November 8, 2017

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

RE: Form I-912, REQUEST FOR FEE WAIVER

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

Dear Officer:

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

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

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

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

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

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

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

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

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

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

Includéd, please find Form I-918 Supplement B signed by the Police Department on December 12, 2017, as required by the regulations.
(4) The criminal activity of which she is a victim violated the laws of the United States or occurred in the United States (including Indian country and military installations) or the territories and possessions of the United States.

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

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

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

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

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

Sincerely,

[Signature]

Trisha K. Teofilo Olave
DOJ Accredited Representative
INDEX OF FORMS AND DOCUMENTS IN SUPPORT OF U VISA
AND WAIVER OF INADMISSIBILITY

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

Supporting Documents:

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

Eligibility for Waiver of Inadmissibility:
See above Affidavit of Client at Exh. A
K. Copy of birth certificate with English translation for son, born on 2000
L. Copy of birth certificate with English translation for son, born on 2000
M. Employment letter from Ms. s employer
N. Letter of support from
  i. Copy of U.S. Certificate of Naturalization
O. Letter of support from
  i. Copy of U.S. Passport
P. Letter of support from
   i. Copy of U.S. Permanent Resident card of
Q. Letter of support from
   i. Copy of U.S. Passport of
R. Letter of support from
   i. Copy of U.S. Permanent Resident card of
S. Letter of support from
T. Letter of support from Ms. landlord,

Proof that applicant is in removal proceedings:
U. Copy of Notice to Appear, dated , 2014
V. Copy of Notice of Hearing, dated , 2016
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) TEOPHIO DIANE
2.b. Given Name (First Name) Trisha
2.c. Middle Name Katherine
3.a. Street Number and Name 200 S. Halsted Street
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

4. Daytime Telephone Number 3126601304
5. Fax Number 3126601505
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
   1-918 1-918A 1-192 1-765

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:
   X 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)

1. **USCIS ELIS Account Number (if any)**
   - [Redacted]

2. **Alien Registration Number (A-Number) or Receipt Number**
   - [Redacted]

3. **Daytime Telephone Number**
   - [Redacted]

4. **Mobile Telephone Number (if any)**
   - [Redacted]

5. **E-Mail Address (if any)**
   - [Redacted]

### 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.)*
   - [Redacted]

1.b. **Bar Number (if applicable)**
   - [Redacted]

1.c. **Name of Law Firm**
   - [Redacted]

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

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.)*
   - [Redacted]

2.b. **Name of Recognized Organization**
   - National Immigrant Justice Ctr

2.c. **Date accreditation expires** *(mm/dd/yyyy)* □ 11/03/2017.
   - [Redacted]
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.d. or Item Numbers 2.a.-2.e. 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

4.c. Name of Law School or Institution

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) 10/11/2017

Part 5. Signature of Attorney or Accredited Representative

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

1. Signature of Attorney or Accredited Representative

2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy) 10/11/2019
Part 6. Additional Information

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

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

**For USCIS Use Only**

- **Remarks**
- **Receipt**
- **Action Block**

- **Validity Dates (mm/dd/yyyy)**
- **Wait Listed**
- **From:**
- **To:**
- **Stamp Number**
- **Date (mm/dd/yyyy)**

**To be completed by an attorney or accredited representative (if any):**

- **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.**

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

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

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

1.c. **Middle Name**

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

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

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

2.c. **Middle Name**

### Home Address

3.a. **Street Number and Name**

3.b. **Apt.**  
**Ste.**  
**Flr.**

3.c. **City or Town**

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

3.f. **Province**

3.g. **Postal Code**

3.h. **Country**
  
  **USA**

### Safe Mailing Address (if other than Home Address)

4.a. **In Care Of Name**

4.b. **Street Number and Name**

4.c. **Apt.**  
**Ste.**  
**Flr.**

4.d. **City or Town**

4.e. **State**  
4.f. **ZIP Code**

4.g. **Province**

4.h. **Postal Code**

4.i. **Country**

### Other Information

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

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

7. **USCIS Online Account Number (if any)**

8. **Marital Status**  
   
   - **Single**  
   - **Married**  
   - **Divorced**  
   - **Widowed**
Part 1. Information About You (continued)

9. Gender  □ Male  □ Female

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

11. Country of Birth  

12. Country of Citizenship or Nationality  

13. Form I-94 Arrival-Departure Record Number  

14. Passport Number  

15. Travel Document Number  

16. Country of Issuance for Passport or Travel Document  

17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy)  

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

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

19.a. City or Town  

19.b. State  

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

21. Date Authorized Stay Expired (mm/dd/yyyy)  

22. Current Immigration Status  

none

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

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

1. I am a victim of criminal activity listed in the INA at section 101(a)(15)(U)(iii).  □ Yes  □ No

2. I have suffered substantial physical or mental abuse as a result of having been a victim of this criminal activity.  □ Yes  □ No

3. I possess information concerning the criminal activity of which I was a victim.  □ Yes  □ No

4. I am submitting Form I-918, Supplement B, U Nonimmigrant Status Certification, from a certifying official.  □ Yes  □ No

5. The crime of which I am a victim occurred in the United States (including Indian country and military installations) or violated the laws of the United States.  □ Yes  □ No

6. I am under 16 years of age.  □ Yes  □ No

7.a. I was or am in immigration proceedings.  □ Yes  □ No

Part 2. Additional Information About You

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

7.b. □ Removal Proceedings  

Removal Date (mm/dd/yyyy)  CURRENT  

7.c. □ Exclusion Proceedings  

Exclusion Date (mm/dd/yyyy)  

7.d. □ Deportation Proceedings  

Deportation Date (mm/dd/yyyy)  

7.e. □ Rescission Proceedings  

Rescission Date (mm/dd/yyyy)  

7.f. □ Judicial Proceedings  

Judicial Date (mm/dd/yyyy)  

Part 2. Additional Information About You (continued)

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

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

Place of Entry into the United States

8.b. City or Town

8.c. State

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

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

Place of Entry into the United States

9.b. City or Town

9.c. State

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

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

Place of Entry into the United States

10.b. City or Town

10.c. State

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

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

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

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

11.b. City or Town

11.c. State

11.d. Country

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

12.a. Street Number and Name


12.c. City or Town

12.d. Province

12.e. Postal Code

12.f. Country

Part 3. Processing Information

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

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

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

Have you EVER:

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

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

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

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

1.e. Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)?  ☐ Yes  ☑ No
### Part 3. Processing Information (continued)

**1.f.** Received a suspended sentence, been placed on probation, or been paroled?  
☐ Yes  ✗ No

**1.g.** Been in jail or prison?  
☐ Yes  ✗ No

**1.h.** Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action?  
☐ Yes  ✗ No

**1.i.** Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States?  
☐ Yes  ✗ No

### Information About Arrests, Citations, Detentions, or Charges

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

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<td><strong>2.a</strong></td>
<td>Why were you arrested, cited, detained, or charged?</td>
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<tr>
<td><strong>2.b.</strong></td>
<td>Date of arrest, citation, detention, or charge (mm/dd/yyyy)</td>
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Where were you arrested, cited, detained, or charged?

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<td><strong>2.f.</strong></td>
<td>Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)</td>
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<td><strong>3.a</strong></td>
<td>Why were you arrested, cited, detained, or charged?</td>
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<tr>
<td><strong>3.b.</strong></td>
<td>Date of arrest, citation, detention, or charge (mm/dd/yyyy)</td>
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Where were you arrested, cited, detained, or charged?

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<td>Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)</td>
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Have you **EVER**:

**4.a.** Engaged in, or do you intend to engage in, prostitution or procurement of prostitution?  
☐ Yes  ✗ No

**4.b.** Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?  
☐ Yes  ✗ No

**4.c.** Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally?  
☐ Yes  ✗ No

**4.d.** Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance?  
☐ Yes  ✗ No

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

**5.a.** Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?  
☐ Yes  ✗ No

**5.b.** Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?  
☐ Yes  ✗ No

**5.c.** Assassination?  
☐ Yes  ✗ No

**5.d.** The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  
☐ Yes  ✗ No

**5.e.** The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  
☐ Yes  ✗ No

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

**6.a.** A terrorist organization under section 219 of the INA?  
☐ Yes  ✗ No

**6.b.** Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?  
☐ Yes  ✗ No
Part 3. Processing Information (continued)

6.c. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?

☐ Yes ☒ No

6.d. Assassination?

☐ Yes ☒ No

6.e. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?

☐ Yes ☒ No

6.f. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?

☐ Yes ☒ No

6.g. Soliciting money or members or otherwise providing material support to a terrorist organization?

☐ Yes ☒ No

Do you intend to engage in the United States in:

7.a. Espionage?

☐ Yes ☒ No

7.b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control, or overthrow of the government of the United States?

☐ Yes ☒ No

7.c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information?

☐ Yes ☒ No

8. Have you EVER been or do you continue to be a member of the Communist or other totalitarian party, except when membership was involuntary?

☐ Yes ☒ No

9. Have you EVER, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group, or political opinion?

☐ Yes ☒ No

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

10.a. Acts involving torture or genocide?

☐ Yes ☒ No

10.b. Killing any person?

☐ Yes ☒ No

10.c. Intentionally and severely injuring any person?

☐ Yes ☒ No

10.d. Engaging in any kind of sexual conduct or relations with any person who was being forced or threatened?

☐ Yes ☒ No

10.e. Limiting or denying any person's ability to exercise religious beliefs?

☐ Yes ☒ No

10.f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion?

☐ Yes ☒ No

10.g. Displacing or moving any person from their residence by force, threat of force, compulsion, or duress?

☐ Yes ☒ No

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

11. Have you EVER advocated that another person commit any of the acts described in the preceding question, urged, or encouraged another person, to commit such acts?

☐ Yes ☒ No

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

12.a. Intentionally killed, tortured, beaten, or injured?

☐ Yes ☒ No

12.b. Displaced or moved from his or her residence by force, compulsion, or duress?

☐ Yes ☒ No

12.c. In any way compelled or forced to engage in any kind of sexual contact or relations?

☐ Yes ☒ No

Have you EVER:

13.a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, or other insurgent organization?

☐ Yes ☒ No
Part 3. Processing Information (continued)

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

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


Have you EVER:

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

14.b. Been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?  □ Yes  ✗ No

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

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

Have you EVER:

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

15.b. Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?  □ Yes  ✗ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

29.c. Are you NOW or have you EVER been a drug abuser or drug addict?  □ Yes  ✗ No
Part 4. Information About Your Spouse and/or Children

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

1.a. Family Name
(Last Name) __________________________

1.b. Given Name
(First Name) __________________________

1.c. Middle Name __________________________

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

3. Country of Birth __________________________

4. Relationship

spouse

5. Current Location __________________________

6.a. Family Name
(Last Name) __________________________

6.b. Given Name
(First Name) __________________________

6.c. Middle Name __________________________

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

8. Country of Birth __________________________

9. Relationship

son

10. Current Location
USA __________________________

11.a. Family Name
(Last Name) __________________________

11.b. Given Name
(First Name) __________________________

11.c. Middle Name __________________________

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

13. Country of Birth __________________________

14. Relationship

son

15. Current Location
USA __________________________

16.a. Family Name
(Last Name) __________________________

16.b. Given Name
(First Name) __________________________

16.c. Middle Name __________________________

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

18. Country of Birth __________________________

19. Relationship __________________________

20. Current Location __________________________

21.a. Family Name
(Last Name) __________________________

21.b. Given Name
(First Name) __________________________

21.c. Middle Name __________________________

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

23. Country of Birth __________________________

24. Relationship __________________________

25. Current Location __________________________

Filing On Behalf of Family Members

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

NOTE: If you answered “Yes” to 26., you must complete and include Supplement A for each family member for whom you are petitioning.
Part 5. Petitioner's Statement, Contact Information, Declaration, and Signature

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

Petitioner's Statement

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

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

1.b. ☒ The interpreter named in Part 6. read to me every question and instruction on this petition and my answer to every question in Spanish, a language in which I am fluent, and I understood everything.

2. ☐ At my request, the preparer named in Part 7. prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

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

5. Petitioner's Email Address (if any)

Petitioner's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek. I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

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

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

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

Petitioner's Signature

6.a. Petitioner's Signature

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

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

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

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

Provide the following information about the interpreter.

Interpreter's Full Name

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

TEOFILO OLAVE

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

Trisha

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

National Immigrant Justice Ctr
### Part 6. Interpreter's Contact Information, Certification, and Signature (continued)

**Interpreter's Mailing Address**

<table>
<thead>
<tr>
<th>3.a. Street Number and Name</th>
<th>208 S LaSalle Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.c. City or Town</td>
<td>Chicago</td>
</tr>
<tr>
<td>3.d. State</td>
<td>IL</td>
</tr>
<tr>
<td>3.e. ZIP Code</td>
<td>60604</td>
</tr>
<tr>
<td>3.f. Province</td>
<td></td>
</tr>
<tr>
<td>3.g. Postal Code</td>
<td></td>
</tr>
<tr>
<td>3.h. Country</td>
<td>USA</td>
</tr>
</tbody>
</table>

**Interpreter's Contact Information**

<table>
<thead>
<tr>
<th>4. Interpreter's Daytime Telephone Number</th>
<th>3126601304</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Interpreter's Mobile Telephone Number (if any)</td>
<td></td>
</tr>
<tr>
<td>6. Interpreter's Email Address (if any)</td>
<td><a href="mailto:tteofilo@heartlandalliance.org">tteofilo@heartlandalliance.org</a></td>
</tr>
</tbody>
</table>

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

**Interpreter's Signature**

<table>
<thead>
<tr>
<th>7.a. Interpreter's Signature (sign in ink)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>7.b. Date of Signature (mm/dd/yyyy)</td>
<td>10/11/2017</td>
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</tbody>
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### Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

**Preparer's Full Name**

<table>
<thead>
<tr>
<th>1.a. Preparer's Family Name (Last Name)</th>
<th>TEOFILO OLAVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.b. Preparer's Given Name (First Name)</td>
<td>Trisha</td>
</tr>
<tr>
<td>2. Preparer's Business or Organization Name (if any)</td>
<td>National Immigrant Justice Ctr</td>
</tr>
</tbody>
</table>

**Preparer's Mailing Address**

<table>
<thead>
<tr>
<th>3.a. Street Number and Name</th>
<th>208 S LaSalle Street</th>
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<tbody>
<tr>
<td>3.c. City or Town</td>
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<tr>
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<td>IL</td>
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<td>3.e. ZIP Code</td>
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<td>3.f. Province</td>
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<td>3.g. Postal Code</td>
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<td>3.h. Country</td>
<td>USA</td>
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**Preparer's Contact Information**

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<td>5. Preparer's Mobile Telephone Number (if any)</td>
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<tr>
<td>6. Preparer's Email Address (if any)</td>
<td><a href="mailto:tteofilo@heartlandalliance.org">tteofilo@heartlandalliance.org</a></td>
</tr>
</tbody>
</table>
Preparer's Statement

7.a. □ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the petitioner in this case ☒ extends □ does not extend beyond the preparation of this petition.

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

Preparer's Certification

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

Preparer's Signature

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

[Signature]

8.b. Date of Signature (mm/dd/yyyy) 10/11/2017
Part 8. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.

<table>
<thead>
<tr>
<th>1.a. Family Name (Last Name)</th>
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<td>1.b. Given Name (First Name)</td>
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<td>1.c. Middle Name</td>
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<td>2. A-Number (if any)</td>
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<th>4.b. Part Number</th>
<th>4.c. Item Number</th>
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<th>5.c. Item Number</th>
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<td>6</td>
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<thead>
<tr>
<th>5.d. I was issued a Notice to Appear and placed in removal proceedings on</th>
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<tr>
<td>I am currently in removal proceedings. My next master calendar hearing is scheduled for 2018 in</td>
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Supplement B, U Nonimmigrant Status Certification
Department of Homeland Security
U.S. Citizenship and Immigration Services

For USCIS Use Only

Remarks

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

Part 1. Victim Information

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

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

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

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

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

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

5. Gender □ Male  □ Female

Part 2. Agency Information

1. Name of Certifying Agency
   
   Name of Certifying Official

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

3. Title and Division/Office of Certifying Official

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

Agency Address

5.a. Street Number and Name
5.c. City or Town
5.d. State  □  S.f. ZIP Code
5.g. Province
5.h. Postal Code
5.i. Country
   USA

Other Agency Information

6. □ Federal  □ State  □ Local
7. Case Status
   □ On-going  □ Completed
   □ FBI CURRENTLY PERSUADING CASE
8. Certifying Agency Category
   □ Judge  □ Law Enforcement  □ Prosecutor
   □ Other
9. Case Number

10. FBI Number or SID Number (if applicable)

Form I-918 Supplement B  02/07/17  N  Page 1 of 5
### Part 3. Criminal Acts

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

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

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

Provide the dates on which the criminal activity occurred.

2.a. Date (mm/dd/yyyy)  

2.b. Date (mm/dd/yyyy)  

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

2.d. Date (mm/dd/yyyy)  

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

   720 ILCS 5/0/18-2 ARMED ROBBERY

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

   - [x] Yes  
   - [ ] No

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

   [ ] Illinois

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

   - [ ] Yes  
   - [x] No

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

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

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

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

   NO KNOWN INJURIES
Part 4. Helpfulness Of The Victim

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

1. Does the victim possess information concerning the criminal activity listed in Part 3?  
   - Yes ☒  - No ☐

2. Has the victim been helpful, is the victim being helpful, or is the victim likely to be helpful in the investigation or prosecution of the criminal activity detailed above?  
   - Yes ☐  - No ☒

3. Since the initiation of cooperation, has the victim refused or failed to provide assistance reasonably requested in the investigation or prosecution of the criminal activity detailed above?  
   - Yes ☐  - No ☒

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

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

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

__________________________________________________________

__________________________________________________________
Part 5. Family Members Culpable In Criminal Activity

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

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

2.a. Family Name (Last Name)
2.b. Given Name (First Name)
2.c. Middle Name
2.d. Relationship
2.e. Involvement

3.a. Family Name (Last Name)
3.b. Given Name (First Name)
3.c. Middle Name
3.d. Relationship
3.e. Involvement

4.a. Family Name (Last Name)
4.b. Given Name (First Name)
4.c. Middle Name
4.d. Relationship
4.e. Involvement

Part 6. Certification

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

1. Signature of Certifying Official (sign in ink)

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

3. Daytime Telephone Number

4. Fax Number
Part 7. Additional Information

If you need extra space to complete any item within this supplement, use the space below or attach a separate sheet of paper; type or print the agency's name, petitioner's name, and the Alien Registration Number (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. If you need more space than what is provided, you may also make copies of this page to complete and file with this supplement.

1. Agency Name
   ____________________________
   POLICE DEPARTMENT

Petitioner's Name

2.a. Family Name
   (Last Name)

2.b. Given Name
   (First Name)

2.c. Middle Name

3. A-Number (if any)
   ▶ A-

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

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

5.d.


6.d.
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

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.

I-192, I-765

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.)

<table>
<thead>
<tr>
<th>Name (First, MI, Last)</th>
<th>A-Number (If applicable)</th>
<th>Is Individual Included in Fee Waiver Request?</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Relationship to You</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>Date</td>
<td>son</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>Date</td>
<td>son</td>
</tr>
<tr>
<td>A-</td>
<td></td>
<td>Yes</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>A-</td>
<td></td>
<td>Yes</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>A-</td>
<td></td>
<td>Yes</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>A-</td>
<td></td>
<td>Yes</td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>
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.)

<table>
<thead>
<tr>
<th>Name of Person Receiving the Benefit</th>
<th>Name of Agency Awarding Benefit</th>
<th>Date Benefit Was Awarded</th>
<th>Is This Benefit Being Received Now?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IL Department of Human Services</td>
<td>02/01/2017</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

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?

Line 10. Average monthly wage income from household members (round to the nearest dollar)

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.)*

<table>
<thead>
<tr>
<th>Type of Asset</th>
<th>Value (enter dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL Value of Assets</td>
<td></td>
</tr>
</tbody>
</table>
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.)*

<table>
<thead>
<tr>
<th>Type of Cost</th>
<th>Value (Enter Dollars)</th>
<th>Type of Cost</th>
<th>Value (Enter Dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td></td>
<td>Loan Payment</td>
<td></td>
</tr>
<tr>
<td>Mortgage</td>
<td></td>
<td>Commuting Costs</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td>Medical</td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
<td>School</td>
<td></td>
</tr>
<tr>
<td>Child/Elder Care</td>
<td></td>
<td>Other Expenses</td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td></td>
<td>TOTAL Monthly Costs</td>
<td></td>
</tr>
</tbody>
</table>

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.)*

<table>
<thead>
<tr>
<th>Line 17. Your Signature</th>
<th>Date (mm/dd/yyyy)</th>
<th>10/26/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Line 17.1. Additional Signature</th>
<th>Date (mm/dd/yyyy)</th>
<th>10/26/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Line 17.2. Additional Signature</th>
<th>Date (mm/dd/yyyy)</th>
<th>10/26/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Line 17.3. Additional Signature</th>
<th>Date (mm/dd/yyyy)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Line 17.4. Additional Signature</th>
<th>Date (mm/dd/yyyy)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Line 17.5. Additional Signature</td>
<td>Date (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td>Printed Name</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Line 17.6. Additional Signature</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Line 17.7. Additional Signature</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name</td>
<td></td>
</tr>
</tbody>
</table>
Notice of Decision on Application for Cash, Medical and/or SNAP Benefits

Date of Notice: JULY 25, 2017
Cat. L.O. Group Basic: 94 226 00 RB7572
Caseload Number: 

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

RECIPIENT NUMBER

REGARDING YOUR APPLICATION FOR ASSISTANCE FILED ON: 05/31/17
THE FOLLOWING PEOPLE WILL RECEIVE MEDICAL BENEFITS.

NAME

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.


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 OR YOUR REV VENDOR OR HFS'S AUTOMATED VOICE RESPONSE SYSTEM (AVRS).

IL444-0360C (R-10-09)
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).
Part 1. Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number (if any)

<table>
<thead>
<tr>
<th>Family Name (Last Name)</th>
<th>TEPILIO GLAVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given Name (First Name)</td>
<td>Trisha</td>
</tr>
<tr>
<td>Middle Name</td>
<td>Katherine</td>
</tr>
<tr>
<td>Street Number and Name</td>
<td>208 S LaSalle Street</td>
</tr>
<tr>
<td>Apt.</td>
<td>Ste.</td>
</tr>
<tr>
<td>City or Town</td>
<td>Chicago</td>
</tr>
<tr>
<td>State</td>
<td>IL</td>
</tr>
<tr>
<td>ZIP Code</td>
<td>60604</td>
</tr>
</tbody>
</table>

Part 2. Notice of Appearance as Attorney or Accredited Representative

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

1. USCIS
2. ICE
3. CBP
4. Select only one box:
   - Applicant
   - Petitioner
   - Requestor
   - Respondent (ICE, CBP)

Information About Applicant, Petitioner, Requestor, or Respondent

<table>
<thead>
<tr>
<th>Family Name (Last Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given Name (First Name)</td>
</tr>
<tr>
<td>Middle Name</td>
</tr>
<tr>
<td>Name of Company or Organization (if applicable)</td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Flr. [ ]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12.d. State [ ]</th>
<th>12.e. ZIP Code [ ]</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>12.f. Province</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>12.g. Postal Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>12.h. Country [ ]</th>
</tr>
</thead>
</table>

### 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.)

<table>
<thead>
<tr>
<th>Licensing Authority</th>
</tr>
</thead>
</table>

1.b. Bar Number (if applicable)

1.c. Name of Law Firm

1.d. (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.)

| Additional Information |

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.

<table>
<thead>
<tr>
<th>Name of Recognized Organization</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date accreditation expires [mm/dd/yyyy]</th>
</tr>
</thead>
</table>

| Date: 03/11/2017 |
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 292.11(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 is 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) ▶ 10/13/2017

Part 5. Signature of Attorney or Accredited Representative

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

1. Signature of Attorney or Accredited Representative

2. Signature of Law Student or Law Graduate

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

Form G-28 05/05/16 Y
Part 6. Additional Information

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

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

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**

<table>
<thead>
<tr>
<th>Street Number and Name</th>
<th>Apt. Ste. Flr. Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X □ □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IL</td>
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<table>
<thead>
<tr>
<th>Province</th>
<th>Postal Code</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>USA</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Date of Residence From (mm/dd/yyyy)</th>
<th>To (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Number and Name</th>
<th>Apt. Ste. Flr. Number</th>
</tr>
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<tbody>
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</tr>
</tbody>
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<table>
<thead>
<tr>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
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<td></td>
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<thead>
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<th>Province</th>
<th>Postal Code</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>USA</td>
</tr>
</tbody>
</table>

   **B. Residence Number 2**

<table>
<thead>
<tr>
<th>Date of Residence From (mm/dd/yyyy)</th>
<th>To (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Street Number and Name</th>
<th>Apt. Ste. Flr. Number</th>
</tr>
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<table>
<thead>
<tr>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
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   **C. Residence Number 3**

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</table>
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) ___________________________

n/a

12. When do you plan to enter the United States? (mm/dd/yyyy) ___________________________

13. Approximate Length of Stay in the United States ___________________________

indefinite

14. What is the purpose of your stay in the United States? Explain fully below.

I want to apply for a U visa and support my family.

Immigration and Criminal History

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

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

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

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

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

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

USCIS Office or U.S. Port-of-Entry

City or Town ___________________________ State or Province ___________________________ Country ___________________________

C. Receipt Number (if available) ___________________________
Part 2. Information About You (continued)

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

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

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

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

If you answered “Yes” to Item Number 19, provide the information in the space provided in Part 7. Additional Information.

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

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

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

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

21. Have you EVER, in or outside the United States, been arrested, cited, charged, indicted, fined, convicted, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations? If you answered “Yes,” describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in Part 7. Additional Information.

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. [X] The interpreter named in Part 5. read to me every question and instruction on this application, and my answer to every question in [Spanish], 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)  
   TEOFILO OLAVE  

   Interpreter's Given Name (First Name)  
   Trisha

2. Interpreter's Business or Organization Name (if any)  
   National Immigrant Justice Ctr

**Interpreter's Mailing Address**

3. Street Number and Name  
   208 S LaSalle Street  

   City or Town  
   Chicago  

   State  
   IL  

   ZIP Code  
   60604

**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

**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 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  
   (Signature)  

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

2. Preparer's Business or Organization Name (if any)
   National Immigrant Justice Ctr

Preparer's Mailing Address
3. Street Number and Name  Apt. Ste. Flr. Number
   208 S LaSalle Street  X  1300

City or Town  State  ZIP Code
   Chicago  IL  60604

Province  Postal Code  Country

Preparer's Contact Information
4. Preparer's Daytime Telephone Number
   3126601304

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.  X 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-281, 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
   [Signature]

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

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2. A-Number (if any) ▶ **A-**

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

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D.
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)  
     TEOFILO OLAVE

2.b. Given Name (First Name)  
     Trisha

2.c. Middle Name  
     Katherine

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

     X

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

4. Daytime Telephone Number  
     3124661304

5. Fax Number  
     3124661405

6. E-Mail Address (if any)  
     tteofilo@heartlandalliance.org

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
     E-918, E-918A, E-192, E-765

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:
     X Applicant  
     □ Petitioner  
     □ Requestor  
     □ Respondent (ICE, CBP)

Information About Applicant, Petitioner, Requestor, or Respondent

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

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

5.c. Middle Name  
     [Redacted]

6. Name of Company or Organization (if applicable)
     [Redacted]
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.c. City or Town

12.d. State 12.e. ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country USA

Part 3. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

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

Licensing Authority

1.b. Bar Number (if applicable)

1.c. Name of Law Firm

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

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

2.b. Name of Recognized Organization

2.c. Date accreditation expires

(2015-11-13) 11/03/2017
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.e. 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) [ ] 10/11/2012
Part 6. Additional Information

Use the space provided below to provide additional information pertaining to Part 3, Item Numbers 1.a. - 1.d. or to provide your U.S. business address for purposes of receiving secure identity documents for your client (if your client has consented to your receipt of such documents under Part 4.)
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) __________________
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 II. or Item I. in the Who May File Form I-765 section of these Instructions for information about providing court dispositions.

Certification

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

Applicant's Signature

Date of Signature (mm/dd/yyyy) ______________________________

Telephone Number

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

1. My name is and I was born in on

2. I got married on to, but we separated after four years of marriage because I was physically mistreated during the marriage.

3. I had two children with my husband: and was born on in and was born on in .

4. had a physical problem and had operations and had operations. For this reason, both of my sons have had four operations and had nine operations.

5. In I made the decision to emigrate from because my sons were in danger. They were being threatened by gangs. The gangs wanted to force my sons to join the gangs. I received telephone threats. The gangs followed my sons and watched them vigilantly when they left school. Months passed by that my sons couldn’t leave the house because I didn’t want to put them in danger. They even missed classes.

6. I decided to come to the United States to ask for help. In my sons and I arrived at the United States border and turned ourselves in to immigration authorities. We entered the line at the crossing after a very long trip that lasted one month. I went directly to an immigration agent. My children and I were kept in an immigration office. The next day they let us go free in/

7. At first we went to live in with my mother for six months. After this time, I made the decision to come to . I went to Immigration to ask for permission and they gave me authorization to move.

8. I arrived in I began working at a restaurant shortly after we moved to . I continue working there today. I have been working there for three years.

9. On a Tuesday, I was working my shift from p.m. to . At approximately p.m. the restaurant was empty. Only the cook and two other coworkers, were there with me. was washing the dishes and was mopping the floor when a Latino man entered the restaurant. He was dressed all covered up, with a large sweater, hat and gloves. I waited on him and he ordered some tacos and a beverage. I went to the back to bring his drink and charged him. Then he asked how long it was going to be, so I said about five minutes. He told me that he was going to come back, he just had to go outside a minute. I noticed that he seemed a
bit nervous. When he was walking towards the door, I called out to him to tell him that his food was ready. He returned, took his food and left. About five minutes later he returned. I waited on him again. When I was going to charge him, I was behind the register. He gave me a $20 bill. When I opened the register, this man quickly came to my side and pointed a gun at me. He pushed the gun into my right side, in my ribs. He had the gun in his right hand and with his left hand he took the money from the register. Behind me was my coworker and a few meters behind was my coworker. I was so scared because this man was very nervous. He just kept repeating many times ‘I have a gun.’ I yelled out to my coworkers ‘He has a gun!’” and repeated this about three times. But no one could do anything for fear that the man was going to shoot me. I couldn’t move because he pushed me closer to the gun.

10. When the man took the money and let me go I don’t remember exactly what he did because I immediately dropped to the ground and covered myself out of fear. I was crouched down, trembling, crying uncontrollably, hugging while called the police who arrived at the restaurant in a few minutes.

11. I couldn’t stop trembling, but at the same time thanking God for still being alive, because God didn’t allow him to hurt us physically.

12. When the police arrived, they took down the information. I couldn’t calm down. I just wanted to go home and hug my children. I wanted to feel safe and protected.

13. When I arrived home, my children saw me trembling. I just hugged them. I couldn’t stop crying. That night one of my children had to sleep with me. I couldn’t control myself. I woke up many times crying. The next day I couldn’t leave or be alone in the house. I had to be with someone at all times.

14. Two days later I went to the doctor because I had so much anxiety and I couldn’t stop crying. I couldn’t control it. They had to give me medicine to calm me down and a few days off work.

15. I spent many months that I couldn’t be close to anyone. I couldn’t handle seeing people who were all covered up with clothing or dressed in all black.

16. A few weeks later, some FBI agents arrived at the restaurant to interview us and ask us to identify this person by photos because they had arrested him. He was wanted by the FBI. I collaborated with them and followed their orders with whatever they needed.

17. The police have video of the incident. I never had to go to court to testify. The FBI and the police both have my contact information and know how to reach me. I have always been willing to cooperate in any investigation and prosecution of this crime.

18. I have suffered severely since this incident. I went to the doctor for anxiety. My doctor recommended that I go to therapy, but I didn’t know where to go and I don’t have extra money to pay for counseling sessions.
19. I have no criminal record. I am sorry for bringing my children to the United States and presenting ourselves without proper documents. I was so scared for their safety in that I didn’t know what else to do. Bringing my children to the United States seemed like the only safe option.

20. I love my sons dearly. They are good children. I go to meetings with their teachers at school and am very involved in their lives. I provide them with love and support and I want them to have a good education and opportunities for their future.

21. I am a good person and I want to obtain legal status in the United States in order to provide for my family and contribute to society. Please grant my U visa and waiver applications.

22. Thank you for considering my request.
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 Date