

**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

RE: PETITION FOR U-3 DERIVATIVE STATUS

Principal Applicant:

Dear Officer:

Per the attached G-28, our office represents [redacted] in his application for U-3 derivative status (Form I-918 Supplement A).

[redacted] is the minor child of [redacted]. In November 2017, Ms. [redacted] filed forms I-918 and I-192 with the Vermont Service Center, in order to apply for U nonimmigrant status. Currently, Ms. [redacted] I-918 petition and her I-192 application are pending with USCIS.

Because [redacted] is the minor child (under 21) of U visa applicant Ms. [redacted] is eligible to petition for U-3 derivative status under INA §101(a)(15)(U)(ii).

[redacted] is inadmissible pursuant to INA § 212(a)(7)(A)(i)(I) because he presented himself for admission at the United States border without proper documentation. He is eligible for a waiver pursuant to INA §212(d)(3) and INA §212(d)(14). [redacted] can demonstrate that it is in the national or public interest for his waiver to be granted. Form I-192 is hereby included.

An application for employment authorization for [redacted] is attached under eligibility category (c)(14) for Deferred Action. This is included so that [redacted] can receive work authorization if he is granted deferred action while his application for U nonimmigrant status is being adjudicated.

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 DOCUMENTS IN SUPPORT OF U VISA AND WAIVER OF INADMISSIBILITY

Forms:

- Form G-28, Notice of Entry of Appearance, signed by principal applicant/petitioner
- Form G-28, Notice of Entry of Appearance, signed by derivative applicant
- Form I-918 Supplement A, Petition for Qualifying Family Member of U-1 Recipient
- 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 (a)(20)
- 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 _____ in support of petition for U nonimmigrant status and waiver of inadmissibility
- B. Copy of birth certificate for _____, with English translation
- C. Copy of biographic information page from _____'s current passport
- D. Copy of I-94 card that was issued to _____ when he was paroled into the United States on _____

Eligibility for Waiver of Inadmissibility:

See above Affidavit of Client at Exh. A

- E. _____'s school records from _____ High School
- F. Letter of support from _____ English Language Learning Teacher at _____ High School
- G. Letter of support from _____, Illinois State Senator
- H. Copy of diploma from _____ Middle School
- I. Copy of certificate from State of Illinois General Assembly
- J. Copy of certificate of recognition from Illinois House of Representatives
- K. Copy of certificates for _____ Middle School Honor Roll

Proof that applicant is in removal proceedings:

- L. Copy of Notice of Hearing, dated _____



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. 1300

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)

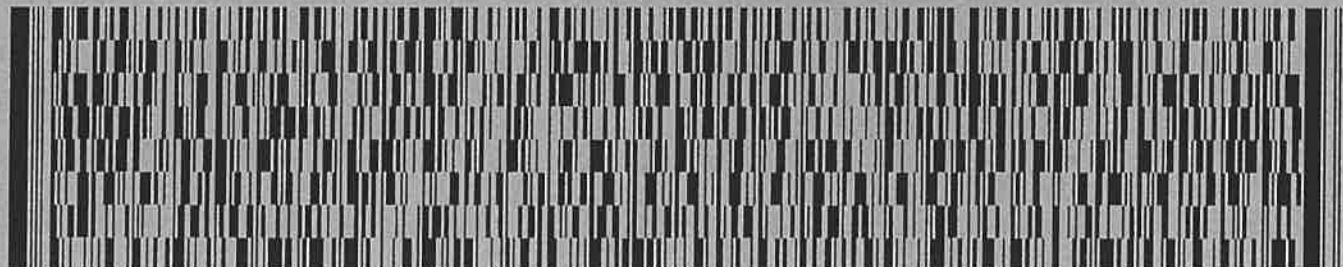
Information About Applicant, Petitioner, Requestor, or Respondent

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
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

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
→

3.b. Date of Signature (mm/dd/yyyy) ▶

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before 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

2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy) ▶





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)

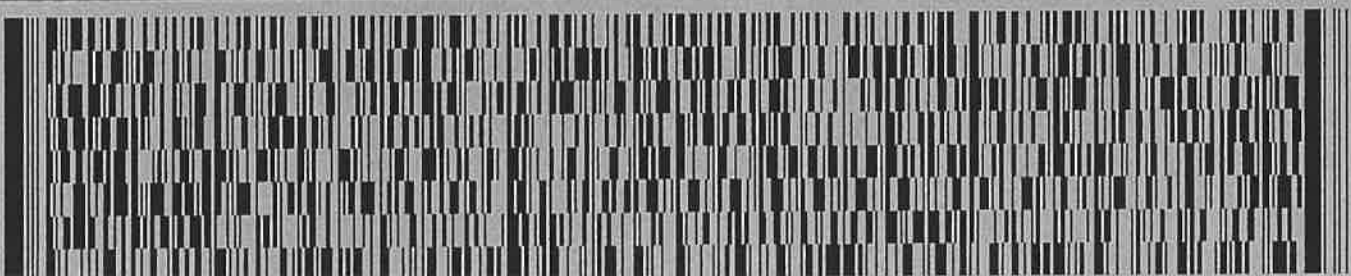
Information About Applicant, Petitioner, Requestor, or Respondent

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

3. I am associated with
the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative 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

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

→

3.b. Date of Signature (mm/dd/yyyy) ▶

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before 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

2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy) ▶





Supplement A, Petition for Qualifying Family Member of U-1 Recipient

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) _____	Attorney or Accredited Representative USCIS Online Account Number (if any) _____
---	--	--	---

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

NOTE: The recipient of the U-1 nonimmigrant classification is referred to as the "principal." His or her family members are referred to as "derivatives." The principal should complete Supplement A.

Part 1. Family Member's Relationship To You (Principal)

1. The family member that I am filing for is my:
- Spouse Parent Child
- Unmarried sibling under 18 years of age

Part 2. Information About You (Principal)

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

Other Information

2. Date of Birth (mm/dd/yyyy) _____
3. Alien Registration Number (A-Number) (if any)
▶ A- _____
4. USCIS Online Account Number (if any)
▶ _____
5. Status of your Form I-918
 Pending Approved

Part 3. Information About Your Qualifying Family Member (Derivative)

- 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 _____

NOTE: If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

Residence or Intended Residence in the United States

- 3.a. Street Number and Name _____
- 3.b. Apt. Ste. Flr. _____
- 3.c. City or Town _____
- 3.d. State **IL** 3.e. ZIP Code _____

Part 3. Information About Your Qualifying Family Member (The Derivative) (continued)

Safe Mailing Address (if other than Residence)

- 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 About Qualifying Family Member

- 5. A-Number (if any) ▶ A-
- 6. U.S. Social Security Number (if any) ▶
- 7. USCIS Online Account Number (if any) ▶
- 8. Date of Birth (mm/dd/yyyy)
- 9. Country of Birth
- 10. Country of Citizenship or Nationality
- 11. Marital Status
 Single Married Divorced Widowed
- 12. Gender Male Female
- 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)

Part 4. Additional Information About Your Qualifying Family Member

Provide the date of last entry, place of last entry, and current immigration status for your family member if he or she is currently in the United States.

1.a. Date of Last Entry into the United States (mm/dd/yyyy)

Place of Last Entry into the United States

1.b. City or Town

1.c. State

1.d. Current Immigration Status

Provide the date of entry, place of entry, and status at entry for your family member's last entry if he or she has previously traveled to the United States but is not currently in the United States.

2.a. Date of Last Entry into the United States (mm/dd/yyyy)

Place of Last Entry into the United States

2.b. City or Town

2.c. State

2.d. Date Authorized Stay Expired (mm/dd/yyyy)

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

Part 4. Additional Information About Your Qualifying Family Member (continued)

If your family member is outside the United States, provide the U.S. Consulate or inspection facility or a safe foreign mailing address you want notified if this supplement is approved.

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

- U.S. Consulate Pre-Flight Inspection
 Port-of-Entry

3.b. City or Town

3.c. State

3.d. Country

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

4.a. Street Number and Name

4.b. Apt. Ste. Flr.

4.c. City or Town

4.d. Province

4.e. Postal Code

4.f. Country

If your family member was previously married, list the names of your family member's prior spouses and the dates his or her marriages were terminated. You must attach documents such as divorce decrees or death certificates.

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

5.d. Date Marriage Ended (mm/dd/yyyy)

5.e. Where did the marriage end?

5.f. How did the marriage end?

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

6.d. Date Marriage Ended (mm/dd/yyyy)

6.e. Where did the marriage end?

6.f. How did the marriage end?

Other Information

7.a. Your family member was or is in immigration proceedings. Yes No

If you answered "Yes," select the type of proceedings. If your family member was in proceedings in the past and is no longer in proceedings, provide the date of action. If your family member is currently in proceedings, type or print "Current" in the appropriate date field. Select all applicable boxes. Use the space provided in Part 11. 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)

8. Your family member would like an Employment Authorization Document. Yes No

NOTE: If you answered "Yes," submit Form I-765, Application for Employment Authorization Document, separately. If your family member is living outside the United States, he or she is not eligible to receive employment authorization until he or she is lawfully admitted to the United States. Do not file Form I-765 for a family member living outside the United States.

Part 5. Processing Information

Answer the following questions about the family member for whom you are filing this supplement. For the purposes of this supplement, you must answer "Yes" to the following questions, if applicable, even if your family member's records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told your family member that he or she no longer has a record.

NOTE: If you answer "Yes" to ANY question in Part 5., provide an explanation in the space provided in Part 11. **Additional Information.**

NOTE: Answering "Yes" does not necessarily mean that U.S. Citizenship and Immigration Services (USCIS) will deny your Supplement A, Petition for Qualifying Family Member of U-1 Recipient.

Has your family member **EVER**:

- 1.a. Committed a crime or offense for which he or she has 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 Nationalization 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
- 1.f. Received a suspended sentence, been placed on probation, or been paroled? Yes No
- 1.g. Been held 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

2.a Why was your family member arrested, cited, detained, or charged?

NA

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

Where was your family member 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 was your family member arrested, cited, detained, or charged?

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

Where was your family member 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)

Part 5. Processing Information (continued)

Has your family member **EVER**:

- 4.a. Engaged in, or does he or she 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

Has your family member **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

Has your family member **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 Immigration and Nationality Act (INA)? Yes No
- 6.b. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes No
- 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

Does your family member 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. Has your family member **EVER** been or does he or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? Yes No

Part 5. Processing Information (continued)

9. Has your family member **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

Has your family member **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 the spaces provided in **Part 11. Additional Information.**

11. Has your family member **EVER** advocated that another person commit any of the acts described in **Item Numbers 10.a. - 10.g.**, urged, or encouraged another person, to commit such acts? Yes No

Has your family member **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

Has your family member **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
- 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 11. Additional Information.**

Has your family member **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 11. Additional Information.**

Has your family member **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. Is your family member **NOW** in removal, exclusion, rescission, or deportation proceedings? Yes No
17. Has your family member **EVER** had removal, exclusion, rescission, or deportation proceedings initiated against him or her? Yes No

Part 5. Processing Information (continued)

18. Has your family member **EVER** been removed, excluded, or deported from the United States? Yes No
19. Has your family member **EVER** been ordered to be removed, excluded, or deported from the United States? Yes No
20. Has your family member **EVER** been denied a visa or denied admission to the United States? Yes No
21. Has your family member **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time? Yes No
22. Is your family member **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. Has your family member **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. Has your family member **EVER** left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard? Yes No
25. Has your family member **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. Has your family member **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. Does your family member plan to practice polygamy in the United States? Yes No
28. Has your family member **EVER** entered the United States as a stowaway? Yes No
- 29.a. Does your family member **NOW** have a communicable disease of public health significance? Yes No
- 29.b. Does your family member **NOW** have or has your family member **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. Is your family member **NOW** or has your family member **EVER** been a drug abuser or drug addict?

Yes No

Part 6. Information About Your Qualifying Family Member's Spouse and/or Children

Provide the following information about your family member's spouse and/or children. If you need extra space to complete this section, use the space provided in **Part 11. 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.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name
6. Date of Birth (mm/dd/yyyy)
7. Country of Birth
8. Relationship
-
- 9.a. Family Name (Last Name)
- 9.b. Given Name (First Name)
- 9.c. Middle Name
10. Date of Birth (mm/dd/yyyy)
11. Country of Birth
12. Relationship

Part 7. 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 **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question.
- 1.b. The interpreter named in **Part 9.** read to me every question and instruction on this supplement 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 10.**, , prepared this supplement 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 supplement, 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 supplement;
- 2) I reviewed and understood all of the information in, and submitted with, my supplement; 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 supplement 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 supplement, and that all of this information is complete, true, and correct.

Petitioner's Signature

- 6.a. Petitioner's Signature (sign in ink)
- 6.b. Date of Signature (mm/dd/yyyy)

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

Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature

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

Qualifying Family Member's Statement

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

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question.
- 1.b. The interpreter named in **Part 9.** read to me every question and instruction on this supplement 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 10.**, , prepared this supplement for me based only upon information I provided or authorized.

Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature (continued)

Qualifying Family Member's Contact Information

- 3. Qualifying Family Member's Daytime Telephone Number

- 4. Qualifying Family Member's Mobile Telephone Number (if any)

- 5. Qualifying Family Member's Email Address (if any)

Qualifying Family Member'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 supplement, 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. Any disclosure shall be in accordance with 8 U.S.C. section 1367 and 8 CFR 214.14(e).

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 supplement;
- 2) I reviewed and understood all of the information in, and submitted with, my supplement; 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 supplement 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 supplement, and that all of this information is complete, true, and correct.

Qualifying Family Member's Signature

- 6.a. Qualifying Family Member's Signature (sign in ink)

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

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

Part 9. 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)
TEOFILO OLAVE
- 1.b. Interpreter's Given Name (First Name)
Trisha
- 2. Interpreter's Business or Organization Name (if any)
National Immigrant Justice Cnt

Interpreter's Mailing Address

- 3.a. Street Number and Name 208 S LaSalle Street
- 3.b. Apt. Ste. Flr. 1300
- 3.c. City or Town Chicago
- 3.d. State IL 3.e. ZIP Code 60604
- 3.f. Province _____
- 3.g. Postal Code _____
- 3.h. Country USA

Interpreter's Contact Information

- 4. Interpreter's Daytime Telephone Number
3126601304
- 5. Interpreter's Mobile Telephone Number (if any)

- 6. Interpreter's Email Address (if any)
tteofilo@heartlandalliance.org

Part 9. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and Spanish, which is the same language specified in **Part 7, Item Number 1.b.**, and **Part 8, Item Number 1.b.**, and I have read to this petitioner and qualifying family member in the identified language(s) every question and instruction on this supplement and the petitioner's and qualifying family member's answer to every question. The petitioner and qualifying family member informed me that they understand every instruction, question, and answer on the supplement, including the **Petitioner's Declaration and Certification and the Qualifying Family Member's Declaration and Certification**, and have 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) 10/11/2017

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

TEOFILO OLAVE

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

Trisha

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

National Immigrant Justice Ctr

Preparer's Mailing Address

3.a. Street Number and Name 208 S LaSalle Street

3.b. Apt. Ste. Flr. 1300

3.c. City or Town Chicago

3.d. State IL 3.e. ZIP Code 60604

3.f. Province

3.g. Postal Code

3.h. Country

USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

3126601304

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

6. Preparer's Email Address (if any)

tteofilo@heartlandalliance.org

Preparer's Statement

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

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

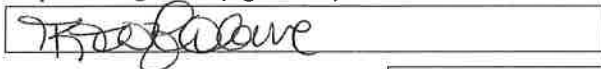
Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this supplement at the request of the petitioner and qualifying family member. The petitioner and qualifying family member then reviewed this completed supplement and informed me that they understand all of the information contained in, and submitted with, this supplement, including the **Petitioner's Declaration and Certification, and the Qualifying Family Member's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this supplement based only on information that the petitioner and qualifying family member 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)



Part 11. Additional Information

If you need extra space to provide any additional information within this supplement, 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 supplement 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.

Your Full Name (Principal)

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. was issued a Notice to Appear and placed in removal proceedings on . He is currently in removal proceedings. His next master calendar hearing is scheduled for in

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

4.d. was issued a Notice to Appear and placed in removal proceedings on . He is currently in removal proceedings. His next master calendar hearing is scheduled for in

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

5.d.

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

6.d.

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

7.d.



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		1
		<input checked="" 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		
	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%; height: 20px;" 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) ▶
 Printed Name

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

Line 17.2. Additional Signature Date (mm/dd/yyyy) ▶
 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	CaseLoad Number
JULY 25, 2017	94	226	00	RB7572	1VW

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)

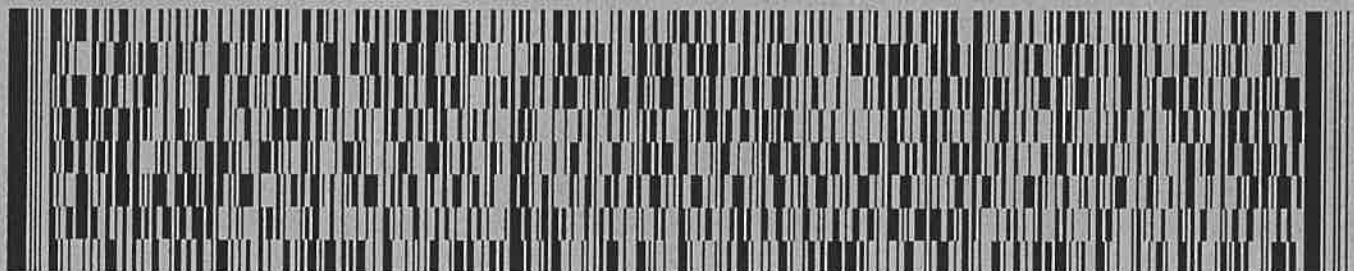
Information About Applicant, Petitioner, Requestor, or Respondent

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) ► [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





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: 100px; 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"/>	CA	<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

10. Name of Port-of-Entry

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

n/a (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 stay with 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)). Please waive this 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)

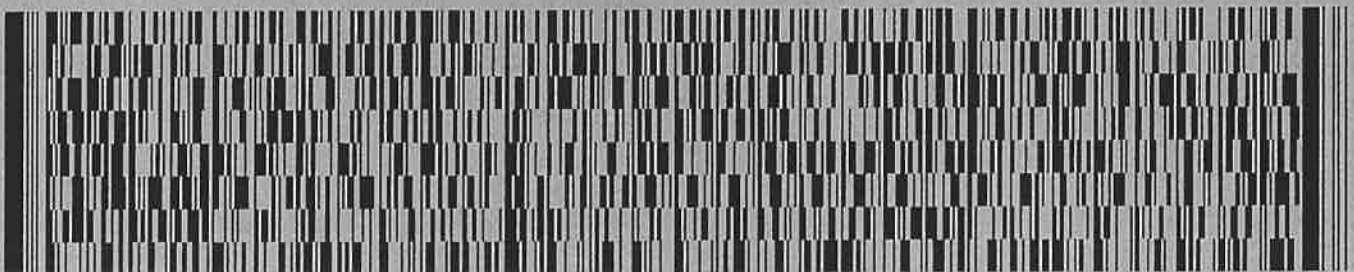
Information About Applicant, Petitioner, Requestor, or Respondent

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

3. I am associated with
the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative 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

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
→

3.b. Date of Signature (mm/dd/yyyy) ▶

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before 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

2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy) ▶





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

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)

▶											
---	--	--	--	--	--	--	--	--	--	--	--

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)

12.b. Given Name (First Name)

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

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

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

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

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

Yes (Complete the following questions.)

Which USCIS Office? [Redacted] Dates [Redacted]

Results (Granted or Denied - attach all documentation) [Redacted]

No (Proceed to Item Number 16.)

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

[Redacted]

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

[Redacted]

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

[Redacted]

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.

(a) (20) ()

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

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

[Redacted]

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.

[Redacted]

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.

[Redacted]

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

[Redacted]

Date of Signature (mm/dd/yyyy)

[Redacted]

Telephone Number

[Redacted]

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

[Handwritten 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



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)

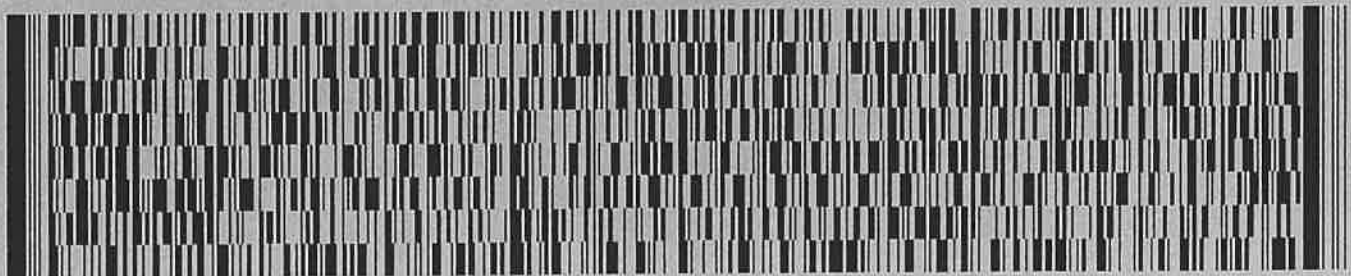
Information About Applicant, Petitioner, Requestor, or Respondent

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

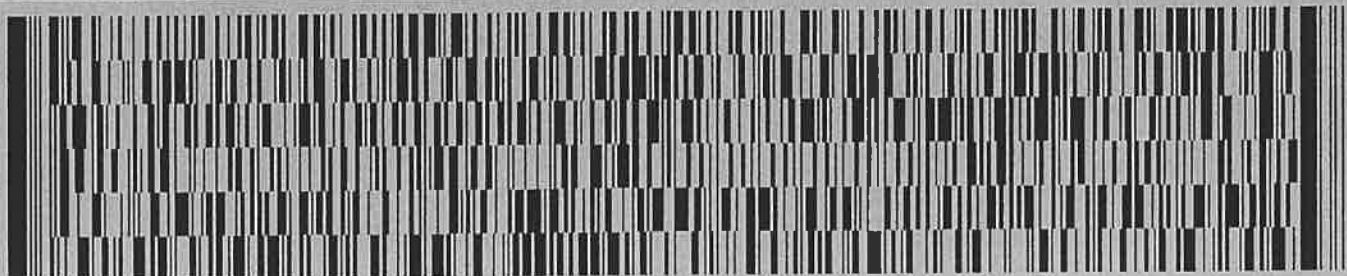
subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (If you need additional space, use Part 6.)

- 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) [redacted]

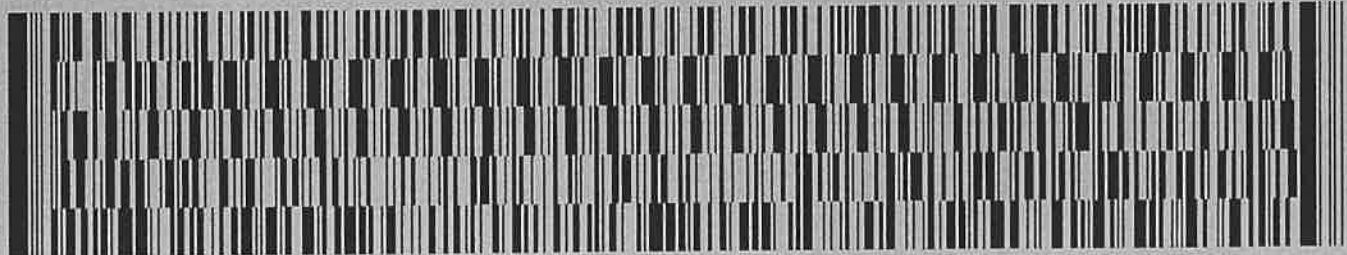
Part 5. Signature of Attorney or Accredited Representative

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]





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
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Other Names Used (include Maiden Name)

Family Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. U.S. Mailing Address

Street Number and Name		Apt. Number
<input type="text"/>		<input type="text"/>
Town or City	State	ZIP Code
<input type="text"/>	IL	<input type="text"/>

4. Country of Citizenship or Nationality

5. Place of Birth

Town or City	State/Province	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

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)

▶ <input type="text"/>

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)

12.b. Given Name (First Name)

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) 10/11/2017

Telephone Number

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


AFFIDAVIT OF _____

I, _____, hereby declare the following under penalty of perjury of law:

1. My name is _____, I was born in _____, on _____.
2. My life in _____ was terrifying. I remember that I would always go to the doctor because I was born with a _____ and I remember that my mom was always with me. My mom was the one person I could trust. I felt protected with her. She always took care of us in any situation.
3. When I grew up, my brother and I knew people would follow us from school to our house. We felt worried and terrified.
4. One day my mom decided to come to the United States. We didn't understand how much danger we were in if we stayed in _____ The day we left from _____ I felt worried. I was so scared of going back to _____. We crossed Mexico and we stayed in a house to pass the nights in. The people that let us stay were good to us. I felt safe.
5. After a few days we left to an airport and my mom explained to us what happened and they put us in a room where there were people and my mom stayed always by our side. One day after, they took us in a car to a place that looked like jail and then they let us get out and they took us to my grandma's house. From that moment I felt more calm.
6. Three or four years passed by and I felt safe. Here I have no worries and I don't have to worry that someone is following us. I realize that here I can do more things, go out and play with my friends. When I grow up I want to study to be an architect or learn music. The teachers make me happy for helping the people that don't speak English. I feel happy and protected here.

~~AFFIDAVIT OF~~

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

11 - 6 - 17

Date