

Application For Employment Authorization

Department of Homeland Security

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

U.S. Citizenship and Immigration Services

	Authorization/Extension Valid From	Fee Stamp	Action Block				
For USCIS Use Only	Authorization/Extension Valid Through						
	Alien Registration Number A-						
	Remarks		\sim				
	-						
To b	e completed by an attorney or	Select this box if Form G-28	Attorney or Accredited Representative				
Board of Immigration Appeals (BIA)-		is attached.	USCIS Online Account Number (if any)				
accredited representative (if any).							

START HERE - Type or print in black ink. Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have" or "How many times have you departed the United States"), type or print "None" unless otherwise directed.

Part 1. Reason for Applying

I am applying for (select only one box):

- **1.a.** Initial permission to accept employment.
- **1.b.** Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.

1.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a.	Family Name (Last Name)	GARCIA LOPEZ
1.b.	Given Name (First Name)	Maria
1.c.	Middle Name	Isabel

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)	GARCIA
2.b.	Given Name (First Name)	Maria
2.c.	Middle Name	
3.a.	Family Name (Last Name)	GARCIA
3.b.	Given Name (First Name)	Isabel
3.c.	Middle Name	
4.a.	Family Name (Last Name)	
4.b.	Given Name (First Name)	
4.c.	Middle Name	

Important Note: This sample is not intended to be used to complete the application by individual applicants nor by individuals not authorized to provide immigration assistance. Please always consult with a legal representative before submitting an application.

Part 2. Information About You (continued)

Your U.S. Mailing Address

<u>(USPS ZIP Code Lookup)</u>

14.

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

5.b.

5.c.

5.d. City or Town

Street Number and Name	123 Home	St	
X Apt. St	e. 🗌 Flr.	5	

5.e. State WA **-** 5.f. ZIP Code **98012**

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

Anytown

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

U.S. Physical Address

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7.a.	Street Number and Name			
7.b.	Apt. Ste. Flr.			
7.c.	City or Town			
7.d.	State 7.e. ZIP Code			
Oth	er Information			
8.	Alien Registration Number (A-Number) (if any)			
	► A- 1 2 3 4 5 6 7 8 9			
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?			
	X 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).			

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9 8 7 6 5 4 3 2 1

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. Consent for Disclosure: I authorize disclosure of 15. 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 Mexico 18.b. Country

Do you want the SSA to issue you a Social Security card?

Yes

X No

(You must also answer "Yes" to Item Number 15.,

Consent for Disclosure, to receive a card.)

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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

17.a.	City/Town/Vinage of Birtin	
	Puerto Escondido	28.
19.b.	State/Province of Birth	20,
	Oaxaca	
19.c.	Country of Birth	
	Mexico	28.:
20.	Date of Birth (mm/dd/yyyy) 05/01/2000	28.1
•	ormation About Your Last Arrival in the ited States	28.0
21.a.	Form I-94 Arrival-Departure Record Number (if any)	29.
21.b.	Passport Number of Your Most Recently Issued Passport	
21.c.	Travel Document Number (if any)	30.
21.d.	Country That Issued Your Passport or Travel Document	
21.e.	Expiration Date for Passport or Travel Document (mm/dd/yyyy)	30.:
22.	Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)06/01/2005	
23.	Place of Your Last Arrival Into the United States El Paso, TX	
24.	Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)	30.1
	No Lawful Status	

No Lawful Status

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

DACA Recipient

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

► N-

Information About Your Eligibility Category

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

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- (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.
- a. Degree
- b. Employer's Name as Listed in E-Verify
- c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number
- (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.

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- (c)(8) Eligibility Category If you entered the eligibility category (c)(8) in Item Number 27., provide the information requested in Item Numbers 30.a. - 30.g.
- a. Have you EVER been arrested for, and/or charged with, and/or convicted of any crime in any country?

Yes No

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

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

Yes No

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

Yes No No

Part 2. Information About You (continued)

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

30.d. Date you presented yourself to DHS

- 30.e. Location where you presented yourself to DHS
- **30.f.** Country of claimed persecution
- **30.g.** Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information**.

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

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

- **31.b.** If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime? Yes No

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

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

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

Applicant's Statement

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

- **1.a.** X 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.

At my request, the preparer named in Part 5.,
 DACA Clinic Volunteer Name
 prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- 3. Applicant's Daytime Telephone Number 2068675309
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any) myemail@gmail.com
- 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.

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

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

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

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

Applicant's Signature

7.a. Applicant's Signature

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

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
3. b.	Apt. Ste. Flr.
3.c.	City or Town
3.d.	State J.e. ZIP Code
3.f.	Province
3.g.	Postal Code
3.h.	Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

Interpreter's Mobile Telephone Number (if any)

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.

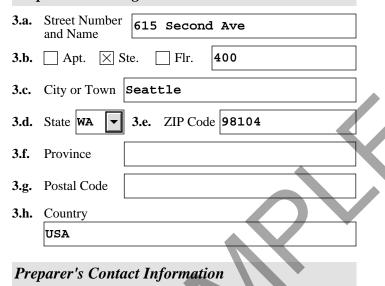
Preparer's Full Name

- I.a.
 Preparer's Family Name (Last Name)

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

 NWIRP DACA Clinic

Preparer's Mailing Address



- 4. Preparer's Daytime Telephone Number 2065874009
- 5. Preparer's Mobile Telephone Number (if any)
- 6. Preparer's Email Address (if any)

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. X I am an attorney or accredited representative and my representation of the applicant in this case
 ☐ extends X does not extend beyond the preparation of this application.

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

Preparer's Certification

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

Preparer's Signature

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

Par	rt 6. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
withi space comp of pa top o Item	u need extra space to provide any additional information n this application, use the space below. If you need more e than what is provided, you may make copies of this page to blete and file with this application or attach a separate sheet per. Type or print your name and A-Number (if any) at the f each sheet; indicate the Page Number , Part Number , an Number to which your answer refers; and sign and date sheet.	;					
1.a.	Family Name (Last Name) GARCIA LOPEZ						
1.b.	Given Name (First Name) Maria				V		
1.c.	Middle Name Isabel				$(\cap $		
2.	A-Number (if any) ► A- 1 2 3 4 5 6 7 8 9			\square			
3.a.	Page Number 3.b. Part Number 3.c. Item Number	er 6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.		6.d.					
4. a.	Page Number 4.b. Part Number 4.c. Item Number	er 7.a.	Page Number	7. b.	Part Number	7.c.	Item Number
4.d.		7.d.					