

NATIONAL IMMIGRANT JUSTICE CENTER

A HEARTLAND ALLIANCE PROGRAM

November 8, 2017

U.S. Citizenship & Immigration Services
Vermont Service Center
Attn: VAWA Unit
75 Lower Welden St
St Albans, VT 05479-0001

RE: Form I-912, REQUEST FOR FEE WAIVER

Form I-918, Petition for U Nonimmigrant Status
Form I-192, Application for Waiver
Form I-765, Application for Employment Authorization

Dear Officer:

Our office represents [REDACTED] in her Petition for U nonimmigrant status, Form I-918. [REDACTED] is eligible for a U visa as demonstrated below.

Ms. [REDACTED] meets all of the elements pursuant to INA § 101(a)(15)(U) and is statutorily eligible for a U visa. Ms. [REDACTED] is a victim of a qualifying criminal activity designated in INA § 101(a)(15)(U). She was the victim of an armed robbery at her workplace, 720 ILCS § 5/18-2. See Form I-918, Supplement B. Armed robbery qualifies as a felonious assault for the purposes of the U visa. The crime of armed robbery is itself a felony, 720 ILCS § 5/18-2. In Illinois, armed robbery with a firearm is a class X felony, which is the most severe classification of crime in the state of Illinois. *Id.* An offender commits armed robbery when he or she knowingly takes property from the person of another by the use of force or by threatening the imminent use of force, and he is armed with a firearm. 720 ILCS § 5/18-1, 2.

After being victim of the armed robbery on [REDACTED] 2017, Ms. [REDACTED], assisted in filing a police report and cooperating with law enforcement authorities from the [REDACTED] Police Department and the Federal Bureau of Investigation. The perpetrator, [REDACTED], was subsequently arrested because Ms. [REDACTED] assisted in the investigation of the crime.

The burden is on the petitioner to establish eligibility through the submission of any credible evidence relating to the petition. See 8 C.F.R. § 214.14(c)(4).

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Ms. _____'s supplemental documentation supports all requirements that a U visa applicant must prove under the INA § 101(a)(15)(U). Specifically, Ms. _____ is able to prove that (1) she suffered substantial physical or mental abuse as a result of having been a victim of qualifying criminal activity; (2) she possess information concerning the qualifying criminal activity of which she was a victim; (3) a Federal, State or local government official investigating or prosecuting a qualifying criminal activity certifies (using **Supplement B** of this petition) that she has been, is being or is likely to be helpful to the official in the investigation or prosecution of the criminal act of which she is a victim; and (4) the criminal activity of which she is a victim violated the laws of the United States or occurred in the United States (including Indian country and military installations) or the territories and possessions of the United States. *See* INA § 101(a)(15)(U); 8 C.F.R. § 214.14.

(1) Suffered substantial physical or mental abuse as a result of having been a victim of qualifying criminal activity

The regulations provide a list of factors to be considered for purposes of establishing whether a victim suffered substantial physical or mental abuse: the nature of the injury inflicted or suffered; the severity of the perpetrator's conduct; the severity of the harm suffered; the duration of the infliction of harm; and the extent to which there is permanent or serious harm to the appearance, health, or physical or mental soundness of the victim. *See* 8 C.F.R. § 214.14(b)(1).

Ms. _____ suffered mental and physical abuse at the hands of the perpetrator. Ms. _____ sustained physical and mental injuries, including but not limited to anxiety, post-traumatic stress, and insomnia.

(2) Possesses information concerning the qualifying criminal activity of which she was a victim

Ms. _____ contacted law enforcement and collaborated in the investigation and prosecution of the crime whereby the perpetrator was arrested for armed robbery. Ms. _____ provided information regarding the criminal activity to law enforcement agencies to facilitate the investigation and prosecution of the qualifying criminal activity.

(3) A Federal, State or local government official investigating or prosecuting a qualifying criminal activity certifies (using Supplement B of this petition) that she has been, is being or is likely to be helpful to the official in the investigation or prosecution of the criminal act of which she is a victim

Included, please find Form I-918 Supplement B signed by the _____ Police Department on _____, 2017, as required by the regulations.

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(4) *The criminal activity of which she is a victim violated the laws of the United States or occurred in the United States (including Indian country and military installations) or the territories and possessions of the United States*

Ms. _____ was the victim of criminal activity that occurred and violated laws of the United States. The perpetrator was arrested and charged with armed robbery in the state of Illinois, pursuant to 720 ILCS 5/18-2.

An application for employment authorization for Ms. _____ is attached under eligibility category (c)(14) for Deferred Action. This is included so that Ms. _____ can receive work authorization if she is granted deferred action while her application for U nonimmigrant status is being adjudicated.

Ms. _____ is inadmissible pursuant to INA § 212(a)(7)(A)(i)(I) because she presented herself for admission at the United States border without proper documentation and INA § 212(a)(6)(E)(i) because she brought her children with her and presented them for admission at the United States border without proper documentation. Ms. _____ is eligible for a waiver pursuant to INA §§ 212(d)(3) and 212(d)(14). Ms. _____ can demonstrate that it is in the national or public interest for her waiver to be granted. Form I-192 is hereby included.

Please refer to the index of applications and documents in support of Ms. _____'s eligibility for U nonimmigrant status with a waiver of inadmissibility.

Thank you for your time and consideration of this important matter. Please do not hesitate to contact me at (312) 660-1304 if any further information is needed.

Sincerely,



Trisha K. Teofilo Olave
DOJ Accredited Representative

**INDEX OF FORMS AND DOCUMENTS IN SUPPORT OF U VISA
AND WAIVER OF INADMISSIBILITY**

Forms:

- Form G-28, Notice of Entry of Appearance
- Form I-918, Petition for U Nonimmigrant Status
- Form I-918, Supplement B, U Nonimmigrant Status Certification with original signature
- Form I-912, Request for Fee Waiver
 - Benefits statement from Illinois Department of Human Services, awarding medical benefits
- Form G-28, Notice of Entry of Appearance
- Form I-192, Request for Waiver of Inadmissibility
- Form G-28, Notice of Entry of Appearance
- Form I-765, Application for Employment Authorization, based on category (c)(14)
 - Two immigration-style photographs

Supporting Documents:

Eligibility for U Nonimmigrant Status:

- A. Affidavit of Ms. _____ in support of petition for U nonimmigrant status and waiver of inadmissibility
- B. Copy of birth certificate for _____, with English translation
- C. Copy of marriage certificate for Ms. _____, with English translation
- D. Copy of biographic information page from Ms. _____ current passport
- E. Copy of I-94 card that was issued to Ms. _____, when she was paroled into the United States on _____, 2014
- F. Copy of _____ Police Department incident report from _____
- G. Copy of _____ Police Department incident report suspect list and incident report related property list
- H. Copy of _____ Police Department case supplement report from _____ 2017
- I. Copy of letter from Ms. _____ doctor, _____
- J. Copy of medical records for Mr. _____

Eligibility for Waiver of Inadmissibility:

See above Affidavit of Client at Exh. A

- K. Copy of _____ birth certificate with English translation for son, _____, born on _____, 2000
- L. Copy of _____ birth certificate with English translation for son, _____, born on _____, 2000
- M. Employment letter from Ms. _____'s employer, _____
- N. Letter of support from _____
 - i. Copy of U.S. Certificate of Naturalization of _____
- O. Letter of support from _____
 - i. Copy of U.S. Passport of _____

- P. Letter of support from _____
 - i. Copy of U.S. Permanent Resident card of _____
- Q. Letter of support from _____
 - i. Copy of U.S. Passport of _____
- R. Letter of support from _____
 - i. Copy of U.S. Permanent Resident card of _____
- S. Letter of support from _____
- T. Letter of support from Ms. _____ landlord, _____

Proof that applicant is in removal proceedings:

- U. Copy of Notice to Appear, dated _____, 2014
- V. Copy of Notice of Hearing, dated _____, 2016



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number (if any)
▶

Name and Address of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

4. Daytime Telephone Number

5. Fax Number

6. E-Mail Address (if any)

7. Mobile Telephone Number (if any)

Part 2. Notice of Appearance as Attorney or Accredited Representative

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

1.a. USCIS

1.b. List the form numbers

2.a. ICE

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

3.a. CBP

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

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

4. Select only one box:

- Applicant Petitioner Requestor
 Respondent (ICE, CBP)

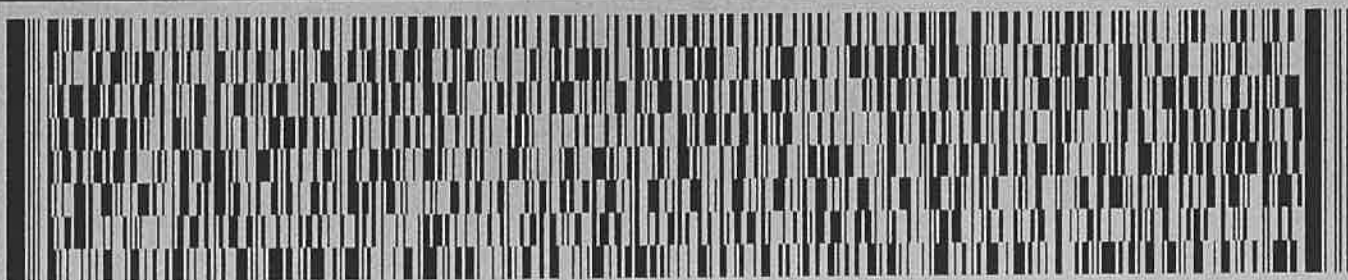
Information About Applicant, Petitioner, Requestor, or Respondent

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

6. Name of Company or Organization (if applicable)



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

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

7. USCIS ELIS Account Number (if any)

8. Alien Registration Number (A-Number) or Receipt Number

9. Daytime Telephone Number

10. Mobile Telephone Number (if any)

11. E-Mail Address (if any)

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

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

12.a. Street Number and Name

12.b. Apt. Ste. Flr.

12.c. City or Town

12.d. State 12.e. ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

Part 3. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. (If you need additional space, use Part 6.)
Licensing Authority

1.b. Bar Number (if applicable)

1.c. Name of Law Firm

1.d. I (choose one) am not am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (If you need additional space, use Part 6.)

2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.

2.b. Name of Recognized Organization

2.c. Date accreditation expires (mm/dd/yyyy)



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

3. I am associated with
[Redacted]
the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request.

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

4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).

4.b. Name of Law Student or Law Graduate
[Redacted]

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

Consent to Representation and Release of Information

1. I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP.

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

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

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

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

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

3.a. Signature of Applicant, Petitioner, Requestor, or Respondent
[Redacted]

3.b. Date of Signature (mm/dd/yyyy) ▶ 10/11/2017

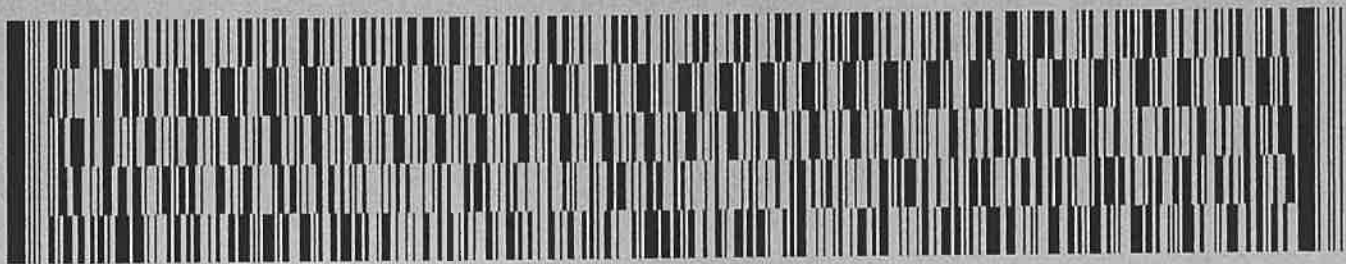
Part 5. Signature of Attorney or Accredited Representative

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

1. Signature of Attorney or Accredited Representative
[Handwritten Signature]

2. Signature of Law Student or Law Graduate
[Redacted]

3. Date of Signature (mm/dd/yyyy) ▶ 10/11/2017





Petition for U Nonimmigrant Status

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

USCIS
Form I-918
OMB No. 1615-0104
Expires 02/28/2019

For USCIS Use Only	Remarks		Receipt		Action Block
	U.S. Embassy Consulate	Validity Dates (mm/dd/yyyy)	Wait Listed		
		From: / /	Stamp Number	Date (mm/dd/yyyy)	

To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <input type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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► **START HERE** - Type or print in black or blue ink.

Part 1. Information About You (Person filing this petition as a victim)

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Other Names Used (Include maiden name, nicknames, and aliases, if applicable)

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Home 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

Safe Mailing Address (if other than Home Address)

4.a. In Care Of Name

4.b. Street Number and Name

4.c. Apt. Ste. Flr.

4.d. City or Town

4.e. State 4.f. ZIP Code

4.g. Province

4.h. Postal Code

4.i. Country

Other Information

5. Alien Registration Number (A-Number) (if any)
► A-

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

7. USCIS Online Account Number (if any)
►

8. Marital Status
 Single Married Divorced Widowed

Part 1. Information About You (continued)

- 9. Gender Male Female
- 10. Date of Birth (mm/dd/yyyy)
- 11. Country of Birth
- 12. Country of Citizenship or Nationality
- 13. Form I-94 Arrival-Departure Record Number
- 14. Passport Number
- 15. Travel Document Number
- 16. Country of Issuance for Passport or Travel Document
- 17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy)
- 18. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

Place and Date of Last Entry into the United States and Date Authorized Stay Expired

- 19.a. City or Town
- 19.b. State
- 20. Date of Last Entry into the United States (mm/dd/yyyy)
- 21. Date Authorized Stay Expired (mm/dd/yyyy)
- 22. Current Immigration Status

Part 2. Additional Information About You

Answering "Yes" to the following questions below requires explanations and supporting documentation. Attach relevant documents in support of your claims that you are a victim of criminal activity listed in the Immigration and Nationality Act (INA) section 101(a)(15)(U)(iii). You must also attach a personal narrative statement describing the criminal activity of which you are a victim. If you are only petitioning for U derivative status for qualifying family members subsequent to your (the principal petitioner) initial filing, you are not required to submit evidence supporting the original petition with the new Form I-918.

If you need extra space to complete **Part 2.**, use the space provided in **Part 8. Additional Information.**

Select "Yes" or "No," as appropriate, for each of the following questions.

- 1. I am a victim of criminal activity listed in the INA at section 101(a)(15)(U)(iii). Yes No
- 2. I have suffered substantial physical or mental abuse as a result of having been a victim of this criminal activity. Yes No
- 3. I possess information concerning the criminal activity of which I was a victim. Yes No
- 4. I am submitting Form I-918, Supplement B, U Nonimmigrant Status Certification, from a certifying official. Yes No
- 5. The crime of which I am a victim occurred in the United States (including Indian country and military installations) or violated the laws of the United States. Yes No
- 6. I am under 16 years of age. Yes No
- 7.a. I was or am in immigration proceedings. Yes No

If you answered "Yes," select the type of proceedings. If you were in proceedings in the past and are no longer in proceedings, provide the date of action. If you are currently in proceedings, type or print "Current" in the appropriate date field. Select **all applicable** boxes. Use the space provided in **Part 8. Additional Information** to provide an explanation.

- 7.b. Removal Proceedings
Removal Date (mm/dd/yyyy)
- 7.c. Exclusion Proceedings
Exclusion Date (mm/dd/yyyy)
- 7.d. Deportation Proceedings
Deportation Date (mm/dd/yyyy)
- 7.e. Rescission Proceedings
Rescission Date (mm/dd/yyyy)
- 7.f. Judicial Proceedings
Judicial Date (mm/dd/yyyy)

Part 2. Additional Information About You
(continued)

Provide the date of entry, place of entry, and status under which you entered the United States for each entry during the five years preceding the filing of this petition.

8.a. Date of Entry (mm/dd/yyyy)

Place of Entry into the United States

8.b. City or Town

8.c. State

8.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

9.a. Date of Entry (mm/dd/yyyy)

Place of Entry into the United States

9.b. City or Town

9.c. State

9.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

10.a. Date of Entry (mm/dd/yyyy)

Place of Entry into the United States

10.b. City or Town

10.c. State

10.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

If you are outside of the United States, provide the U.S. Consulate or inspection facility or a safe foreign mailing address you want notified if this petition is approved.

11.a. Type of Office (Select only one box):

U.S. Consulate Pre-Flight Inspection

Port-of-Entry

11.b. City or Town

11.c. State

11.d. Country

Safe Foreign Address Where You Want Notification Sent
(if other than U.S. Consulate, Pre-Flight Inspection, or Port-of-Entry)

12.a. Street Number and Name

12.b. Apt. Ste. Flr.

12.c. City or Town

12.d. Province

12.e. Postal Code

12.f. Country

Part 3. Processing Information

Answer the following questions about yourself. For the purposes of this petition, you must answer "Yes" to the following questions, if applicable, even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record.

NOTE: If you answer "Yes" to ANY question in Part 3., provide an explanation in the space provided in Part 8. **Additional Information.**

NOTE: Answering "Yes" does not necessarily mean that U.S. Citizenship and Immigration Services (USCIS) will deny your Petition for U Nonimmigrant Status.

Have you **EVER**:

1.a. Committed a crime or offense for which you have not been arrested? Yes No

1.b. Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Naturalization Service (INS), and military officers) for any reason? Yes No

1.c. Been charged with committing any crime or offense? Yes No

1.d. Been convicted of a crime or offense (even if the violation was subsequently expunged or pardoned)? Yes No

1.e. Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)? Yes No

Part 3. Processing Information (continued)

- 1.f. Received a suspended sentence, been placed on probation, or been paroled? Yes No
- 1.g. Been in jail or prison? Yes No
- 1.h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? Yes No
- 1.i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes No

Information About Arrests, Citations, Detentions, or Charges

If you answered "Yes" to any of the above questions, respond to the questions below to provide additional details. If you need extra space, use the space provided in **Part 8. Additional Information**.

2.a. Why were you arrested, cited, detained, or charged?

2.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

Where were you arrested, cited, detained, or charged?

2.c. City or Town

2.d. State

2.e. Country

2.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

3.a. Why were you arrested, cited, detained, or charged?

3.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

Where were you arrested, cited, detained, or charged?

3.c. City or Town

3.d. State

3.e. Country

3.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

Have you EVER:

- 4.a. Engaged in, or do you intend to engage in, prostitution or procurement of prostitution? Yes No
- 4.b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes No
- 4.c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes No
- 4.d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes No

Have you **EVER** committed, planned or prepared, participated in, threatened to, attempted to, conspired to commit, gathered information for, or solicited funds for any of the following:

- 5.a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes No
- 5.b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? Yes No
- 5.c. Assassination? Yes No
- 5.d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? Yes No
- 5.e. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? Yes No

Have you **EVER** been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of Title 18, United States Code) by or on behalf of, or been associated with any other group of two or more individuals, whether organized or not, which has been designated as, or has engaged in or has a subgroup which has been designated as, or has engaged in:

- 6.a. A terrorist organization under section 219 of the INA? Yes No
- 6.b. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes No

Part 3. Processing Information (continued)

- 6.c. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? Yes No
- 6.d. Assassination? Yes No
- 6.e. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? Yes No
- 6.f. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? Yes No
- 6.g. Soliciting money or members or otherwise providing material support to a terrorist organization? Yes No

Do you intend to engage in the United States in:

- 7.a. Espionage? Yes No
- 7.b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control, or overthrow of the government of the United States? Yes No
- 7.c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information? Yes No
- 8. Have you **EVER** been or do you continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? Yes No
- 9. Have you **EVER**, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group, or political opinion? Yes No

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

- 10.a. Acts involving torture or genocide? Yes No
- 10.b. Killing any person? Yes No
- 10.c. Intentionally and severely injuring any person? Yes No
- 10.d. Engaging in any kind of sexual conduct or relations with any person who was being forced or threatened? Yes No
- 10.e. Limiting or denying any person's ability to exercise religious beliefs? Yes No
- 10.f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion? Yes No
- 10.g. Displacing or moving any person from their residence by force, threat of force, compulsion, or duress? Yes No

NOTE: If you answered "Yes" to any question in **Item Numbers 10.a. - 10.g.**, please describe the circumstances in **Part 8. Additional Information.**

- 11. Have you **EVER** advocated that another person commit any of the acts described in the preceding question, urged, or encouraged another person, to commit such acts? Yes No

Have you **EVER** been present or nearby when any person was:

- 12.a. Intentionally killed, tortured, beaten, or injured? Yes No
- 12.b. Displaced or moved from his or her residence by force, compulsion, or duress? Yes No
- 12.c. In any way compelled or forced to engage in any kind of sexual contact or relations? Yes No

Have you **EVER**:

- 13.a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, or other insurgent organization? Yes No

Part 3. Processing Information (continued)

13.b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No

13.c. Served in, been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons transported, possessed, or used any type of weapon? Yes No

NOTE: If you answered "Yes" to any question in **Item Numbers 13.a. - 13.c.**, please describe the circumstances in **Part 8. Additional Information.**

Have you **EVER**:

14.a. Received any type of military, paramilitary, or weapons training? Yes No

14.b. Been a member of, assisted in, 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

14.c. Assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes No

NOTE: If you answered "Yes" to any question in **Item Numbers 14.a. - 14.c.**, please describe the circumstances in **Part 8. Additional Information.**

Have you **EVER**:

15.a. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? Yes No

15.b. 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

16. Are you **NOW** in removal, exclusion, rescission, or deportation proceedings? Yes No

17. Have you **EVER** had removal, exclusion, rescission, or deportation proceedings initiated against you? Yes No

18. Have you **EVER** been removed, excluded, or deported from the United States? Yes No

19. Have you **EVER** been ordered to be removed, excluded, or deported from the United States? Yes No

20. Have you **EVER** been denied a visa or denied admission to the United States? Yes No

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

22. Are you **NOW** under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)? Yes No

23. Have you **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa or other documentation, for entry into the United States or any immigration benefit? Yes No

24. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard? Yes No

25. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such? Yes No

26. Have you **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody? Yes No

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

28. Have you **EVER** entered the United States as a stowaway? Yes No

29.a. Do you **NOW** have a communicable disease of public health significance? Yes No

29.b. Do you **NOW** have or have you **EVER** had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others? Yes No

29.c. Are you **NOW** or have you **EVER** been a drug abuser or drug addict? Yes No

Part 4. Information About Your Spouse and/or Children

If you need extra space to complete **Part 4.**, use the space provided in **Part 8. Additional Information.**

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

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

3. Country of Birth

4. Relationship

5. Current Location

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

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

8. Country of Birth

9. Relationship

10. Current Location

11.a. Family Name (Last Name)

11.b. Given Name (First Name)

11.c. Middle Name

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

13. Country of Birth

14. Relationship

15. Current Location

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

16.c. Middle Name

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

18. Country of Birth

19. Relationship

20. Current Location

21.a. Family Name (Last Name)

21.b. Given Name (First Name)

21.c. Middle Name

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

23. Country of Birth

24. Relationship

25. Current Location

Filing On Behalf of Family Members

26. I am petitioning for one or more qualifying family members. Yes No

NOTE: If you answered "Yes" to 26., you must complete and include Supplement A for each family member for whom you are petitioning.

Part 5. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-918 Instructions before completing this part.

Petitioner's Statement

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

1.a. I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.

1.b. The interpreter named in **Part 6.** read to me every question and instruction on this petition 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 7.**,
,
prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

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

5. Petitioner's Email Address (if any)

Petitioner'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 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 a petition, 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 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 provided or authorized all of the information contained in, and submitted with, my petition;
- 2) I reviewed and understood all of the information in, and submitted with, my petition; and
- 3) 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 petition 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 petition, and that all of this information is complete, true, and correct.

Petitioner's Signature

6.a. Petitioner's Signature
→

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

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

NOTE: A parent or legal guardian may sign for a person who is less than 14 years of age. A legal guardian may sign for a mentally incompetent person.

Part 6. 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 6. Interpreter's Contact Information, Certification, and Signature (continued)

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 5., 1.b., and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

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

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

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)

Preparer's Statement

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

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Preparer's Certification

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

Preparer's Signature

8.a. Preparer's Signature (sign in ink)



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

10/11/2017

Part 8. Additional Information

If you need extra space to provide any additional information within this petition, 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 petition 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; 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. I was issued a Notice to Appear and placed in removal proceedings on _____ . I am currently in removal proceedings. My next master calendar hearing is scheduled for 2018 in _____

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

5.d. I was issued a Notice to Appear and placed in removal proceedings on _____ . I am currently in removal proceedings. My next master calendar hearing is scheduled for 2018 in _____

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.



Supplement B, U Nonimmigrant Status Certification

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

USCIS
Form I-918
OMB No. 1615-0104
Expires 02/28/2019

For USCIS Use Only	Remarks
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▶ **START HERE - Type or print in black or blue ink.**

Part 1. Victim Information

1. Alien Registration Number (A-Number) (if any)
▶ A-

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

Other Names Used (Include maiden names, nicknames, and aliases, if applicable.)

If you need extra space to provide additional names, use the space provided in **Part 7. Additional Information.**

- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
4. Date of Birth (mm/dd/yyyy)
5. Gender Male Female

Part 2. Agency Information

1. Name of Certifying Agency
- Name of Certifying Official
- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
3. Title and Division/Office of Certifying Official

Name of Head of Certifying Agency

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

Agency Address

- 5.a. Street Number and Name
- 5.b. Apt. Ste. Flr.
- 5.c. City or Town
- 5.d. State 5.f. ZIP Code
- 5.g. Province
- 5.h. Postal Code
- 5.i. Country

Other Agency Information

6. Agency Type
 Federal State Local
7. Case Status
 On-going Completed
 Other
8. Certifying Agency Category
 Judge Law Enforcement Prosecutor
 Other
9. Case Number
10. FBI Number or SID Number (if applicable)

Part 3. Criminal Acts

If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

1. The petitioner is a victim of criminal activity involving a violation of one of the following Federal, state, or local criminal offenses (or any similar activity). (Select all applicable boxes)

- Abduction
- Abusive Sexual Contact
- Attempt to Commit Any of the Named Crimes
- Being Held Hostage
- Blackmail
- Conspiracy to Commit Any of the Named Crimes
- Domestic Violence
- Extortion
- False Imprisonment
- Felonious Assault
- Female Genital Mutilation
- Fraud in Foreign Labor Contracting
- Incest
- Involuntary Servitude
- Kidnapping
- Manslaughter
- Murder
- Obstruction of Justice
- Peonage
- Perjury
- Prostitution
- Rape
- Sexual Assault
- Sexual Exploitation
- Slave Trade
- Solicitation to Commit Any of the Named Crimes
- Stalking
- Torture
- Trafficking
- Unlawful Criminal Restraint
- Witness Tampering

Provide the dates on which the criminal activity occurred.

- 2.a. Date (mm/dd/yyyy)
- 2.b. Date (mm/dd/yyyy)
- 2.c. Date (mm/dd/yyyy)
- 2.d. Date (mm/dd/yyyy)

3. List the statutory citations for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.

720 ILCS 5.0/18-2 ARMED ROBBERY

4.a. Did the criminal activity occur in the United States (including Indian country and military installations) or the territories or possessions of the United States?

Yes No

4.b. If you answered "Yes," where did the criminal activity occur?

5.a. Did the criminal activity violate a Federal extraterritorial jurisdiction statute?

Yes No

5.b. If you answered "Yes," provide the statutory citation providing the authority for extraterritorial jurisdiction.

6. Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the petitioner named in Part 1. Attach copies of all relevant reports and findings.

APPLICANT WAS THE VICTIM IN AN ARMED ROBBERY AT HER PLACE OF EMPLOYMENT

7. Provide a description of any known or documented injury to the victim. Attach copies of all relevant reports and findings.

NO KNOWN INJURIES

Part 4. Helpfulness Of The Victim

For the following questions, if the victim is under 16 years of age, incompetent or incapacitated, then a parent, guardian, or next friend may act on behalf of the victim.

1. Does the victim possess information concerning the criminal activity listed in **Part 3**? Yes No
2. Has the victim been helpful, is the victim being helpful, or is the victim likely to be helpful in the investigation or prosecution of the criminal activity detailed above? Yes No
3. Since the initiation of cooperation, has the victim refused or failed to provide assistance reasonably requested in the investigation or prosecution of the criminal activity detailed above? Yes No

If you answer "Yes" to **Item Numbers 1. - 3.**, provide an explanation in the space below. If you need extra space to complete this section, use the space provided in **Part 7**.

Additional Information.

VICTIM WITNESSED CRIME AND WAS HELPFUL
 WHEN INITIAL INVESTIGATION WAS
 CONDUCTED BY POLICE
 DEPARTMENT. THE INVESTIGATION WAS
 SUBSEQUENTLY TURNED OVER TO THE FBI,
 WHO WOULD COORDINATE WITH THE VICTIM
 TO PERSUE THE CASE.

4. Other. Include any additional information you would like to provide.

(This area contains horizontal lines for providing additional information for question 4.)

Part 5. Family Members Culpable In Criminal Activity

1. Are any of the victim's family members culpable or believed to be culpable in the criminal activity of which the petitioner is a victim? Yes No

If you answered "Yes," list the family members and their criminal involvement. (If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**)

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

2.d. Relationship

2.e. Involvement

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

3.d. Relationship

3.e. Involvement

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

4.d. Relationship

4.e. Involvement

Part 6. Certification

I am the head of the agency listed in **Part 2.** or I am the person in the agency who was specifically designated by the head of the agency to issue a U Nonimmigrant Status Certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual identified in **Part 1.** is or was a victim of one or more of the crimes listed in **Part 3.** I certify that the above information is complete, true, and correct to the best of my knowledge, and that I have made and will make no promises regarding the above victim's ability to obtain a visa from U.S. Citizenship and Immigration Services (USCIS), based upon this certification. I further certify that if the victim unreasonably refuses to assist in the investigation or prosecution of the qualifying criminal activity of which he or she is a victim, I will notify USCIS.

1. Signature of Certifying Official (sign in ink)
2. Date of Signature (mm/dd/yyyy)
3. Daytime Telephone Number
4. Fax Number



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

USCIS
Form I-912
 OMB No. 1615-0116
 Expires 05/31/2015

► Before you fill out this form, please read the instructions.

Section 1. Information About You *(Provide information about yourself. If you are applying for a minor child, provide information about the minor child.)*

Line 1. a. Family Name (Last Name)

Line 1. b. Given Name (First Name)

Line 1. c. Middle Initial

Line 2. Alien Registration Number ► A-

Line 3. Date of Birth (mm/dd/yyyy) ►

Line 4. Marital Status Never Married Divorced Marriage Annulled
 Married Widow(er) Legally Separated

Line 5. Applications and Petitions (Enter the form number(s) of the application(s) and/or petition(s) for which you are requesting a fee waiver.)
 Biometrics services fees, where applicable, will be included in the fee waiver request.

FOR USCIS USE ONLY

Application Received At
(check only one box):

USCIS Field Office

Fee Waiver Approved
 Date: _____

Fee Waiver Denied
 Date: _____

USCIS Service Center

Fee Waiver Approved
 Date: _____

Fee Waiver Denied
 Date: _____

Section 2. Additional Information for Dependent(s)

Line 6. Complete the Table below if applicable. *(If you need more space, attach a separate sheet of paper.)*

Name (First, MI, Last)	A-Number (If applicable)	Is Individual Included in Fee Waiver Request?	Date of Birth (mm/dd/yyyy)	Relationship to You
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		son
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		son
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 3. Basis for Your Request (Check any that apply. For additional information, see the form instructions.)

- Line 7. a.** I am or a relevant member of my household is currently receiving a means-tested benefit. (Complete Sections 4 and 7.)
- Line 7. b.** My household income is at or below 150% of the Federal Poverty Guidelines. (Complete Sections 5 and 7.)
- Line 7. c.** I have a financial hardship. (Complete Sections 5, 6 and 7.)

Section 4. Means-Tested Benefit

Line 8. Complete the Table Below (If you need more space, attach a separate sheet of paper.)

Name of Person Receiving the Benefit	Name of Agency Awarding Benefit	Date Benefit Was Awarded	Is This Benefit Being Received Now?
	IL Department of Human Services *	02/01/2017	<input checked="" 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

Section 5. Household Income (Provide evidence of monthly income or other support.)

- Line 9.** Other than you, how many others in your household depend on the stated income? (round to the nearest dollar)
- Line 10.** Average monthly wage income from household members
- Line 11.** Enter other money received each month that is not included in Line 14. (This could include spousal support, child support, unemployment, etc.)
- TOTAL** (USCIS will compare this amount to Federal Poverty Guidelines)

Section 6. Financial Hardship

Line 12. Describe your particular situation. Be sure to include how this situation has caused you to incur costs (and what the costs were) or loss of income that you have experienced (and what that loss was). Complete this section in English; otherwise, provide an accompanying English translation. *(If you need more space, attach a separate sheet of paper.)*

If you are currently unemployed, you must complete Lines 13 and 14.

Line 13. Date that you became unemployed *(mm/dd/yyyy)* ►

Line 14. Amount of unemployment compensation (monthly) that you are receiving (enter dollars)

Line 15. List your assets and the value of your assets. *(If you need more space, attach a separate sheet of paper.)*

Type of Asset	Value (enter dollars)
TOTAL Value of Assets	<input style="width: 100%; border-top: 1px dashed black;" type="text"/>

Section 6. Financial Hardship (Cont'd)

Line 16. List your average monthly costs, and provide evidence of monthly payments where possible. *(If you need more space, attach a separate sheet of paper.)*

Type of Cost	Value (Enter Dollars)	Type of Cost	Value (Enter Dollars)
Rent		Loan Payment	
Mortgage		Commuting Costs	
Food		Medical	
Utilities		School	
Child/Elder Care		Other Expenses	
Insurance		TOTAL Monthly Costs	

Section 7. Your Signature and Authorization

Do not sign your Form I-912 until it is complete and you are ready to file.

I take full responsibility for the accuracy of all the information provided, including all supporting documentation. I authorize the release of any information, including the release of my Federal tax returns, that USCIS needs to determine my eligibility.

Each person applying for a fee waiver request must sign Form I-912. This includes individuals identified in Sections 1 and 2 if 14 years of age or older. (If you need more space, attach a separate sheet of paper.)

Line 17. Your Signature Date (mm/dd/yyyy) ▶ 10/26/2017
 Printed Name

Line 17.1. Additional Signature Date (mm/dd/yyyy) ▶ 10/26/2017
 Printed Name

Line 17.2. Additional Signature Date (mm/dd/yyyy) ▶ 10/26/2017
 Printed Name

Line 17.3. Additional Signature Date (mm/dd/yyyy) ▶
 Printed Name

Line 17.4. Additional Signature Date (mm/dd/yyyy) ▶
 Printed Name

Section 7. Your Signature and Authorization (continued)

Line 17.5. Additional Signature Date (mm/dd/yyyy) ▶
Printed Name

Line 17.6. Additional Signature Date (mm/dd/yyyy) ▶
Printed Name

Line 17.7. Additional Signature Date (mm/dd/yyyy) ▶
Printed Name



Notice of Decision on Application for Cash,
Medical and/or SNAP Benefits

Date of Notice	Cat.	L.O.	Group	Basic	Case/Load Number
JULY 25, 2017	94	226	00	RB7572	

Local Office Address

226

THIS NOTICE TELLS YOU WHAT ASSISTANCE YOU WILL GET AND WHO WILL GET IT. THIS NOTICE ALSO TELLS YOU WHAT ASSISTANCE YOU WILL NOT GET AND WHY. THE NOTICE THEN TELLS YOU HOW YOU CAN APPEAL IF YOU DISAGREE WITH OUR DECISIONS.

LOCAL OFFICE TELEPHONE NUMBER: (708) 293-4700
FOR THE HEARING IMPAIRED WHO HAVE A
TELEPHONE DEVICE FOR THE DEAF (TTY), CALL: (866) 439-3715

REGARDING YOUR APPLICATION FOR ASSISTANCE FILED ON: 05/31/17

THE FOLLOWING PEOPLE WILL RECEIVE MEDICAL BENEFITS.

NAME	RECIPIENT NUMBER
------	---------------------

YOU AND/OR YOUR FAMILY ARE ELIGIBLE TO RECEIVE MEDICAL BENEFITS BEGINNING 02/01/17.

YOU WILL RECEIVE ONE MEDICAL CARD SEPARATELY FROM THIS NOTICE. THE MEDICAL CARD LISTS THE NAME(S) OF THE PERSON(S) APPROVED, THEIR DATE OF BIRTH AND THEIR ID NUMBER. PLEASE KEEP THE CARD. DO NOT THROW THE CARD AWAY. IF YOU STILL QUALIFY AT YOUR ANNUAL REVIEW, ANOTHER CARD WILL BE SENT TO YOU AT THAT TIME.

PLEASE KEEP THIS NOTICE TO SHOW THE DATE YOUR COVERAGE BEGINS. YOU WILL GET ANOTHER NOTICE IF YOUR COVERAGE ENDS.

HAVE ANY OF THE PEOPLE LISTED ABOVE GOTTEN MEDICAL CARE ON OR AFTER THE DATE SHOWN ABOVE WHEN THEIR MEDICAL BENEFITS BEGIN? IF THE ANSWER IS YES AND YOU HAVE MEDICAL BILLS FOR THE CARE THEY GOT, THE BILLS MAY QUALIFY FOR PAYMENT BY THE STATE. CONTACT THE DOCTOR, PHARMACY, HOSPITAL OR OTHER MEDICAL PROVIDER AND TELL THEM THE DATE COVERAGE BEGAN AND THE ID# LISTED ABOVE FOR THE PERSON. THE MEDICAL PROVIDER CAN CHECK TO FIND OUT IF THE DEPARTMENT WILL PAY THE MEDICAL BILLS FOR YOU.

 NOTICE TO PROVIDERS: TO VERIFY ELIGIBILITY ON THE DATE OF SERVICE FOR THE PERSON(S)
 NAMED ABOVE, USE THE MEDI WEB SITE AT [HTTP://WWW.MYHFS.COM](http://www.myhfs.com) OR YOUR REV VENDOR OR
 HFS'S AUTOMATED VOICE RESPONSE SYSTEM (AVRS).

YOU HAVE CERTAIN RESPONSIBILITIES

YOU MUST TELL YOUR LOCAL OFFICE WITHIN 10 DAYS IF:

- YOU MOVE.
- ANYONE WHO GETS BENEFITS MOVES OUT OF ILLINOIS, DIES OR GOES TO JAIL OR PRISON.

THERE ARE OTHER CHANGES YOU CAN REPORT IF YOU WANT TO. IF YOU DECIDE TO TELL YOUR LOCAL OFFICE, YOUR CHILDREN MAY BE ABLE TO GET MEDICAL BENEFITS LONGER. THESE CHANGES ARE:

- YOUR FAMILY'S INCOME GOES DOWN.
- THE NUMBER OF FAMILY MEMBERS LIVING WITH YOU GOES UP.
- SOMEONE IN YOUR FAMILY LIVING WITH YOU GETS PREGNANT.

YOU CAN FIND THE ADDRESS AND PHONE NUMBER FOR YOUR LOCAL OFFICE ON THE FIRST PAGE OF THIS NOTICE.

CASH AND MEDICAL

If you were denied cash and/or medical aid, you have the right to meet with a local office worker to ask about the reason for denial. The meeting will be informal. Any added information you have should be presented at that time. You have the right to be represented at this meeting by any person(s) you choose. If you wish such a meeting, contact the local office named on the front of this form. You should do this right away. If you choose not to have an informal meeting, you still have a right to appeal this action.

SNAP

If Your SNAP Application Was Denied

You may apply for SNAP benefits again any time you think you may be eligible. If you don't agree with our decision to deny your application, you may ask for a fair hearing. You will not receive any SNAP benefits just because you ask for a fair hearing. You will have the chance to explain your disagreement to a local office worker and later to a hearing officer. If it is decided that you are right, you may be entitled to SNAP benefits from the date you applied.

If Your SNAP Application Was Approved

But you don't agree with the decision, you may ask for a fair hearing. You will then have the chance to explain your disagreement to a local office worker and later to a hearing officer.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION

If you do not agree with this action, you have the right to appeal and be given a fair hearing. Such an appeal must be filed with the Department in writing or by calling (toll-free) 1-800-435-0774. You may represent yourself at this hearing or you may be represented by anyone else, such as a lawyer, relative or friend. Your local office will give you an appeal form and help you fill it out if you wish. If you are appealing the decision on your cash and/or medical aid decision you must do so within 60 days after the "Date of Notice." If you are appealing a decision about your SNAP application you must do so within 90 days after the "Date of Notice".

To apply for free legal help:

In Cook County (including the City of Chicago) -
Legal Assistance Foundation of Metropolitan Chicago - 312-341-1070.

In other counties in northern or central Illinois with area codes (309), (630), (815) or (847) - Prairie State Legal Services - 800-531-7057 (toll-free).

In other counties in central or southern Illinois with area codes (217) or (618) -
Land of Lincoln Legal Assistance Foundation - 877-342-7891 (toll-free).



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number (if any)

▶

Name and Address of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

4. Daytime Telephone Number

5. Fax Number

6. E-Mail Address (if any)

7. Mobile Telephone Number (if any)

Part 2. Notice of Appearance as Attorney or Accredited Representative

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

1.a. USCIS

1.b. List the form numbers

2.a. ICE

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

3.a. CBP

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

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

4. Select only one box:

Applicant Petitioner Requestor

Respondent (ICE, CBP)

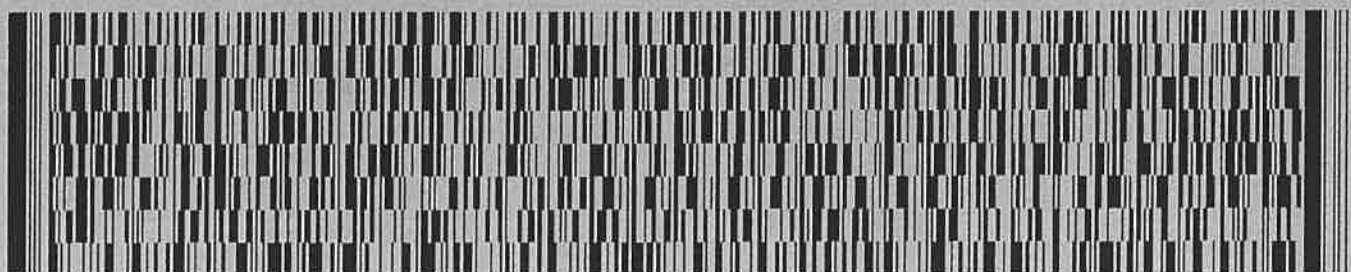
Information About Applicant, Petitioner, Requestor, or Respondent

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

6. Name of Company or Organization (if applicable)



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

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

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

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

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

- 12.a. Street Number and Name
- 12.b. Apt. Ste. Flr.
- 12.c. City or Town
- 12.d. State 12.e. ZIP Code
- 12.f. Province
- 12.g. Postal Code
- 12.h. Country

Part 3. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

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



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

3. I am associated with
[redacted]
the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request.

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

4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).

4.b. Name of Law Student or Law Graduate

[redacted]

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

Consent to Representation and Release of Information

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

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

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

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

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

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

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

→ [redacted]

3.b. Date of Signature (mm/dd/yyyy) ▶ 10/11/2017

Part 5. Signature of Attorney or Accredited Representative

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

1. Signature of Attorney or Accredited Representative

[Handwritten Signature]

2. Signature of Law Student or Law Graduate

[redacted]

3. Date of Signature (mm/dd/yyyy) ▶ 10/11/2017





Application for Advance Permission to Enter as a Nonimmigrant

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

USCIS
Form I-192
OMB No. 1615-0017
Expires 06/30/2018

For DHS Use Only	Received	Returned Trans. Out	Fee Stamp
	Trans. In	Completed	
	Action by the Department of Homeland Security		
	<input type="checkbox"/> Granted, subject to revocation at any time, upon the following terms and conditions:		Date of Action (mm/dd/yyyy) _____ DD or OIC _____ Office _____

To be completed by an attorney or accredited representative (if any).			
<input type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached.	Volag Number <input style="width: 100px; height: 20px;" type="text"/>	Attorney State Bar Number (if applicable) <input style="width: 100px; height: 20px;" type="text"/>	Attorney or Accredited Representative USCIS ELIS Online Number (if any) <input style="width: 100%; height: 20px;" type="text"/>

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

Part 1. Application Type

I am applying to the Secretary of Homeland Security for permission to enter the United States temporarily under the provisions of section 212(d)(3)(A)(ii), section 212(d)(13), or section 212(d)(14) of the Immigration and Nationality Act (INA).

I am seeking this permission so that I may obtain (Select **only one** box):

1. A. Admission as a nonimmigrant (other than as a T or U nonimmigrant)
- B. Status as a victim of trafficking (T nonimmigrant status) or a victim of a crime (U nonimmigrant status)

Part 2. Information About You

1. Family Name (Last Name) Given Name (First Name) Middle Name
2. Alien Registration Number (A-Number) (if any) 3. USCIS Online Account Number (if any) 4. Date of Birth (mm/dd/yyyy)
5. Place of Birth
 City or Town State or Province Country
6. Country of Citizenship or Nationality

Part 2. Information About You (continued)

7. Physical Address

Street Number and Name	Apt. Ste. Flr. Number	
<input type="text"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code
<input type="text"/>	IL	<input type="text"/>
Province	Postal Code	Country
<input type="text"/>	<input type="text"/>	USA

8. Provide the addresses where you have resided during the past five years, starting with the last place you lived prior to your current physical address listed under Item Number 7. If you need extra space to complete this section, use the space provided in Part 7. Additional Information.

A. Residence Number 1

Date of Residence From (mm/dd/yyyy)	<input type="text"/>	To (mm/dd/yyyy)	<input type="text"/>
Street Number and Name	Apt. Ste. Flr. Number		
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	
City or Town	State	ZIP Code	
<input type="text"/>	IL	<input type="text"/>	
Province	Postal Code	Country	
<input type="text"/>	<input type="text"/>	USA	

B. Residence Number 2

Date of Residence From (mm/dd/yyyy)	<input type="text"/>	To (mm/dd/yyyy)	<input type="text"/>
Street Number and Name	Apt. Ste. Flr. Number		
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	
City or Town	State	ZIP Code	
<input type="text"/>	IL	<input type="text"/>	
Province	Postal Code	Country	
<input type="text"/>	<input type="text"/>	USA	

C. Residence Number 3

Date of Residence From (mm/dd/yyyy)	<input type="text"/>	To (mm/dd/yyyy)	<input type="text"/>
Street Number and Name	Apt. Ste. Flr. Number		
<input type="text"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	
City or Town	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Province	Postal Code	Country	
<input type="text"/>	<input type="text"/>	USA	

Part 2. Information About You (continued)

D. Residence Number 4

Date of Residence From (mm/dd/yyyy) To (mm/dd/yyyy)

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Travel Information

9. Location at which you plan to enter the United States (desired Port-of-Entry)

City State
 CA

10. Name of Port-of-Entry

11. How do you plan to travel to the United States? (For example, by plane, ship, car) n/a
12. When do you plan to enter the United States? (mm/dd/yyyy)

13. Approximate Length of Stay in the United States indefinite

14. What is the purpose of your stay in the United States? Explain fully below.
I want to apply for a U visa and support my family.

Immigration and Criminal History

15. Do you believe that you may be inadmissible to the United States? Yes No

If you answered "Yes," explain the reasons why you believe, according to the best of your knowledge, that you may be inadmissible in **Part 7. Additional Information**. If you were told that you are inadmissible, provide the reason you were given.

16. Have you previously filed an application for advance permission to enter the United States as a nonimmigrant? Yes No

If you answered "Yes," provide the details in **Items A. - C. in Item Number 17**. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

17. A. Date Application Filed (mm/dd/yyyy)

B. Location where you filed your application (For example, U.S. Citizenship and Immigration Services (USCIS) Office or Port-of-Entry)
USCIS Office or U.S. Port-of-Entry
City or Town State or Province Country

C. Receipt Number (if available)

Part 2. Information About You (continued)

NOTE: If you are an applicant for T nonimmigrant status or a petitioner for U nonimmigrant status, you do not need to answer Item Numbers 18. - 21.

18. Have you **EVER** been in the United States for a period of six months or more? Yes No

If you answered "Yes," provide the dates you were in the United States (from and to) and your immigration status at the time of entry into the United States in the space provided in **Part 7. Additional Information.**

19. Have you **EVER** filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf? Yes No

If you answered "Yes" to **Item Number 19.** provide the information in the space provided in **Part 7. Additional Information.**

NOTE: If you (or somebody else on your behalf) have filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in Part 7. to also provide the following information:

- A. Type of application or petition filed;
- B. Location where you (or the other person) filed the application or petition (for example, USCIS office or Port-of-Entry);
- C. Outcome of the application or petition (for example, approved, denied, or is pending)

20. Have you **EVER** been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)? Yes No

If you answered "Yes" to **Item Number 20.**, provide the information in the space provided in **Part 7. Additional Information.**

21. Have you **EVER**, in or outside the United States, been arrested, cited, charged, indicted, fined, convicted, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations? If you answered "Yes," describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in **Part 7. Additional Information.** Yes No

Part 3. 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 Inches 4. Weight Pounds

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 4. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the information on penalties in the **Penalties** section of the Form I-192 Instructions before completing this part.

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Applicant's Statement Regarding the Interpreter

- A. I can read and understand English, and have read and understand every question and instruction on this application and my answer to every question.
- B. The interpreter named in **Part 5.** 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. Applicant's Statement Regarding the Preparer

- At my request, the preparer named in **Part 6.**, , 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)

Applicant'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 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 laws.

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

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I 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. Applicant's Signature

➔

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 5. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

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

Interpreter's Mailing Address

- 3. Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
Province Postal Code 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 4., Item B. in Item Number 1., 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 Certification, and has verified the accuracy of every answer.

Interpreter's Signature

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

Part 6. 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. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province Postal Code Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number 5. Preparer's Mobile 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.
- 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 whose representation extends beyond preparation of this application, 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 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 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. Preparer's Signature Date of Signature (mm/dd/yyyy)

Part 7. 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. Include your name and A-Number (if any) at the top of every sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

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. I believe I am inadmissible because I presented myself for admission at the U.S. border without proper documentation (INA 212(a)(7)(A)(i)(I)) and for bringing my children with me and presenting them for admission at the U.S. border without proper documentation (INA 212(a)(6)(E)(i)). Please waive these and any other grounds that USCIS deems apply to my case.

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. _____



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number (if any)

▶

Name and Address of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

4. Daytime Telephone Number

5. Fax Number

6. E-Mail Address (if any)

7. Mobile Telephone Number (if any)

Part 2. Notice of Appearance as Attorney or Accredited Representative

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

1.a. USCIS

1.b. List the form numbers

2.a. ICE

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

3.a. CBP

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

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

4. Select only one box:

Applicant Petitioner Requestor

Respondent (ICE, CBP)

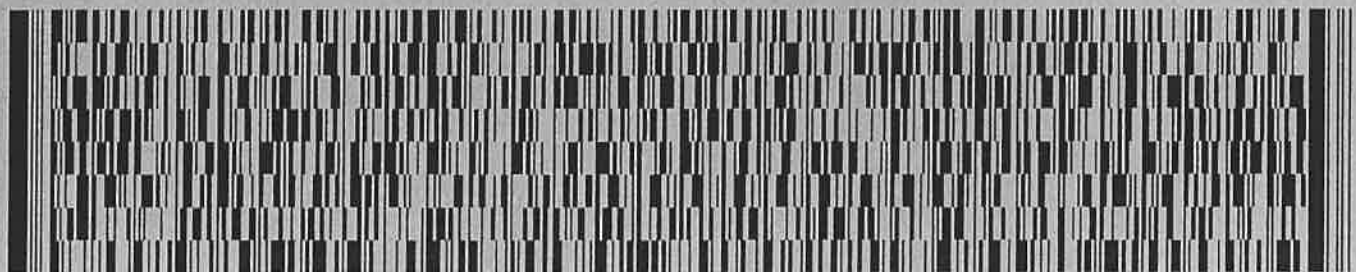
Information About Applicant, Petitioner, Requestor, or Respondent

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

6. Name of Company or Organization (if applicable)



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

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

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

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

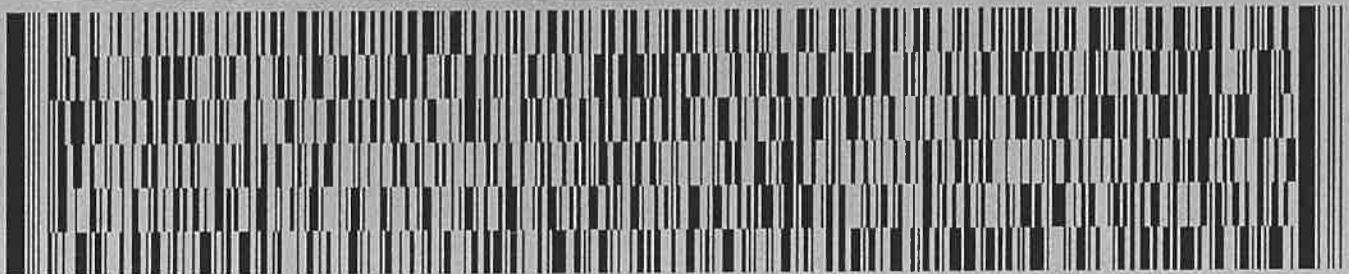
NOTE: Provide the mailing address of the applicant, petitioner, requestor, or respondent. Do not provide the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on the application, petition, or request being filed with this Form G-28.

- 12.a. Street Number and Name
- 12.b. Apt. Ste. Flr.
- 12.c. City or Town
- 12.d. State 12.e. ZIP Code
- 12.f. Province
- 12.g. Postal Code
- 12.h. Country

Part 3. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

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



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

3. I am associated with [redacted] the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request.

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

4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).

4.b. Name of Law Student or Law Graduate

[redacted]

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

Consent to Representation and Release of Information

1. I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP.

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

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

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

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

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

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

→ [redacted]

3.b. Date of Signature (mm/dd/yyyy) ▶

[redacted]

Part 5. Signature of Attorney or Accredited Representative

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

1. Signature of Attorney or Accredited Representative

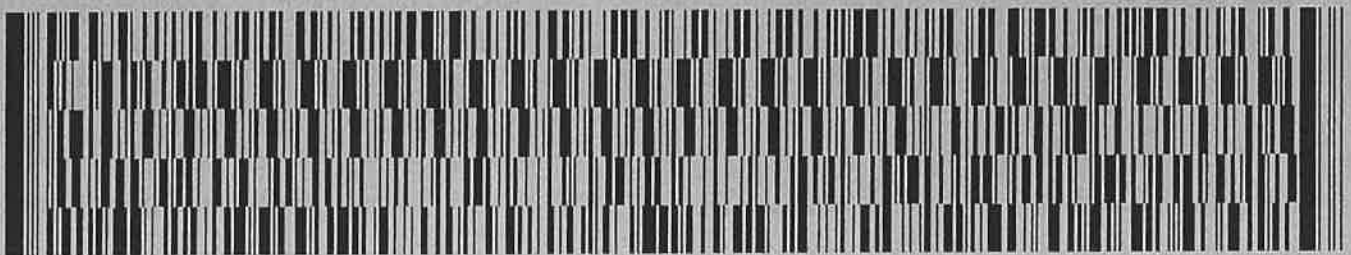
[Handwritten Signature]

2. Signature of Law Student or Law Graduate

[redacted]

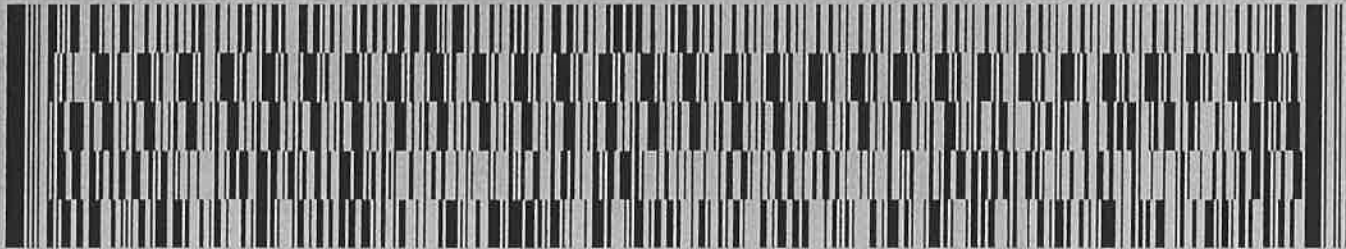
3. Date of Signature (mm/dd/yyyy) ▶

10/11/2017



Part 6. Additional Information

Use the space provided below to provide additional information pertaining to **Part 3, Item Numbers 1.a. - 1.d.** or to provide your U.S. business address for purposes of receiving secure identity documents for your client (if your client has consented to your receipt of such documents under **Part 4.**)





Application For Employment Authorization

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

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

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

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

I am applying for:

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

1. Full Name

Family Name	First Name	Middle Name

2. Other Names Used (include Maiden Name)

Family Name	First Name	Middle Name

3. U.S. Mailing Address

Street Number and Name	Apt. Number
Town or City	State ZIP Code
	IL

4. Country of Citizenship or Nationality

5. Place of Birth

Town or City	State/Province	Country

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

7. Gender Male Female

8. Marital Status

Single Married Divorced Widowed

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

Yes No

NOTE: If you answered "Yes" to Item Number 9.a., provide the information requested in Item Number 9.b.

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

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10. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 11., Consent for Disclosure, to receive a card.)

Yes No

NOTE: If you answered "No" to Item Number 10., skip to Item Number 14. If you answered "Yes" to Item Number 10., you must also answer "Yes" to Item Number 11.

11. **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 10. - 11., provide the information requested in Item Numbers 12.a. - 13.b.

Father's Name

12.a. Family Name (Last Name)

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12.b. Given Name (First Name)

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Mother's Name (Provide your mother's birth name.)

13.a. Family Name (Last Name) []

13.b. Given Name (First Name) []

14. Alien Registration Number (A-Number) or Form I-94 Number (if any) []

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

Yes (Complete the following questions.)

Which USCIS Office? [] Dates []
Results (Granted or Denied - attach all documentation) []

No (Proceed to Item Number 16.)

16. Date of Your Last Arrival or Entry Into the U.S., On or About (mm/dd/yyyy) []

17. Place of Your Last Arrival or Entry Into the U.S. []

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

19. Current Immigration Status (Visitor, Student, etc.)
U visa applicant

20. Eligibility Category. Go to the Who May File Form I-765? section of the Instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. For example, (a)(8), (c)(17)(iii), etc.
(c) (14) ()

21. (c)(3)(C) Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 20. above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.

Degree [] Employer's Name as listed in E-Verify []

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

22. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 20. above, please provide the receipt number of your H-1B principal spouse's most recent Form I-797 Notice of Approval for Form I-129.
[]

23. (c)(35) and (c)(36) Eligibility Category

a. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 20. above, please provide the receipt number of the Form I-140 beneficiary's Form I-797 Notice of Approval for Form I-140.
[]

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

NOTE: If you answered "Yes" to Item Number 23.b., refer to Item Number 5., Item H. or Item I. in the Who May File Form I-765 section of these Instructions for information about providing court dispositions.

Certification

I certify, under penalty of perjury, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Who May File Form I-765 section of the Instructions and have identified the appropriate eligibility category in Item Number 20.

Applicant's Signature []

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

Telephone Number
7088023417

Signature of Person Preparing Form, If Other Than Applicant

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

Preparer's Signature

[]

Date of Signature (mm/dd/yyyy) 10/11/2017

Printed Name

Trisha K Teofilo Olave

Address

208 S LaSalle St Ste 1300 Chicago IL 60604

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I, [redacted], hereby declare the following under penalty of perjury of law:

1. My name is [redacted] and I was born in [redacted], [redacted] on [redacted].
2. I got married on [redacted] to [redacted], but we separated after four years of marriage because I was physically mistreated during the marriage.
3. I had two children with my husband: [redacted] was born on [redacted] in [redacted] and [redacted] was born on [redacted] in [redacted].
4. [redacted] was born with a physical problem ([redacted]) and [redacted] was born with a [redacted] and [redacted]. For this reason, both of my sons have had operations. [redacted] had four operations and [redacted] had nine operations.
5. In [redacted] I made the decision to emigrate from [redacted] because my sons were in danger. They were being threatened by gangs. The gangs wanted to force my sons to join the gangs. I received telephone threats. The gangs followed my sons and watched them vigilantly when they left school. Months passed by that my sons couldn't leave the house because I didn't want to put them in danger. They even missed classes.
6. I decided to come to the United States to ask for help. In [redacted], my sons and I arrived at the United States border and turned ourselves in to immigration authorities. We entered the line at the [redacted] crossing after a very long trip that lasted one month. I went directly to an immigration agent. My children and I were kept in an immigration office. The next day they let us go free in [redacted].
7. At first we went to live in [redacted] with my mother for six months. After this time, I made the decision to come to [redacted]. I went to Immigration in [redacted] to ask for permission and they gave me authorization to move.
8. I arrived in [redacted]. I began working at [redacted] restaurant shortly after we moved to [redacted]. I continue working there today. I have been working there for three years.
9. In [redacted], on a Tuesday, I was working my shift from [redacted] p.m. to [redacted] i. At approximately [redacted] p.m. the restaurant was empty. Only the cook and two other coworkers, [redacted] and [redacted], were there with me. [redacted] was washing the dishes and [redacted] was mopping the floor when a Latino man entered the restaurant. He was dressed all covered up, with a large sweater, hat and gloves. I waited on him and he ordered some tacos and a beverage. I went to the back to bring his drink and charged him. Then he asked how long it was going to be, so I said about five minutes. He told me that he was going to come back, he just had to go outside a minute. I noticed that he seemed a

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bit nervous. When he was walking towards the door, I called out to him to tell him that his food was ready. He returned, took his food and left. About five minutes later he returned. I waited on him again. When I was going to charge him, I was behind the register. He gave me a \$20 bill. When I opened the register, this man quickly came to my side and pointed a gun at me. He pushed the gun into my right side, in my ribs. He had the gun in his right hand and with his left hand he took the money from the register. Behind me was my coworker _____, and a few meters behind was my coworker _____. I was so scared because this man was very nervous. He just kept repeating many times "I have a gun." I yelled out to my coworkers "He has a gun!" and repeated this about three times. But no one could do anything for fear that the man was going to shoot me. I couldn't move because he pushed me closer to the gun.

10. When the man took the money and let me go I don't remember exactly what he did because I immediately dropped to the ground and covered myself out of fear. I was crouched down, trembling, crying uncontrollably, hugging _____ while _____ called the police who arrived at the restaurant in a few minutes.
11. I couldn't stop trembling, but at the same time thanking God for still being alive, because God didn't allow him to hurt us physically.
12. When the police arrived, they took down the information. I couldn't calm down. I just wanted to go home and hug my children. I wanted to feel safe and protected.
13. When I arrived home, my children saw me trembling. I just hugged them. I couldn't stop crying. That night one of my children had to sleep with me. I couldn't control myself. I woke up many times crying. The next day I couldn't leave or be alone in the house. I had to be with someone at all times.
14. Two days later I went to the doctor because I had so much anxiety and I couldn't stop crying. I couldn't control it. They had to give me medicine to calm me down and a few days off work.
15. I spent many months that I couldn't be close to anyone. I couldn't handle seeing people who were all covered up with clothing or dressed in all black.
16. A few weeks later, some FBI agents arrived at the restaurant to interview us and ask us to identify this person by photos because they had arrested him. He was wanted by the FBI. I collaborated with them and followed their orders with whatever they needed.
17. The police have video of the incident. I never had to go to court to testify. The FBI and the police both have my contact information and know how to reach me. I have always been willing to cooperate in any investigation and prosecution of this crime.
18. I have suffered severely since this incident. I went to the doctor for anxiety. My doctor recommended that I go to therapy, but I didn't know where to go and I don't have extra money to pay for counseling sessions.

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19. I have no criminal record. I am sorry for bringing my children to the United States and presenting ourselves without proper documents. I was so scared for their safety in _____ that I didn't know what else to do. Bringing my children to the United States seemed like the only safe option.
20. I love my sons dearly. They are good children. I go to meetings with their teachers at school and am very involved in their lives. I provide them with love and support and I want them to have a good education and opportunities for their future.
21. I am a good person and I want to obtain legal status in the United States in order to provide for my family and contribute to society. Please grant my U visa and waiver applications.
22. Thank you for considering my request.

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I have provided the foregoing statement in my native language, Spanish, and it has been translated back to me in its entirety in Spanish. I declare that it is true and correct to the best of my ability.

Signature of Applicant

Date