

# I-765 INSTRUCTIONS

# GENERAL INSTRUCTIONS

- The I-765 can be typed or handwritten, or a mix of both.
  - Use black ink for any handwriting.
  - It is fine to hand write portions of the form that do not fit in the boxes provided
  - Any handwriting must be very neat and legible
- If a section on the I-765 does not apply to you, write "N/A" in that field (or "None" if the question asks for a numerical value)
- If you need extra space to complete any item within the application, use the space provided in **Part 6. Additional Information.**



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

OMB No. 1615-0040  
Expires 05/31/2020

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- <input type="text"/>		
	Remarks		

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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► **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

Exactly as it appears exactly on your passport

### ***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

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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

If this does not  
apply to you, list  
“N/A” in these  
fields



## Part 2. Information About You (continued)

### Your U.S. Mailing Address

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

Homer Simpson

5.b. Street Number and Name

1234 Awesome Lane

5.c. ☐ Apt. ☐ Ste. ☐ Flr.

5.d. City or Town

Springfield

5.e. State

IL

5.f. ZIP Code

92154-0619

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

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.

- ☐ Where you would want to receive your EAD Card and other notifications from USCIS
- ☐ Needs to be valid at least 4-5 months into the future
- ☐ You cannot use OIA's address
- ☐ You can use the U.S. address of a reliable friend, relative or employer who can receive the card for you.
- ☐ EADs are considered government documents and cannot be forwarded by the U.S. Postal Service.
- ☐ Zip Code- 9 digits total

ZIP Code

XXXXXX-XXXX

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



### ***U.S. Physical Address***

7.a. Street Number and Name

7.b. ☐ Apt. ☐ Ste. ☐ Flr.

7.c. City or Town

7.d. State   7.e. ZIP Code

- ☐ Current physical address in Chicago
- ☐ Complete only if this address is different from mailing address



List "None" in sections # 8 and 9 (do not usually apply to F-1 students applying for OPT)

### *Other Information*

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

▶ A-

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

9. USCIS Online Account Number (if any)

▶

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

10. Gender

☐

Male

☐

Female

11. Marital Status

☐

Single

☐

Married

☐

Divorced

☐

Widowed

12. Have you previously filed Form I-765?

☐

Yes

☐

No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?

☐

Yes

☐

No

**NOTE:** If you answered "No" to **Item Number 13.a.**, skip to **Item Number 14.** If you answered "Yes" to **Item Number 13.a.**, provide the information requested in **Item Number 13.b.**

If you already have an SSN



**13.b.** Provide your Social Security number (SSN) (if known).

▶

**14.** Do you want the SSA to issue you a Social Security card?  
(You must also answer "Yes" to **Item Number 15.**,  
**Consent for Disclosure**, to receive a card.)

☐ Yes ☒ No

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

**15. Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.

☐ Yes ☐ No

**NOTE:** If you answered "Yes" to **Item Numbers 14. - 15.**, provide the information requested in **Item Numbers 16.a. - 17.b.**

**Father's Name**

Provide your father's birth name.

**16.a.** Family Name (Last Name)

**16.b.** Given Name (First Name)

**Mother's Name**

Provide your mother's birth name.

**17.a.** Family Name (Last Name)

**17.b.** Given Name (First Name)

If you want to apply for SSN or replacement card;  
complete #14-17.

If you do not, list "N/A" in sections 16 & 17.

**13.b.** Provide your Social Security number (SSN) (if known).

▶

**14.** Do you want the SSA to issue you a Social Security card?  
(You must also answer "Yes" to **Item Number 15.**,  
**Consent for Disclosure**, to receive a card.)

☒ Yes ☐ No

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

**15. Consent for Disclosure:** I authorize disclosure of  
information from this application to the SSA as required  
for the purpose of assigning me an SSN and issuing me a  
Social Security card.

☒ Yes ☐ No

**NOTE:** If you answered "Yes" to **Item Numbers**  
**14. - 15.**, provide the information requested in **Item**  
**Numbers 16.a. - 17.b.**

**Father's Name**

Provide your father's birth name.

**16.a.** Family Name (Last Name)

**16.b.** Given Name (First Name)

**Mother's Name**

Provide your mother's birth name.

**17.a.** Family Name (Last Name)

**17.b.** Given Name (First Name)

***Your Country or Countries of Citizenship or Nationality***

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

**18.a.** Country

**18.b.** Country

Dependent on your passport(s)



## Part 2. Information About You (continued)

### *Place of Birth*

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

**19.a.** City/Town/Village of Birth

**19.b.** State/Province of Birth

**19.c.** Country of Birth

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

Exactly as it appears on your passport



## Information About Your Last Arrival in the United States

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



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

21.c. Travel Document Number (if any)

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

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

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

23. Place of Your Last Arrival Into the United States

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

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

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

► N-

Look at I-94;  
Travel History

**U.S. Customs and Border Protection**  
Securing America's Borders

**Most Recent I-94**

Admission (I-94) Record Number :   
Most Recent Date of Entry: 2017 September 06  
Class of Admission : F1  
Admit Until Date : D/S  
Details provided on the I-94 information form:

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

[Get Travel History](#)

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

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

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

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

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

Type or Handwrite  
"F-1 Post Completion OPT"

Sections 28-31 do not apply to you.  
Skip the yes/no questions, list "N/A"  
in 28.a-c, and "None" in 29 & 31.

#### 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)).

**F-1 Post Completion OPT** ( **C** ) ( **3** ) ( **B** )

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

**28.a. Degree**

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

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

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

►

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

►

**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.

Complete this section

### 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 Signature***

7.a. Applicant's Signature



*Sherry Ann Sebastian*

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

10/01/2019

**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.

Must be handwritten  
to be considered  
valid and acceptable.



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

##### Interpreter's Mailing Address

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

##### Interpreter's Contact Information

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

##### Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 3., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

##### Interpreter's Signature

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

#### Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

##### Preparer's Full Name

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

##### Preparer's Mailing Address

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

##### Preparer's Contact Information

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



#### Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

##### Preparer's Statement

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. ☐ I am an attorney or accredited representative and my representation of the applicant in this case ☐ extends ☐ does not extend beyond the preparation of this application.

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

##### Preparer's Certification

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

##### Preparer's Signature

- 8.a. Preparer's Signature
- 8.b. Date of Signature (mm/dd/yyyy)



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

***Preparer's Certification***

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

***Preparer's Signature***

8.a. Preparer's Signature

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

1. CPT (at UChicago)
2. Approved for OPT in the past
3. Have different SEVIS Number(s) than your current one

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

2

2

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3.d. CPT Authorizations (as a title to the section)

Employer Name

Start date – End date

Part-time or Full-time

Degree level (Bachelor's, Master's, or PhD)

Current SEVIS Number

#### SEVP School for Advanced SEVIS Studies

##### CPT Employment

F-1 Student

Cookie Monster

SEVP School for Advanced SEVIS Studies -  
SEVP School for Advanced SEVIS Studies  
Start Date: 09/01/2014 End Date:  
09/20/2017

Status: ACTIVE  
SEVIS ID: N0004703370



##### New CPT Employment

Employer Name	FT/PT	Request Status	Employment	Command
SEVP Applied Labs	PT	APPROVED	Start: 02/01/2017 End: 05/30/2017	<a href="#">Edit</a> <a href="#">Cancel</a>
Great Employer	FT	APPROVED	Start: 09/02/2014 End: 10/31/2014	<a href="#">Edit</a>

[Return](#) [Print 1-20](#)

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

2

2

12

3.d. OPT Authorizations (as a title to the section)

Start date – End date

Part-time or Full-time

Degree level (Bachelor's, Master's, or PhD)

SEVIS Number



U.S. Department of Justice  
Immigration and Customs Enforcement

Declaration of Eligibility for F-1 Student Status  
Form I-20 (Rev. 10/15/2010)

Page 1 of 3

Student and Sponsor Information

1. **SEVIS ID:** 30004705512

2. **Student Information:**

Full Name (Last, First, Middle)	DOB (MM/DD/YYYY)
Country of Birth	Country of Citizenship
Current Address (Street, City, State, ZIP)	Current Address (Street, City, State, ZIP)
Home Phone (Country Code, Area Code, Number)	Home Phone (Country Code, Area Code, Number)
Cell Phone (Country Code, Area Code, Number)	Cell Phone (Country Code, Area Code, Number)
Passport Number	Passport Expiration Date (MM/DD/YYYY)
Signature of Student	Date (MM/DD/YYYY)

3. **Sponsor Information:**

Relationship to Student	Signature of Sponsor	Date (MM/DD/YYYY)
-------------------------	----------------------	-------------------

4. **Program Information:**

Program Name	Program Level	Program Start Date	Program End Date
Field of Study	Field of Study	Field of Study	Field of Study

5. **Financial Information:**

Source of Funds	Amount (USD)
Source of Funds	Amount (USD)
Source of Funds	Amount (USD)

6. **Remarks:**

7. **Signature of Student:**

8. **Date:**

4.a. Page Number

3

4.b. Part Number

2

4.c. Item Number

26

4.d.

Previous SEVIS ID's: (as a title to the section)

Please list your other SEVIS ID's you have

used in the past

SEVIS ID: N00...;

Program start date – End date;

Degree level (Bachelor's, Master's, PhD)

U.S. Department of Justice  
Immigration and Customs Enforcement

Declaration of Eligibility for F-1 Student Status  
Form I-20 (Rev. 10/15/2010)

Page 1 of 3

Student and Sponsor Information

1. **SEVIS ID:** 30004705512

2. **Student Information:**

Full Name (Last, First, Middle)	DOB (MM/DD/YYYY)
Country of Birth	Country of Citizenship
Current Address (Street, City, State, ZIP)	Current Address (Street, City, State, ZIP)
Home Phone (Country Code, Area Code, Number)	Home Phone (Country Code, Area Code, Number)
Cell Phone (Country Code, Area Code, Number)	Cell Phone (Country Code, Area Code, Number)
Passport Number	Passport Expiration Date (MM/DD/YYYY)
Signature of Student	Date (MM/DD/YYYY)

3. **Sponsor Information:**

Relationship to Student	Signature of Sponsor	Date (MM/DD/YYYY)
-------------------------	----------------------	-------------------

4. **Program Information:**

Program Name	Program Level	Program Start Date	Program End Date
Field of Study	Field of Study	Field of Study	Field of Study

5. **Financial Information:**

Source of Funds	Amount (USD)
Source of Funds	Amount (USD)
Source of Funds	Amount (USD)

6. **Remarks:**

7. **Signature of Student:**

8. **Date:**



**Print and Submit all 7 pages  
of the I-765, single-sided**

 <b>U.S. Citizenship and Immigration Services</b>		<b>Application for Employment Authorization</b> Department of Homeland Security U.S. Citizenship and Immigration Services	<b>USCIS Form I-566</b> (Form No. 10-5500) Revision 09-10-2003
For USCIS Use Only	<input type="checkbox"/> Authorization Extension (Cold Entry)  <input type="checkbox"/> Authorization Extension (Cold Through)	For Name	Action Block
Alien Registration Number: A- <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>			
Remarks:			
<div style="display: flex; justify-content: space-between;"> <div> <p><b>To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).</b></p> <p>▶ <b>START HERE</b>—Type or print in black ink.</p> <p><b>Part 1. Reason for Applying.</b></p> <p><i>I am applying for (check only one box):</i></p> <p><b>1.a.</b> <input type="checkbox"/> Initial submission to accept employment.</p> <p><b>1.b.</b> <input type="checkbox"/> Replacement of lost, stolen, or damaged employment authorization document, or correction of an employment authorization document (ALI DUE to U.S. Citizenship and Immigration Services' (USCIS) error).</p> <p><b>NOTE:</b> Replacement (correction) of an employment authorization document received during USCIS error does not require a new Form I-566 and supporting fee. Refer to <b>Requirement for Cold Entry to the What is the Filing fee section of the Form I-566 Instructions</b> for further details.</p> <p><b>1.c.</b> <input type="checkbox"/> Renewal of my permission to accept employment (Attach a copy of your previous employment authorization document.)</p> </div> <div> <p><b>2.</b> <input type="checkbox"/> Select this box if Form G-28 is attached.</p> <p><b>Attorney or Accredited Representative (USCIS Income Account Number of any):</b></p> </div> </div>			
<b>Part 2. Information About You</b>			
<p><i>Your Full Legal Name</i></p> <p><b>1.a.</b> Family Name (Last Name) <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p> <p><b>1.b.</b> Given Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p> <p><b>1.c.</b> Middle Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p>			
		<p><b>Other Names Used</b></p> <p>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 on Part 6.</p> <p><b>Additional Information</b></p> <p><b>2.a.</b> Family Name (Last Name) <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p> <p><b>2.b.</b> Given Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p> <p><b>2.c.</b> Middle Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p> <p><b>2.d.</b> Family Name (Last Name) <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p> <p><b>2.e.</b> Given Name (First Name) <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p> <p><b>2.f.</b> Middle Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p> <p><b>2.g.</b> Family Name (Last Name) <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p> <p><b>2.h.</b> Given Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p> <p><b>2.i.</b> Middle Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p>	

<b>Part 2. Information About You (continued)</b>	
<p><b>Your U.S. Mailing Address</b></p> <p>If in Care Of (Name) (if any) _____</p> <p>Street Number and Name _____</p> <p>City or Town _____</p> <p>State <input type="checkbox"/> AL <input type="checkbox"/> ME <input type="checkbox"/> RI <input type="checkbox"/> CT <input type="checkbox"/> VT <input type="checkbox"/> NH <input type="checkbox"/> MA <input type="checkbox"/> NY <input type="checkbox"/> NJ <input type="checkbox"/> PA <input type="checkbox"/> DE <input type="checkbox"/> MD <input type="checkbox"/> VA <input type="checkbox"/> NC <input type="checkbox"/> SC <input type="checkbox"/> GA <input type="checkbox"/> FL <input type="checkbox"/> OK <input type="checkbox"/> KS <input type="checkbox"/> NE <input type="checkbox"/> MN <input type="checkbox"/> IA <input type="checkbox"/> MO <input type="checkbox"/> WI <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> OH <input type="checkbox"/> MI <input type="checkbox"/> OH <input type="checkbox"/> PA <input 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Part 2. Important Information About You (continued)	Information About Your Eligibility Category
<b>Place of Birth.</b>	
List all the city, town, village, city-state-province, and country where you were born.	
1) City, Town, Village or Birth	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
2) State, Province or Birth	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
3) Country of Birth	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
4) Date of Birth (mm/dd/yyyy)	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
<b>Information About Your Last Arrival in the United States</b>	
2) a. Form I-864 (Affidavit-Dependent Based Number) (if any)	
3) a. Passport Number of Your Most Recently Issued Passport	
4) a. Travel Document Number (if any)	
5) a. Document That Listed Your Passport or Travel Document	
6) a. Expiration Date for Passport or Travel Document (mm/dd/yyyy)	
7) a. Date of Your Last Arrival into the United States, On or After (mm/dd/yyyy)	
8) a. Place of Your Last Arrival into the United States	
9) a. Immigration Status of Your Last Arrival (for example, B-1 student, F-1 student, or as tourist)	
10) a. Your Current Immigration Status or Category (for example, B-1 student, F-1 student, spouse, defined action, or no status or category)	
11) a. Student and Exchange Visitor Information System (SEVIS) Number (if any)	
➔	
12) a. If entered the eligibility category (b)(3)(i) or (b)(4) in Form I-275, have you EVER been arrested for and/or convicted of any crime? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
NOTE: If you answered "Yes" to <b>Form Number 12</b> , visit the Special Field Instructions for those With Pending, Arrest Application (see the Required Documentation section of the Form I-765 Instructions) for providing court documents.	
13) a. (b)(3) or (b)(4) Eligibility Category. If you entered the eligibility category (b)(3) or (b)(4) in Form I-275, please provide the receipt number of your Form I-767 receipt for Form I-601, Waiver of Inadmissibility (see the Required Documentation section of the Form I-765 Instructions) for providing court documents.	
14) a. (b)(5) or (b)(6) Eligibility Category. If you entered the eligibility category (b)(5) or (b)(6) in Form Number I-275, please provide the receipt number of your Form I-767 receipt for Form I-601, Waiver of Inadmissibility (see the Required Documentation section of the Form I-765 Instructions) for providing court documents.	
➔	
15) a. If entered the eligibility category (b)(3)(i) or (b)(4) in Form I-275, have you EVER been arrested for and/or convicted of any crime? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
NOTE: If you answered "Yes" to <b>Form Number 13</b> , visit the Required Documentation for Nonimmigrant Categories 8, 9, 10, 11, and 12 in the Visa Waiver Form I-765 section of the Form I-765 Instructions, for information about providing court documents.	

Form I-752 03/13/18

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<p><b>Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature</b></p> <p><b>NOTE:</b> Read the <b>Penalties</b> section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.</p> <p><b><i>Applicant's Statement</i></b></p> <p><b>NOTE:</b> Select the box for either <b>Item Number 1.a.</b> or <b>1.b.</b> if applicable; select the box for <b>Item Number 2.</b></p> <p>1.a. <input type="checkbox"/> I can read and understand English, and I have read and understood every question and instruction on this application and my answer to every question;</p> <p>1.b. <input type="checkbox"/> The interpreter named in <b>Part 4, read</b> to me every question and instruction on this application and my answer to every question in _____  a language to which I am fluent, and I understand everything.</p> <p>2. <input type="checkbox"/> At my request, the preparer named in <b>Part 5,</b> _____  presented this application for me based only upon information I provided or authorized.</p> <p><b><i>Applicant's Contact Information</i></b></p> <p>3. Applicant's Daytime Telephone Number _____</p> <p>4. Applicant's Mobile Telephone Number (if any) _____</p> <p>5. Applicant's Email Address (if any) _____</p> <p>6. <input type="checkbox"/> Select this box if you are a Self-servant or Guatemalan national eligible for benefits under the ABC settlement agreement.</p>	<p><b><i>Applicant's Declaration and Certification</i></b></p> <p>Copies of any documents I have submitted are exact photocopies of unretouched, 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 benefits that I seek.</p> <p>I understand that USCIS may require that I submit information 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.</p> <p>I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprint, 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:</p> <p>1) I reviewed and understood all of the information contained in, and submitted with, my application; and</p> <p>2) All of this information was complete, true, and correct at the time of filing.</p> <p>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 understood all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.</p> <p><b><i>Applicant's Signature</i></b></p> <p>7.a. Applicant's Signature _____  </p> <p>7.b. Date of Signature (mm/dd/yyyy) _____</p> <p><b>NOTE TO ALL APPLICANTS:</b> If you do not complete fully fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.</p> <p><b>Part 4. Interpreter's Contact Information, Certification, and Signature</b></p> <p>Provide the following information about the interpreter:</p> <p><b><i>Interpreter's Full Name</i></b></p> <p>1.a. Interpreter's Family Name (Last Name) _____</p> <p>1.b. Interpreter's Given Name (First Name) _____</p> <p>2. Interpreter's Business or Organization Name (if any) _____</p>
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<p><b>Part 4. Interpreter's Contact Information, Certification, and Signature</b></p> <p><b><i>Interpreter's Mailing Address</i></b></p> <p>2.a. Street Number and Name <input style="width: 80%;" type="text"/></p> <p>2.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Fl. <input style="width: 100px;" type="text"/></p> <p>2.c. City or Town <input style="width: 80%;" type="text"/></p> <p>2.d. State <input style="width: 30px;" type="text"/> 2.e. ZIP Code <input style="width: 60px;" type="text"/></p> <p>2.f. Province <input style="width: 80%;" type="text"/></p> <p>2.g. Postal Code <input style="width: 60px;" type="text"/></p> <p>2.h. Country <input style="width: 80%;" type="text"/></p> <p><b><i>Interpreter's Contact Information</i></b></p> <p>3. Interpreter's Daytime Telephone Number <input style="width: 80%;" type="text"/></p> <p>4. Interpreter's Mobile Telephone Number (if any) <input style="width: 80%;" type="text"/></p> <p>6. Interpreter's Email Address (if any) <input style="width: 80%;" type="text"/></p> <p><b><i>Interpreter's Certification</i></b></p> <p>I certify, under penalty of perjury, that:</p> <p><input style="width: 80%;" type="text"/></p> <p>which is the same language specified in <b>Part 3, Item Number 1.b.</b> and I have used in this application in the identified language every question and interaction in this application and his or her answer to every question. The applicant informed me of the law or the understandings after verification, question, and answer on the application, including the applicant's <b><i>Declaration and Certification</i></b>, and they verified the accuracy of every answer.</p> <p><b><i>Interpreter's Signature</i></b></p> <p>7.a. Interpreter's Signature <input style="width: 80%;" type="text"/></p> <p>7.b. Date of Signature (mm/dd/yyyy) <input style="width: 100px;" type="text"/></p>	<p><b>Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant</b></p> <p><i>Provide the following information about the preparer.</i></p> <p><b><i>Preparer's Full Name</i></b></p> <p>1.a. Preparer's Family Name (Last Name) <input style="width: 80%;" type="text"/></p> <p>1.b. Preparer's Given Name (First Name) <input style="width: 80%;" type="text"/></p> <p>2. Preparer's Business or Organization Name (if any) <input style="width: 80%;" type="text"/></p> <p><b><i>Preparer's Mailing Address</i></b></p> <p>2.a. Street Number and Name <input style="width: 80%;" type="text"/></p> <p>2.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Fl. <input style="width: 100px;" type="text"/></p> <p>2.c. City or Town <input style="width: 80%;" type="text"/></p> <p>2.d. State <input style="width: 30px;" type="text"/> 2.e. ZIP Code <input style="width: 60px;" type="text"/></p> <p>2.f. Province <input style="width: 80%;" type="text"/></p> <p>2.g. Postal Code <input style="width: 60px;" type="text"/></p> <p>2.h. Country <input style="width: 80%;" type="text"/></p> <p><b><i>Preparer's Contact Information</i></b></p> <p>4. Preparer's Daytime Telephone Number <input style="width: 80%;" type="text"/></p> <p>5. Preparer's Mobile Telephone Number (if any) <input style="width: 80%;" type="text"/></p> <p>6. Preparer's Email Address (if any) <input style="width: 80%;" type="text"/></p>
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<b>Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant</b> (continued)	
<b>Preparer's Statement</b>	
7.a.	<input type="checkbox"/> 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.	<input type="checkbox"/> I am an attorney or accredited representative and my representation of the applicant in this case: <div style="margin-left: 20px;"> <input type="checkbox"/> extends <input type="checkbox"/> does not extend beyond the preparation of this application.         </div>
<b>NOTE:</b> If you are an attorney or accredited or not to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.	
<b>Preparer's Certification</b>	
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 for me.	
<b>Preparer's Signature</b>	
A.a.	Preparer's Signature: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
A.b.	Date of Signature (mm/dd/yyyy) <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>

Part 6. Additional Information					5.a. Page Number	5.b. Part Number	5.c. Item Number
<p>If you need extra space to provide any additional information within this application, use the space below. If you need extra 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 <b>Page Number, Part Number, and Item Number</b> to which your answer refers, and sign and date each sheet.</p>					<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
1.a. Family Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					5.d. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
1.b. Given Name (Last Name) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
1.c. Middle Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					5.e. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
2. A-Numbers (if any) ▶ A- <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
3.a. Page Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					5.f. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
3.b. Part Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
3.c. Item Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					5.g. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
3.d. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
4.a. Page Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					6.a. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
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4.c. Item Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					6.b. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
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