

Consideration of Deferred Action for Childhood Arrivals

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-821D

OMB No. 1615-0124 Expires 02/28/2027

For USCIS Use Only Requestor interviewed on	Receipt	Action Block
Returned:	Remarks	
Resubmitted: / / Sent: / /		
To Be Completed by an Attorney or Accredited Representative, if any.	Select this box if Form G-28 represent the requestor.	3 is attached to Attorney State Bar Number (if any):
► START HERE - Type or print in black ink. R	Read Form I-821D Instruction	s for information on how to complete this form
Part 1. Information About You (For Initial Renewal Requests)	ial and U.S. Maili Form I-76.	ng Address (Enter the same address on 5)
I am not in immigration detention.	4.a. <u>In Care</u>	Of Name (if applicable)
I am in immigration detention.		
I am requesting: 1.	4.b. Street N and Nar	
for Childhood Arrivals OR	4.c. Apt.	Ste.
2. Renewal Request - Consideration of Defe. Action for Childhood Arrivals		
AND	4.e. State	4.f. ZIP Code
For this Renewal request, my most recent period of D Action for Childhood Arrivals expires on	Peferred Removal F	Proceedings Information
(mm/dd/yyyy) ►		NOW or have you EVER been in removal
Full Legal Name	other co	lings, or do you have a removal order issued in any ontext (for example, at the border or within the States by an immigration agent)?
3.a. Family Name (Last Name)		Yes No
3.b. Given Name (First Name) 3.c. Middle Name	exclusion April 1, section reinstate	The term "removal proceedings" includes on or deportation proceedings initiated before 1997; an Immigration and Nationality Act (INA) 240 removal proceeding; expedited removal; ement of a final order of exclusion, deportation, or 1; an INA section 217 removal after admission

under the Visa Waiver Program; or removal as a criminal

alien under INA section 238.

Part 1. Information About You (For Initial and Other Names Used (If Applicable) Renewal Requests) (continued) If you need additional space, use Part 8. Additional If you answered "Yes" to **Item Number 5.**, you must select a Information. box below indicating your current status or outcome of your 15.a. Family Name removal proceedings. (Last Name) 15.b. Given Name Status or outcome: (First Name) Currently in Proceedings (Active) 15.c. Middle Name Currently in Proceedings (Administratively Closed) 6.b. **Processing Information** Terminated 6.c. Subject to a Final Order Ethnicity (Select only one box) 6.d. Hispanic or Latino Other. Explain in **Part 8. Additional Information**. Not Hispanic or Latino Most Recent Date of Proceedings Race (Select all applicable boxes) (mm/dd/yyyy) ▶ White **6.g.** Location of Proceedings Asian Black or African American American Indian or Alaska Native Other Information Native Hawaiian or Other Pacific Islander 7. Alien Registration Number (A-Number) (if any) 18. Height Feet Inches ► A-19. Weight **Pounds** 8. U.S. Social Security Number (if any) Eye Color (Select **only one** box) Blue Black Brown 9. Date of Birth (mm/dd/yyyy) ▶ Gray Green Hazel Gender Male Female Pink Unknown/Other Maroon 11.a. City/Town/Village of Birth Hair Color (Select only one box) Bald (No hair) Black Blond Brown Gray Red 11.b. Country of Birth Sandy White Unknown/ Other Current Country of Residence 12. Part 2. Residence and Travel Information (For **13.** Country of Citizenship or Nationality Initial and Renewal Requests) 1. I have been continuously residing in the U.S. since at least June 15, 2007, up to the present time. 14. Marital Status Yes No Married Widowed Single Divorced

Form I-821D Edition 04/01/24 Page 2 of 7

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

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

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

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

If you require additional space, use Part 8. Additional Information.			Additional	For Renewal Requests: List only your absences from the United States since you submitted your last Form I-821D that was approved.			
Pres	ent Address				ou require additional space, use Part 8. Additional		
2.a.	2.a. Dates at this residence (<i>mm/dd/yyyy</i>)		Information.				
	From ►	То 🕨	Present	Depa	arture 1		
2.b.	Street Number and Name			6.a.	Departure Date (mm/dd/yyyy) ►		
2.c.	Apt. Ste. Flr.			6.b.	Return Date (mm/dd/yyyy) ▶		
2.d.	City or Town			6.c.	Reason for Departure		
2.e.	State 2.f. ZIP Coo	de					
				Depa	arture 2		
	ress 1 Dates at this residence (mm/c)	dd/mm)		7.a.	Departure Date (mm/dd/yyyy) ▶		
J.a.	From F	To ►		7.b.	Return Date (mm/dd/yyyy) ▶		
3.b.	Street Number and Name			7.c.	Reason for Departure		
2.0		7 [<u>-</u>]			
3.c.	Apt. Ste. Flr.			8.	Have you left the United States without advance parole on		
3.d.	City or Town			.	or after August 15, 2012? Yes No		
3.e.	State 3.f. ZIP Coo	de		9.a.	What country issued your last passport?		
Add	ress 2						
	Dates at this residence (mm/c	dd/mm)		9.b.	Passport Number		
7. a.	From F	<i>To</i> ►]			
4.b.	Street Number and Name			9.c.	Passport Expiration Date (mm/dd/yyyy) ▶		
4.c.	Apt. Ste. Flr.] 10.	Border Crossing Card Number (if any)		
4.d.	City or Town]			
4 6	State 4 f 7IP Cod	de		-]			

Address 3

From >

5.b. Street Number

and Name

5.c. Apt. Ste.

5.d. City or Town

Travel Information

States since June 15, 2007.

5.e. State

5.a. Dates at this residence (mm/dd/yyyy)

Flr.

5.f. ZIP Code

For Initial Requests: List all of your absences from the United

To ▶

Form I-821D Edition 04/01/24

Pai	rt 3. For Initial Requests Only	9.d.	Type of Discharge				
1.	I initially arrived and established residence in the U.S. prior to 16 years of age. Yes No						
2.	Date of <i>Initial</i> Entry into the United States (on or about) $(mm/dd/yyyy) \blacktriangleright$	Saf	Part 4. Criminal, National Security, and Public Safety Information (For Initial and Renewal Requests)				
3.	Place of <i>Initial</i> Entry into the United States	Add	If any of the following questions apply to you, use Part 8. Additional Information to describe the circumstances and				
4.	Immigration Status on June 15, 2012 (e.g., No Lawful Status, Status Expired, Parole Expired)	1nclu	de a full explanation. Have you EVER been arrested for, charged with, or convicted of a felony or misdemeanor, <i>including incidents</i> handled in juvenile court, in the United States? Do not				
5.a.	Were you EVER issued an Arrival-Departure Record (Form I-94, I-94W, or I-95)? Yes No		include minor traffic violations unless they were alcoholor drug-related. Yes No				
5.b.	If you answered "Yes" to Item Number 5.a. , provide your Form I-94, I-94W, or I-95 number (<i>if available</i>).		If you answered "Yes," you must include a certified court disposition, arrest record, charging document sentencing record, etc., for each arrest, unless				
5.c.	If you answered "Yes" to Item Number 5.a. , provide the date your authorized stay expired, as shown on Form I-94, I-94W, or I-95 (<i>if available</i>). (mm/dd/yyyy) ▶	2.	Have you EVER been arrested for, charged with, or convicted of a crime in any country other than the United States? Yes No				
	ucation Information		If you answered "Yes," you must include a certified court disposition, arrest record, charging document, sentencing record, etc., for each arrest.				
6.	Indicate how you meet the education guideline (e.g., Graduated from high school, Received a general educational development (GED) certificate or equivalent state-authorized exam, Currently in school)	3.	Have you EVER engaged in, do you continue to engage in, or plan to engage in terrorist activities?				
7.	Name, City, and State of School Currently Attending or Where Education Received	4.	Are you NOW or have you EVER been a member of a gang? Yes No				
8.	Date of Graduation (e.g., Receipt of a Certificate of	5.	Have you EVER engaged in, ordered, incited, assisted, or otherwise participated in any of the following:				
0.	Completion, GED certificate, other equivalent state- authorized exam) or, if currently in school, date of last attendance. (mm/dd/yyyy)	5.a.	Acts involving torture, genocide, or human trafficking?				
	(mmaxiiyyyy) -	5.b.	Killing any person?				
	litary Service Information	5.c.	Severely injuring any person?				
9.	Were you a member of the U.S. Armed Forces or U.S. Coast Guard? Yes No	5.d.	Any kind of sexual contact or relations with any person who was being forced or threatened? Yes No				
	u answered "Yes" to Item Number 9. , you must provide onses to Item Numbers 9.a 9.d.	6.	Have you EVER recruited, enlisted, conscripted, or used any person to serve in or help an armed force or group				
9.a.	Military Branch		while such person was under age 15? Yes No				
9.b. 9.c.	Service Start Date (mm/dd/yyyy) ► Discharge Date (mm/dd/yyyy) ►	7.	Have you EVER used any person under age 15 to take part in hostilities, or to help or provide services to people in combat? Yes No				

Form I-821D Edition 04/01/24 Page 4 of 7

Part 5. Statement, Certification, Signature, and Contact Information of the Requestor (For Initial and Renewal Requests)	2.a. Requestor's Signature
NOTE: Select the box for either Item Number 1.a. or 1.b.	2.b. Date of Signature (<i>mm/dd/yyyy</i>) ▶
1.a. I can read and understand English, and have read and	Requestor's Contact Information
understand each and every question and instruction on this form, as well as my answer to each question.	3. Requestor's Daytime Telephone Number
1.b. The interpreter named in Part 6. has read to me each and every question and instruction on this form, as well as my answer to each question, in	4. Requestor's Mobile Telephone Number
a language in which I am fluent. I understand each and every question and instruction on this form as	5. Requestor's Email Address
translated to me by my interpreter, and have provided true and correct responses in the language indicated above.	Part 6. Contact Information, Certification, and Signature of the Interpreter (For Initial and
Requestor's Declaration and Certification	Renewal Requests)
Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand	Interpreter's Full Name
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	Provide the following information concerning the interpreter: 1.a. Interpreter's Family Name (<i>Last Name</i>)
may need to determine my eligibility for the request that I seek. I furthermore authorize release of information contained in this request, in supporting documents, and in my USCIS records, to	1.b. Interpreter's Given Name (First Name)
other entities and persons where necessary for the administration and enforcement of U.S. immigration law.	2. Interpreter's Business or Organization Name (if any)
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:	Interpreter's Mailing Address
1) I reviewed and provided or authorized all of the information in my request;	3.a. Street Number and Name
2) I understood all of the information contained in, and	3.b. Apt.
submitted with, my request; and 3) All of this information was complete, true, and correct at the time of filing.	3.c. City or Town
at the time of filing.	3.d. State 3.e. ZIP Code
I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct and that	3.f. Province
copies of documents submitted are exact photocopies of unaltered original documents. I understand that I may be	3.g. Postal Code
required to submit original documents to U.S. Citizenship and	3.h. Country
Immigration Services (USCIS) at a later date. I also understand that knowingly and willfully providing materially false	

Form I-821D Edition 04/01/24 Page 5 of 7

information on this form is a federal felony punishable by a fine, imprisonment up to 5 years, or both, under 18 U.S.C. section 1001. Furthermore, I authorize the release of any information from my records that USCIS may need to reach a

determination on my deferred action request.

Part 6. Contact Information, Certification, and		Preparer's Mailing Address			
	nature of the Interpreter (For Initial and newal Requests) (continued)	3.a.	Street Number and Name		
		3.b.	Apt. Ste.	Flr	
	erpreter's Contact Information	3.c.	City or Town		
4.	Interpreter's Daytime Telephone Number		State	3.e. ZIP Code	
5.	Interpreter's Email Address	3.f.	Province		
		3.g.	Postal Code		
Inte	erpreter's Certification	3.h.	Country		
I cer	rtify that:				
	fluent in English and which e same language provided in Part 5., Item Number 1.b. ;	Pre	eparer's Conta	act Information	
instr	re read to this requestor each and every question and uction on this form, as well as the answer to each question, e language provided in Part 5., Item Number 1.b. ; and	4.	Preparer's Dayt	ime Telephone Number	
The a	requestor has informed me that he or she understands each every instruction and question on the form, as well as the ver to each question.	5.	Preparer's Fax 1	Number	
	Interpreter's Signature	6.	Preparer's Emai	il Address	
6.b.	Date of Signature (mm/dd/yyyy) ►		eparer's Decla		
	rt 7. Contact Information, Declaration, and nature of the Person Preparing this Request,	behe knov	est, and it is based wledge.	ed this Form I-821D at the requestor's I on all the information of which I have	
	Other than the Requestor (For Initial and newal Requests)	7.a.	Preparer's Signa	ature	
Pre	eparer's Full Name	7.b.	Date of Signatu	rre (mm/dd/yyyy) ▶	
Prov	ide the following information concerning the preparer:	NO	ΓE: If you need of	extra space to complete any item within	
1.a.	Preparer's Family Name (Last Name)		request, see the n	ext page for Part 8. Additional	
1.b.	Preparer's Given Name (First Name)				
2.	Preparer's Business or Organization Name				

Form I-821D Edition 04/01/24 Page 6 of 7

	8. Additio	nal Information (For Initial and ts)	4.a.	Page Number	4.b. Part Number	4.c. Item Number
request, page to and A-N indicate	, use the space complete and Number (<i>if an</i> e the Page Nu	ce to complete any item within this e below. You may also make copies of this file with this request. Include your name y) at the top of each sheet of paper; mber, Part Number, and Item Number refers; and sign and date each sheet.	4.d.			
Full L	Legal Name					
1.a. Fa	amily Name Last Name)					
1.b. G	iven Name First Name)					
1.c. M	Iiddle Name					
2. A	-Number (if a	my) ► A-				
3.a. Pa	age Number	3.b. Part Number 3.c. Item Number				
3.d.						
			5.a. 5.d.	Page Number	5.b. Part Number	5.c. Item Number

Form I-821D Edition 04/01/24 Page 7 of 7