country of Birth [Redacted]

9. Country of Citizenship or Nationality [Redacted]

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

▶ A- [Redacted]

NOTE: If you have EVER used other A-Numbers, include the additional A-Numbers in the space provided in Part 14. Additional Information.

11. USCIS Online Account Number (if any)

▶ [Redacted]

U.S. Mailing Address

12.a. In Care Of Name (if any) [Redacted]

12.b. Street Number and Name [Redacted]

12.c. Apt. Ste. Flr. [Redacted]

12.d. City or Town [Redacted]

12.e. State [Redacted] 12.f. ZIP Code [Redacted]

Alternate and/or Safe Mailing Address

If you are applying based on the Violence Against Women Act (VAWA) or as a special immigrant juvenile, human trafficking victim (T nonimmigrant), or victim of a qualifying crime (U nonimmigrant) and you do not want USCIS to send notices about this application to your home, you may provide an alternative and/or safe mailing address.

13.a. In Care Of Name (if any) [Redacted]

13.b. Street Number and Name [Redacted]

13.c. Apt. Ste. Flr. [Redacted]

13.d. City or Town [Redacted]

13.e. State [Redacted] 13.f. ZIP Code [Redacted]

Social Security Card

14. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? Yes No

If you answered "Yes," provide the information requested in Item Number 15.

15. Provide your U.S. Social Security Number (SSN).

▶ [Redacted]

16. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 17. Consent for Disclosure, to receive a card).

Yes No

17. 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

Recent Immigration History

Provide the information for Item Numbers 18. - 24. if you last entered the United States using a passport or travel document.

18. Passport Number Used at Last Arrival [Redacted]

19. Travel Document Number Used at Last Arrival

NA [Redacted]

20. Expiration Date of this Passport or Travel Document (mm/dd/yyyy) [Redacted]

21. Country that issued this Passport or Travel Document [Redacted]

22. Nonimmigrant Visa Number from this Passport (if any)

NA [Redacted]

Place of Last Arrival into the United States

23.a. City or Town [Redacted]

23.b. State [Redacted]

24. Date of Last Arrival (mm/dd/yyyy) [Redacted]

FOIR - 3 of 22



A-Number ▶ A-

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

When I last arrived in the United States, I:

25.a. Was inspected at a port of entry and admitted as (for example, exchange visitor; visitor, waived through; temporary worker; student):

[Redacted]

25.b. Was inspected at a port of entry and paroled as (for example, humanitarian parole, Cuban parole):

[Redacted]

25.c. Came into the United States without admission or parole.

25.d. Other:

[Redacted]

If you were issued a Form I-94 Arrival-Departure Record Number:

26.a. Form I-94 Arrival-Departure Record Number

▶ [Redacted]

26.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy)

[Redacted]

26.c. Status on Form I-94 (for example, class of admission, or paroled, if paroled)

Paroled

27. What is your current immigration status (if it has changed since your arrival)?

Asylum Applicant

Provide your name exactly as it appears on your Form I-94 (if any)

28.a. Family Name (Last Name)

[Redacted]

28.b. Given Name (First Name)

[Redacted]

28.c. Middle Name

[Redacted]

Part 2. Application Type or Filing Category

NOTE: Attach a copy of the Form I-797 receipt or approval notice for the underlying petition or application, as appropriate.

I am applying to register lawful permanent residence or adjust status to that of a lawful permanent resident based on the following immigrant category (select only one box). (See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.)

I.a. Family-based

- Immediate relative of a U.S. citizen, Form I-130
- Other relative of a U.S. citizen or relative of a lawful permanent resident under the family-based preference categories, Form I-130
- Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen, Form I-129F (K-1/K-2 Nonimmigrant)
- Widow or widower of a U.S. citizen, Form I-360
- VAWA self-petitioner, Form I-360

I.b. Employment-based

- Alien worker, Form I-140
- Alien entrepreneur, Form I-526

I.c. Special Immigrant

- Religious worker, Form I-360
- Special immigrant juvenile, Form I-360
- Certain Afghan or Iraqi National, Form I-360 or Form DS-157
- Certain international broadcaster, Form I-360
- Certain G-4 international organization or family member or NATO-6 employee or family member, Form I-360

I.d. Asylee or Refugee

- Asylum status (INA section 208), Form I-589 or Form I-730
- Refugee status (INA section 207), Form I-590 or Form I-730

I.e. Human Trafficking Victim or Crime Victim

- Human trafficking victim (T Nonimmigrant), Form I-914 or derivative family member, Form I-914A
- Crime victim (U Nonimmigrant), Form I-918, derivative family member, Form I-918A, or qualifying family member, Form I-929

EOIR - 4 01 22



A-Number ▶ A- [REDACTED]

Part 2. Application Type or Filing Category (continued)

1.f. Special Programs Based on Certain Public Laws

- The Cuban Adjustment Act
- The Cuban Adjustment Act for battered spouses and children
- Dependent status under the Haitian Refugee Immigrant Fairness Act
- Dependent status under the Haitian Refugee Immigrant Fairness Act for battered spouses and children
- Lautenberg Parolees
- Diplomats or high ranking officials unable to return home (Section 13 of the Act of September 11, 1957)
- Indochinese Parole Adjustment Act of 2000

1.g. Additional Options

- Diversity Visa program
- Continuous residence in the United States since before January 1, 1972 ("Registry")
- Individual born in the United States under diplomatic status
- Other eligibility

[REDACTED]

- 2. Are you applying for adjustment based on the Immigration and Nationality Act (INA) section 245(i)?**
- Yes No

NOTE: If you answered "Yes" to Item Number 2., you must have selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in Item Numbers 1.a. - 1.g. as the basis for your application for adjustment of status. Fill out the rest of this application and Supplement A to Form I-485, Adjustment of Status Under Section 245(i) (Supplement A). For detailed filing instructions, read the Form I-485 Instructions (including any Additional Instructions that relate to the immigrant category that you selected in Item Numbers 1.a. - 1.g.) and Supplement A Instructions.

Information About Your Immigrant Category

If you are the principal applicant, provide the following information.

- 3. Receipt Number of Underlying Petition (if any)**
[REDACTED]
- 4. Priority Date from Underlying Petition (if any) (mm/dd/yyyy)**
[REDACTED]

If you are a derivative applicant (the spouse or unmarried child under 21 years of age of a principal applicant), provide the following information for the principal applicant.

Principal Applicant's Name

- 5.a. Family Name (Last Name)** [REDACTED]
- 5.b. Given Name (First Name)** [REDACTED]
- 5.c. Middle Name** [REDACTED]

- 6. Principal Applicant's A-Number (if any)**
▶ A- [REDACTED]
- 7. Principal Applicant's Date of Birth (mm/dd/yyyy)**
[REDACTED]
- 8. Receipt Number of Principal's Underlying Petition (if any)**
▶ [REDACTED]
- 9. Priority Date of Principal Applicant's Underlying Petition (if any) (mm/dd/yyyy)**
[REDACTED]

Part 3. Additional Information About You

- 1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad?**
- Yes No

If you answered "Yes" to Item Number 1., complete Item Numbers 2.a. - 4. below. If you need extra space to complete this section, use the space provided in Part 14. **Additional Information.**

Location of U.S. Embassy or U.S. Consulate

- 2.a. City** [REDACTED]
- 2.b. Country**
[REDACTED]
- 3. Decision (for example, approved, refused, denied, withdrawn)**
[REDACTED]
- 4. Date of Decision (mm/dd/yyyy)**
[REDACTED]

ECIR - 5 of 22



A-Number ▶ A- [REDACTED]

Part 3. Additional Information About You
(continued)

Address History

Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in Part 14. Additional Information.

Physical Address 1 (current address)

5.a. Street Number and Name [REDACTED]

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

5.c. City or Town [REDACTED]

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

5.f. Province [REDACTED]

5.g. Postal Code [REDACTED]

5.h. Country
USA

Dates of Residence

6.a. From (mm/dd/yyyy) [REDACTED]

6.b. To (mm/dd/yyyy) Present

Physical Address 2

7.a. Street Number and Name [REDACTED]

7.b. Apt. Ste. Flr. [REDACTED]

7.c. City or Town [REDACTED]

7.d. State [REDACTED] 7.e. ZIP Code [REDACTED]

7.f. Province [REDACTED]

7.g. Postal Code [REDACTED]

7.h. Country
[REDACTED]

Dates of Residence

8.a. From (mm/dd/yyyy) [REDACTED]

8.b. To (mm/dd/yyyy) [REDACTED]

Provide your most recent address outside the United States where you lived for more than one year (if not already listed above).

9.a. Street Number and Name [REDACTED]

9.b. Apt. Ste. Flr. [REDACTED]

9.c. City or Town [REDACTED]

9.d. State [REDACTED] 9.e. ZIP Code [REDACTED]

9.f. Province [REDACTED]

9.g. Postal Code [REDACTED]

9.h. Country
[REDACTED]

Dates of Residence

10.a. From (mm/dd/yyyy) [REDACTED]

10.b. To (mm/dd/yyyy) [REDACTED]

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in Part 14. Additional Information.

Employer 1 (current or most recent)

11. Name of Employer or Company
[REDACTED]

Address of Employer or Company

12.a. Street Number and Name [REDACTED]

12.b. Apt. Ste. Flr. [REDACTED]

12.c. City or Town [REDACTED]

12.d. State [REDACTED] 12.e. ZIP Code [REDACTED]

12.f. Province [REDACTED]

12.g. Postal Code [REDACTED]

12.h. Country
[REDACTED]

13. Your Occupation
[REDACTED]

ECIR - 5 of 22



A-Number ▶ A- [REDACTED]

Part 3. Additional Information About You (continued)

Dates of Employment

14.a. From (mm/dd/yyyy) [REDACTED]

14.b. To (mm/dd/yyyy) [REDACTED]

Employer 2

15. Name of Employer or Company

[REDACTED]

Address of Employer or Company

16.a. Street Number and Name

[REDACTED]

16.b. Apt. Ste. Flr.

[REDACTED]

16.c. City or Town

[REDACTED]

16.d. State

[REDACTED]

16.e. ZIP Code

[REDACTED]

16.f. Province

[REDACTED]

16.g. Postal Code

[REDACTED]

16.h. Country

[REDACTED]

17. Your Occupation

[REDACTED]

Dates of Employment

18.a. From (mm/dd/yyyy)

[REDACTED]

18.b. To (mm/dd/yyyy)

[REDACTED]

Provide your most recent employment outside of the United States (if not already listed above).

19. Name of Employer or Company

[REDACTED]

Address of Employer or Company

20.a. Street Number and Name

[REDACTED]

20.b. Apt. Ste. Flr.

[REDACTED]

20.c. City or Town

[REDACTED]

20.d. State

[REDACTED]

20.e. ZIP Code

[REDACTED]

20.f. Province

[REDACTED]

20.g. Postal Code

[REDACTED]

20.h. Country

[REDACTED]

21. Your Occupation

[REDACTED]

Dates of Employment

22.a. From (mm/dd/yyyy)

[REDACTED]

22.b. To (mm/dd/yyyy)

[REDACTED]

Part 4. Information About Your Parents

Information About Your Parent 1

Parent 1's Legal Name

1.a. Family Name (Last Name)

[REDACTED]

1.b. Given Name (First Name)

[REDACTED]

1.c. Middle Name

[REDACTED]

Parent 1's Name at Birth (if different than above)

2.a. Family Name (Last Name)

[REDACTED]

2.b. Given Name (First Name)

[REDACTED]

2.c. Middle Name

[REDACTED]

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

[REDACTED]

4. Sex Male Female

5. City or Town of Birth

[REDACTED]

6. Country of Birth

[REDACTED]

EOIR - 7 OF 22



A-Number ▶ A-



Part 4. Information About Your Parents (continued)

- 7. Current City or Town of Residence (if living)
- 8. Current Country of Residence (if living)

Information About Your Parent 2

Parent 2's Legal Name

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

Parent 2's Name at Birth (if different than above)

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

- 11. Date of Birth (mm/dd/yyyy)
- 12. Sex Male Female
- 13. City or Town of Birth
- 14. Country of Birth
- 15. Current City or Town of Residence (if living)
- 16. Current Country of Residence (if living)

Part 5. Information About Your Marital History

- 1. What is your current marital status?
 - Single, Never Married
 - Married
 - Divorced
 - Widowed
 - Marriage Annulled
 - Legally Separated
- 2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard?
 - N/A
 - Yes
 - No

- 3. How many times have you been married (including annulled marriages and marriages to the same person)?

Information About Your Current Marriage (including if you are legally separated)

If you are currently married, provide the following information about your current spouse.

Current Spouse's Legal Name

- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name
- 5. A-Number (if any) ▶ A-

- 6. Current Spouse's Date of Birth (mm/dd/yyyy)
- 7. Date of Marriage to Current Spouse (mm/dd/yyyy)

Current Spouse's Place of Birth

- 8.a. City or Town
- 8.b. State or Province
- 8.c. Country

Place of Marriage to Current Spouse

- 9.a. City or Town
- 9.b. State or Province
- 9.c. Country

- 10. Is your current spouse applying with you? Yes No

EOIR - 8 of 22



A-Number ▶ A- [REDACTED]

Part 5. Information About Your Marital History
(continued)

Information About Prior Marriages (if any)

If you have been married before, whether in the United States or in any other country, provide the following information about your prior spouse. If you have had more than one previous marriage, use the space provided in Part 14. Additional Information to provide the information below.

Prior Spouse's Legal Name (provide family name before marriage)

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

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

11.c. Middle Name [REDACTED]

12. Prior Spouse's Date of Birth (mm/dd/yyyy) [REDACTED]

13. Date of Marriage to Prior Spouse (mm/dd/yyyy) [REDACTED]

Place of Marriage to Prior Spouse

14.a. City or Town [REDACTED]

14.b. State or Province [REDACTED]

14.c. Country [REDACTED]

15. Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy) [REDACTED]

Place Where Marriage with Prior Spouse Legally Ended

16.a. City or Town [REDACTED]

16.b. State or Province [REDACTED]

16.c. Country [REDACTED]

Part 6. Information About Your Children

- 1. Indicate the total number of ALL living children (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

2

Provide the following information for each of your children. If you have more than three children, use the space provided in Part 14. Additional Information.

Child 1

Current Legal Name

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

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

2.c. Middle Name [REDACTED]

3. A-Number (if any) ▶ A- [REDACTED]

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

5. Country of Birth [REDACTED]

6. Is this child applying with you? Yes No

Child 2

Current Legal Name

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

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

7.c. Middle Name [REDACTED]

8. A-Number (if any) ▶ A- [REDACTED]

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

10. Country of Birth
United States

11. Is this child applying with you? Yes No

EOIR - 9 of 22

A-Number ▶ A- [REDACTED]

Part 6. Information About Your Children (continued)

Child 3

Current Legal Name

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

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

12.c. Middle Name [REDACTED]

13. A-Number (if any) ▶ A- [REDACTED]

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

15. Country of Birth [REDACTED]

16. Is this child applying with you? Yes No

Part 7. Biographic Information

1. Ethnicity (Select only one box)

- Hispanic or Latino
- Not Hispanic or Latino

2. Race (Select all applicable boxes)

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

3. Height Feet [REDACTED] Inches [REDACTED]

4. Weight Pounds [REDACTED]

5. Eye Color (Select only one box)

- Black Blue Brown
- Gray Green Hazel
- Maroon Pink Unknown/Other

6. Hair Color (Select only one box)

- Bald (No hair) Black Blond
- Brown Gray Red
- Sandy White Unknown/Other

Part 8. General Eligibility and Inadmissibility Grounds

1. Have you EVER been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world including any military service? Yes No

If you answered "Yes" to Item Number 1., complete Item Numbers 2. - 13.b. below. If you need extra space to complete this section, use the space provided in Part 14. Additional Information. If you answered "No," but are unsure of your answer, provide an explanation of the events and circumstances in the space provided in Part 14. Additional Information.

Organization 1

2. Name of Organization [REDACTED]

3.a. City or Town [REDACTED]

3.b. State or Province [REDACTED]

3.c. Country [REDACTED] Cuba

4. Nature of Group [REDACTED] Human Rights Organization

Dates of Membership or Dates of Involvement

5.a. From (mm/dd/yyyy) [REDACTED]

5.b. To (mm/dd/yyyy) [REDACTED]

Organization 2

6. Name of Organization [REDACTED]

7.a. City or Town [REDACTED]

7.b. State or Province [REDACTED]

7.c. Country [REDACTED]

8. Nature of Group [REDACTED]

EOIR - 10 OF 22



A-Number ▶ A-

Part 8. General Eligibility and Inadmissibility Grounds (continued)

Dates of Membership or Dates of Involvement

9.a. From (mm/dd/yyyy)

9.b. To (mm/dd/yyyy)

Organization 3

10. Name of Organization

11.a. City or Town

11.b. State or Province

11.c. Country

12. Nature of Group

Dates of Membership or Dates of Involvement

13.a. From (mm/dd/yyyy)

13.b. To (mm/dd/yyyy)

Answer Item Numbers 14. - 86.b. Choose the answer that you think is correct. If you answer "Yes" to any questions (or if you answer "No," but are unsure of your answer), provide an explanation of the events and circumstances in the space provided in Part 14. Additional Information.

14. Have you EVER been denied admission to the United States? Yes No

15. Have you EVER been denied a visa to the United States? Yes No

16. Have you EVER worked in the United States without authorization? Yes No

17. Have you EVER violated the terms or conditions of your nonimmigrant status? Yes No

18. Are you presently or have you EVER been in removal, exclusion, rescission, or deportation proceedings? Yes No

19. Have you EVER been issued a final order of exclusion, deportation, or removal? Yes No

20. Have you EVER had a prior final order of exclusion, deportation, or removal reinstated? Yes No

21. Have you EVER held lawful permanent resident status which was later rescinded? Yes No

22. Have you EVER been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time? Yes No

23. Have you EVER applied for any kind of relief or protection from removal, exclusion, or deportation? Yes No

24.a. Have you EVER been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement? Yes No

If you answered "Yes" to Item Number 24.a., complete Item Numbers 24.b. - 24.c. If you answered "No" to Item Number 24.a., skip to Item Number 25.

24.b. Have you complied with the foreign residence requirement? Yes No

24.c. Have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you? Yes No

Criminal Acts and Violations

For Item Numbers 25. - 45., you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to Item Numbers 25. - 45., use the space provided in Part 14. Additional Information to provide an explanation that includes why you were arrested, cited, detained, or charged; where you were arrested, cited, detained, or charged; when (date) the event occurred; and the outcome or disposition (for example, no charges filed, charges dismissed, jail, probation, community service).

25. Have you EVER been arrested, cited, charged, or detained for any reason by any law enforcement official (including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard)? Yes No

26. Have you EVER committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime)? Yes No

EOIR - 11 OF 22



Part 8. General Eligibility and Inadmissibility Grounds (continued)

27. Have you EVER pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? Yes No

NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

28. Have you EVER been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? Yes No

29. Have you EVER been a defendant or the accused in a criminal proceeding (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication)? Yes No

30. Have you EVER violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? Yes No

31. Have you EVER been convicted of two or more offenses (other than purely political offenses) for which the combined sentences to confinement were five years or more? Yes No

32. Have you EVER illicitly (illegally) trafficked or benefited from the trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? Yes No

33. Have you EVER knowingly aided, abetted, assisted, conspired, or colluded in the illicit trafficking of any illegal narcotic or other controlled substances? Yes No

34. Are you the spouse, son, or daughter of a foreign national who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last five years, any financial or other benefit from the illegal activity of your spouse or parent, although you knew or reasonably should have known that the financial or other benefit resulted from the illicit activity of your spouse or parent? Yes No

35. Have you EVER engaged in prostitution or are you coming to the United States to engage in prostitution? Yes No

36. Have you EVER directly or indirectly procured (or attempted to procure) or imported prostitutes or persons for the purpose of prostitution? Yes No

37. Have you EVER received any proceeds or money from prostitution? Yes No

38. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? Yes No

39. Have you EVER exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? Yes No

40. Have you EVER, while serving as a foreign government official, been responsible for or directly carried out violations of religious freedoms? Yes No

41. Have you EVER induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of persons for commercial sex acts? Yes No

42. Have you EVER trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion. Yes No

43. Have you EVER knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? Yes No

44. Are you the spouse, son or daughter of a foreign national who engaged in the trafficking of persons and have received or obtained, within the last five years, any financial or other benefits from the illicit activity of your spouse or your parent, although you knew or reasonably should have known that this benefit resulted from the illicit activity of your spouse or parent? Yes No

45. Have you EVER engaged in money laundering or have you EVER knowingly aided, assisted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? Yes No

NOTE - 12 OF 22



A-Number ▶ A-

Part 8. General Eligibility and Inadmissibility Grounds (continued)

Security and Related

Do you intend to:

46.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? Yes No

46.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes No

46.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? Yes No

46.d. Engage in any activity that could endanger the welfare, safety, or security of the United States? Yes No

46.e. Engage in any other unlawful activity? Yes No

47. Are you engaged in or, upon your entry into the United States, do you intend to engage in any activity that could have potentially serious adverse foreign policy consequences for the United States? Yes No

Have you EVER:

48.a. Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated, planned, or prepared any of the following: hijacking, sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property? Yes No

48.b. Participated in, or been a member of, a group or organization that did any of the activities described in Item Number 48.a.? Yes No

48.c. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in Item Number 48.a.? Yes No

48.d. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in Item Number 48.a.? Yes No

48.o. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in Item Number 48.a.? Yes No

49. Have you EVER received any type of military, paramilitary, or weapons training? Yes No

50. Do you intend to engage in any of the activities listed in any part of Item Numbers 48.a. - 49.? Yes No

NOTE: If you answered "Yes" to any part of Item Numbers 46.a. - 50., explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in Part 14. Additional Information.

Are you the spouse or child of an individual who EVER:

51.a. Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated, planned, or prepared any of the following: hijacking, sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property? Yes No

51.b. Participated in, or been a member or a representative of a group or organization that did any of the activities described in Item Number 51.a.? Yes No

51.c. Recruited members, or asked for money or things of value, for a group or organization that did any of the activities described in Item Number 51.a.? Yes No

51.d. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in Item Number 51.a.? Yes No

51.e. Provided money, a thing of value, services or labor, or any other assistance or support to an individual, group, or organization who did any of the activities described in Item Number 51.a.? Yes No

51.f. Received any type of military, paramilitary, or weapons training from a group or organization that did any of the activities described in Item Number 51.a.? Yes No

NOTE: If you answered "Yes" to any part of Item Number 51., explain the relationship and what occurred, including the dates and location of the circumstances, in the space provided in Part 14. Additional Information.

52. Have you EVER assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person? Yes No

EOIR - 13 OF 22



A-Number ▶ A-

Part 8. General Eligibility and Inadmissibility Grounds (continued)

53. Have you EVER worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No

54. Have you EVER been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes No

55. Have you EVER served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, insurgent organization, or any other armed group? Yes No

56. Have you EVER been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party (in the United States or abroad)? Yes No

57. During the period from March 23, 1933 to May 8, 1945, did you ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion, in association with either the Nazi government of Germany or any organization or government associated or allied with the Nazi government of Germany? Yes No

Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

58.a. Acts involving torture or genocide? Yes No

58.b. Killing any person? Yes No

58.c. Intentionally and severely injuring any person? Yes No

58.d. Engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened? Yes No

58.e. Limiting or denying any person's ability to exercise religious beliefs? Yes No

59. Have you EVER recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? Yes No

60. Have you EVER used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat? Yes No

NOTE: If you answered "Yes" to any part of Item Numbers 52. - 60., explain what occurred, including the dates and location of the circumstances, in the space provided in Part 14. Additional Information.

Public Charge

61. Are you subject to the public charge ground of inadmissibility under INA section 212(a)(4)? Yes No

If you answered "Yes" to Item Number 61., complete Item Numbers 62. - 68.d. below. If you answered "No" to Item Number 61., go to Item Number 69.a. If you need extra space to complete this section, use the space provided in Part 14. Additional Information.

62. What is the size of your household?

63. Indicate your annual household income.

- \$0-27,000
- \$27,001-52,000
- \$52,001-85,000
- \$85,001-141,000
- Over \$141,000

64. Identify the total value of your household assets.

- \$0-18,400
- \$18,401-136,000
- \$136,001-321,400
- \$321,401-707,100
- Over \$707,100

EOIR - 14 of 22



Part 8. General Eligibility and Inadmissibility Grounds (continued)

65. Identify the total value of your household liabilities (including both secured and unsecured liabilities).
 \$0 \$1-10,100 \$10,101-57,700 \$57,701-186,800 Over \$186,800

66. What is the highest degree or level of school you have completed?
 Grades 1 through 11 12th grade - no diploma High school diploma, GED, or alternative credential
 1 or more years of college credit, no degree Associate's degree Bachelor's degree
 Master's degree Professional degree (JD, MD, DMD, etc.) Doctorate degree

67. List your certifications, licenses, skills obtained through work experience, and educational certificates.

68.a. Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or State, Tribal, territorial, or local, cash benefit programs for income maintenance (often called "General Assistance" in the State context, but which also exist under other names)? Yes No

68.b. Have you ever received long-term institutionalization at government expense? Yes No

68.c. If your answer to Item Number 68.a. is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, and the dollar amount of benefits received.

Benefit Received	Start Date	End Date	Dollar Amount

68.d. If your answer to Item Number 68.b. is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, and the reason you were institutionalized.

Institution Name/City/State	Date From	Date To	Reason

EOIR - 15 of 22



A-Number ▶ A-



Part 8. General Eligibility and Inadmissibility Grounds (continued)

Illegal Entries and Other Immigration Violations

69.a. Have you EVER failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? Yes No

69.b. If your answer to Item Number 69.a. is "Yes," do you believe you had reasonable cause? Yes No

69.c. If your answer to Item Number 69.b. is "Yes," attach a written statement explaining why you had reasonable cause.

70. Have you EVER submitted fraudulent or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? Yes No

71. Have you EVER lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? Yes No

72. Have you EVER falsely claimed to be a U.S. citizen (in writing or any other way)? Yes No

73. Have you EVER been a stowaway on a vessel or aircraft arriving in the United States? Yes No

74. Have you EVER knowingly encouraged, induced, assisted, abetted, or aided any foreign national to enter or to try to enter the United States illegally (alien smuggling)? Yes No

75. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? Yes No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

76. Have you EVER been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? Yes No

77. Have you EVER entered the United States without being inspected and admitted or paroled? Yes No

Since April 1, 1997, have you been unlawfully present in the United States:

78.a. For more than 180 days but less than a year, and then departed the United States? Yes No

78.b. For one year or more and then departed the United States? Yes No

NOTE: You were unlawfully present in the United States if you entered the United States without being inspected and admitted or inspected and paroled, or if you legally entered the United States but you stayed longer than permitted.

Since April 1, 1997, have you EVER reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

79.a. Having been unlawfully present in the United States for more than one year in the aggregate? Yes No

79.b. Having been deported, excluded, or removed from the United States? Yes No

Miscellaneous Conduct

80. Do you plan to practice polygamy in the United States? Yes No

81. Are you accompanying another foreign national who requires your protection or guardianship but who is inadmissible after being certified by a medical officer as being helpless from sickness, physical or mental disability, or infancy, as described in INA section 232(e)? Yes No

82. Have you EVER assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a U.S. citizen who has been granted custody of the child? Yes No

83. Have you EVER voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? Yes No

84. Have you EVER renounced U.S. citizenship to avoid being taxed by the United States? Yes No

Have you EVER:

85.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are a foreign national? Yes No

EOIR - 16 of 22



A-Number ▶ A [REDACTED]

Part 8. General Eligibility and Inadmissibility Grounds (continued)

85.b. Been relieved or discharged from such training or service on the ground that you are a foreign national?

Yes No

85.c. Been convicted of desertion from the U.S. armed forces?

Yes No

86.a. Have you EVER left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? Yes No

86.b. If your answer to Item Number 86.a. is "Yes," what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

[REDACTED]

Part 9. Accommodations for Individuals With Disabilities and/or Impairments

NOTE: Read the information in the Form I-485 Instructions before completing this part.

1. Are you requesting an accommodation because of your disabilities and/or impairments? Yes No

If you answered "Yes" to Item Number 1., select any applicable box in Item Numbers 2.a. - 2.c. and provide an answer.

2.a. I am deaf or hard of hearing and request the following accommodation. (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language):

[REDACTED]

2.b. I am blind or have low vision and request the following accommodation:

[REDACTED]

2.c. I have another type of disability and/or impairment. (Describe the nature of your disability and/or impairment and the accommodation you are requesting.)

[REDACTED]

Part 10. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the Penalties section of the Form I-485 Instructions before completing this part. You must file Form I-485 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 11. 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 12., [REDACTED] prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

[REDACTED]

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

[REDACTED]

5. Applicant's Email Address (if any)

[REDACTED]

ECIR - 17 OF 22



A-Number ▶ A- [REDACTED]

Part 10. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

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 understand that if I am a male who is 18 to 26 years of age, submitting this application will automatically register me with the Selective Service System as required by the Military Selective Service Act.

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

- 6.a. Applicant's Signature (sign in ink)
➔ [REDACTED]
- 6.b. Date of Signature (mm/dd/yyyy) [REDACTED]

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 11. 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) [REDACTED]
- 1.b. Interpreter's Given Name (First Name) [REDACTED]
- 2. Interpreter's Business or Organization Name (if any) [REDACTED]

Interpreter's Mailing Address

- 3.a. Street Number and Name [REDACTED]
- 3.b. Apt. Ste. Flr. [REDACTED]
- 3.c. City or Town [REDACTED]
- 3.d. State [REDACTED] 3.e. ZIP Code [REDACTED]
- 3.f. Province [REDACTED]
- 3.g. Postal Code [REDACTED]
- 3.h. Country
USA [REDACTED]

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]

EOIR - 18 04 22



A-Number ▶ A-

Part 11. Interpreter's Contact Information Certification, and Signature (continued)

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 10., 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 (sign in ink)

[Redacted Signature]

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

[Redacted Date]

Part 12. 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)

[Redacted Last Name]

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

[Redacted First Name]

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

Human Rights First

Preparer's Mailing Address

3.a. Street Number and Name

[Redacted Street Address]

3.b. Apt. Ste. Flr.

[Redacted Apartment/Street/Floor]

3.c. City or Town

[Redacted City/Town]

3.d. State

[Redacted State]

3.e. ZIP Code

[Redacted ZIP Code]

3.f. Province

[Redacted Province]

3.g. Postal Code

[Redacted Postal Code]

3.h. Country

USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

[Redacted Daytime Phone Number]

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

[Redacted Mobile Phone Number]

6. Preparer's Email Address (if any)

[Redacted Email Address]

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 be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.



A-Number ▶ A-

Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

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 (sign in ink)

[Redacted Signature]

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

[Redacted Date]

NOTE: Do not complete Part 13, until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the corrections made to this application, numbered [] through [], are complete, true, and correct. All additional pages submitted by me with this Form I-485, on numbered pages [] through [] are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

[Redacted Name/Stamp]

Date of Signature (mm/dd/yyyy)

[Redacted Date]

Applicant's Signature (sign in ink)

[Redacted Signature]

USCIS Officer's Signature (sign in ink)

[Redacted Signature]



A-Number ▶ A- [REDACTED]

Part 14. Additional Information

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

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

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

1.c. Middle Name [REDACTED]

2. A-Number (if any) ▶ A [REDACTED]

3.a. Page Number 10 3.b. Part Number 8 3.c. Item Number 18

3.d. I am currently in removal proceedings.

4.a. Page Number 11 4.b. Part Number 8 4.c. Item Number 23

4.d. I have applied for asylum, withholding of removal, and protection under the Convention Against Torture in removal proceedings.

5.a. Page Number 10 5.b. Part Number 8 5.c. Item Number 25

5.d. [REDACTED]

6.a. Page Number 10 6.b. Part Number 8 6.c. Item Number 25

6.d. [REDACTED]

7.a. Page Number 11 7.b. Part Number 8 7.c. Item Number [REDACTED]

7.d. [REDACTED]



**UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
LOS ANGELES, CALIFORNIA**

In the Matter of:

[REDACTED]

Respondent.

In Removal Proceedings

File No:

[REDACTED]

PROOF OF SERVICE

I, [REDACTED] hereby certify that on [REDACTED], I filed the foregoing RESPONDENT'S FORM I-485, APPLICATION FOR ADJUSTMENT OF STATUS UNDER THE CUBAN ADJUSTMENT ACT, and any attached documents via ECAS, which will complete service on opposing counsel in the Department of Homeland Security. See IMMIGRATION COURT PRACTICE MANUAL, Chapter 3.2(a)(1).

[REDACTED]



UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
LOS ANGELES IMMIGRATION COURT

Respondent Name:

[REDACTED]

To:

[REDACTED]

A-Number:

[REDACTED]

Riders:

In Removal Proceedings

Initiated by the Department of Homeland Security

Date:

[REDACTED]

ORDER OF THE IMMIGRATION JUDGE

Respondent has submitted a Form EOIR-26A, Fee Waiver Request, requesting a fee waiver for a motion or application for relief. Respondent's request for a fee waiver is hereby:

Granted.

Denied for the following reason(s):

Immigration Judge: SIMONS, ANITA [REDACTED]

Certificate of Service


This document was served:

Via: [M] Mail | [P] Personal Service | [E] Electronic Service

To: [] Noncitizen | [] Noncitizen c/o custodial officer | [E] Noncitizen's atty/rep. | [E] DHS

Respondent Name :

Riders:

Date:  By: CHA, David, Court Staff

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
LOS ANGELES IMMIGRATION COURT

LEAD FILE: [REDACTED]
IN REMOVAL PROCEEDINGS
DATE: [REDACTED]

TO: Human Rights First
[REDACTED]

Presence of respondent(s) waived for a MASTER HEARING

RE: [REDACTED]

Notice of Internet-Based Hearing

Your case has been scheduled for a MASTER hearing before the immigration court on:

Your hearing is not in person. You will access your hearing by calling the phone number below.
Phone Number: 1-415-527-5035 US Toll
Access Code: [REDACTED]

Date: [REDACTED]

Time: [REDACTED]

Court Address: 606 SOUTH OLIVE ST.

5th Fl., Courtroom 4, LOS ANGELES, CA 90014

Representation: You may be represented in these proceedings, at no expense to the Government, by an attorney or other representative of your choice who is authorized and qualified to represent persons before an immigration court. If you are represented, your attorney or representative must also appear at your hearing and be ready to proceed with your case. Enclosed and online at <https://www.justice.gov/eoir/list-pro-bono-legal-service-providers> is a list of free legal service providers who may be able to assist you.

Failure to Appear: If you fail to appear at your hearing and the Department of Homeland Security establishes by clear, unequivocal, and convincing evidence that written notice of your hearing was provided and that you are removable, you will be ordered removed from the United States. Exceptions to these rules are only for exceptional circumstances.

Change of Address: The court will send all correspondence, including hearing notices, to you based on the most recent contact information you have provided, and your immigration proceedings can go forward in your absence if you do not appear before the court. If your contact information is missing or is incorrect on the Notice to Appear, you must provide the immigration court with your updated contact information within five days of receipt of that notice so you do not miss important information. Each time your address, telephone number, or email address changes, you must inform the immigration court within five days. To update your contact information with the immigration court, you must complete a Form EOIR-33 either online at <https://respondentaccess.eoir.justice.gov/en/> or by [completing the enclosed paper form](#) and mailing it to the immigration

court listed above.

Internet-Based Hearings: If you are scheduled to have an internet-based hearing, you will appear by video or telephone. If you prefer to appear in person at the immigration court named above, you must file a motion for an in-person hearing with the immigration court at least fifteen days before the hearing date provided above. Additional information about internet-based hearings for each immigration court is available on EOIR's website at <https://www.justice.gov/eoir/eoir-immigration-court-listing>.

In-Person Hearings: If you are scheduled to have an in-person hearing, you will appear in person at the immigration court named above. If you prefer to appear remotely, you must file a motion for an internet-based hearing with the immigration court at least fifteen days before the hearing date provided above.

For information about your case, please call 1-800-898-7180 (toll-free) or 304-625-2050.

The Certificate of Service on this document allows the immigration court to record delivery of this notice to you and to the Department of Homeland Security.

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: MAIL [M] PERSONAL SERVICE [P] ELECTRONIC SERVICE [E]

TO: [] Noncitizen | [] Noncitizen c/o Custodial Officer | [E] Noncitizen ATT/REP | [E] DHS

DATE: [REDACTED] BY: COURT STAFF [REDACTED] D.Cha

Attachments: [] EOIR-33 [] Appeal Packet [] Legal Services List [] Other NH

Use a smartphone's camera to scan the code on this page to read the notice online.

Usa la cámara de un teléfono inteligente para escanear el código de esta página y leer el aviso en línea.

Use a cámara do smartphone para digitalizar o código nesta página e ler o manual de instruções online.

使用智能手机摄像头扫描本页面的代码，即可在线阅读该通知。

ঠিকিস তুঁ অনলাইন পড়ন লসী ডিস পনে 'উ কোড তুঁ সইন বরন লসী সমাচরন চি বরন চি বরন কবে।

অনলাইন নোটিশ পড়ার জন্য এই পজেরে কোডটি স্ক্যান করতে স্মার্টফোনের ক্যামেরা ব্যবহার করুন



सूचना अनलाइनमा पढ्न यस पृष्ठमा कोड स्वयान गर्न स्मार्टफोनको क्यामेरा प्रयोग गर्नुहोस्।

Sèvi ak kamera yon telefòn entèlijan pou eskane kòd ki nan paj sa a pou li avi a sou entènèt.

استخدم كاميرا الهاتف الذكي لمسح الرمز الموجود في هذه الصفحة لقراءة الإشعار على الإنترنت

Чтобы прочитать уведомление онлайн, отсканируйте код на этой странице с помощью камеры вашего смартфона.

Utilisez l'appareil photo d'un téléphone intelligent pour scanner le code sur cette page afin de lire l'avis en ligne.