November 8, 2017

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

RE: PETITION FOR U-3 DERIVATIVE STATUS

Principal Applicant:

Dear Officer;

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

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

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

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

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

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

Sincerely,

[Signature]

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

Forms:
- Form G-28, Notice of Entry of Appearance, signed by principal applicant/petitioner
- Form G-28, Notice of Entry of Appearance, signed by derivative applicant
- Form I-918 Supplement A, Petition for Qualifying Family Member of U-1 Recipient
- Form I-912, Request for Fee Waiver
  - Benefits statement from Illinois Department of Human Services, awarding medical benefits
- Form G-28, Notice of Entry of Appearance
- Form I-192, Request for Waiver of Inadmissibility
- Form G-28, Notice of Entry of Appearance
- Form I-765, Application for Employment Authorization, based on category (a)(20)
- Form G-28, Notice of Entry of Appearance
- Form I-765, Application for Employment Authorization, based on category (c)(14)
  - Two immigration-style photographs

Supporting Documents:

Eligibility for U Nonimmigrant Status:
A. Affidavit of in support of petition for U nonimmigrant status and waiver of inadmissibility
B. Copy of birth certificate for , with English translation
C. Copy of biographic information page from 's current passport
D. Copy of I-94 card that was issued to when he was paroled into the United States on

Eligibility for Waiver of Inadmissibility:
See above Affidavit of Client at Exh. A
E. 's school records from High School
F. Letter of support from , English Language Learning Teacher at High School
G. Letter of support from , Illinois State Senator
H. Copy of diploma from Middle School
I. Copy of certificate from State of Illinois General Assembly
J. Copy of certificate of recognition from Illinois House of Representatives
K. Copy of certificates for Middle School Honor Roll

Proof that applicant is in removal proceedings:
L. Copy of Notice of Hearing, dated
Notice of Entry of Appearance as Attorney or Accredited Representative
Department of Homeland Security

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
     Francisco

2.b. Given Name
     [Redacted]

2.c. Middle Name
     [Redacted]

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


3.c. City or Town
     Chicago

3.d. State □ 3.e. ZIP Code 60604

3.f. Province

3.g. Postal Code

3.h. Country
     USA

4. Daytime Telephone Number
   312-660-1304

5. Fax Number
   312-660-1505

6. E-Mail Address (if any)
   tfofill6@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
     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:
   □ Applicant □ Petitioner □ Requestor
   □ Respondent (ICE, CBP)

Information About Applicant, Petitioner, Requestor, or Respondent

5.a. Family Name
     [Redacted]

5.b. Given Name
     [Redacted]

5.c. Middle Name
     [Redacted]

6. Name of Company or Organization (if applicable)

Form G-28 05/05/16 Y Page 1 of 4
### Part 2. Notice of Appearance as Attorney or Accredited Representative (continued)

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

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<td>USCIS ELIS Account Number (if any)</td>
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<td>Alien Registration Number (A-Number) or Receipt Number</td>
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<td>9.</td>
<td>Daytime Telephone Number</td>
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<td>10.</td>
<td>Mobile Telephone Number (if any)</td>
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<td>11.</td>
<td>E-Mail Address (if any)</td>
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#### 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.

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<td>City or Town</td>
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<td>12.d.</td>
<td>State</td>
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<td>Province</td>
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<td>12.g.</td>
<td>Postal Code</td>
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<td>12.h.</td>
<td>Country</td>
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### Part 3. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

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| 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 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.)* |

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<td>2.a.</td>
<td>□ 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.</td>
</tr>
<tr>
<td>2.b.</td>
<td>Name of Recognized Organization</td>
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<tr>
<td>2.c.</td>
<td>Date accreditation expires</td>
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</table>
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 of 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.

2. 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.

3. 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) [ ] 10/11/2017
Part 6. Additional Information

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

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

   2.c. Middle Name
   - **Katherine**

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

   - □ 1300

   3.c. City or Town
   - **Chicago**

   3.d. State [IL]

   3.e. ZIP Code
   - **60604**

   3.f. Province

   3.g. Postal Code

   3.h. Country
   - **USA**

4. Daytime Telephone Number
   - **3126601304**

5. Fax Number
   - **3126601505**

6. E-Mail Address *(if any)*
   - tteofiloe@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
   - **I-918A I-192 I-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:
   - □ 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 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

National Immigrant Justice Ctr

2.c. Date accreditation expires

(mmm/dd/yyyy) ☐ 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

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**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 of 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.

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

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

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**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
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.)


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

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

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<th>Remarks</th>
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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.

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

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

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

**Part 2. Information About You (Principal)**

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

**Other Information**

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

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

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

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

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

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

**Residence or Intended Residence in the United States**

3.a. Street Number
3.c. City or Town
3.d. State [IL]
3.e. ZIP Code

Form I-918 Supplement A 02/07/17 N
Part 3. Information About Your Qualifying Family Member (The Derivative) (continued)

Safe Mailing Address (if other than Residence)

4.a. In Care Of Name

4.b. Street Number
and Name


4.d. City or Town

4.e. State □ 4.f. ZIP Code

4.g. Province

4.h. Postal Code

4.i. Country

Other Information About Qualifying Family Member

5. A-Number (if any) ▶ ▶

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

7. USCIS Online Account Number (if any)

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

9. Country of Birth

10. Country of Citizenship or Nationality

11. Marital Status
    □ Single □ Married □ Divorced □ Widowed

12. Gender □ Male □ Female

13. Form I-94 Arrival-Departure Record Number

14. Passport Number

15. Travel Document Number

16. Country of Issuance for Passport or Travel Document

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

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

Part 4. Additional Information About Your Qualifying Family Member

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

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

Place of Last Entry into the United States

1.b. City or Town

1.c. State

1.d. Current Immigration Status
    none

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

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

Place of Last Entry into the United States

2.b. City or Town

2.c. State

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

2.e. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)
Part 4. Additional Information About Your Qualifying Family Member (continued)

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

3.a. Type of Office (Select only one box):
   - ☐ U.S. Consulate
   - ☐ Pre-Flight Inspection
   - ☐ Port-of-Entry

3.b. City or Town [NA]

3.c. State [ ]

3.d. Country [ ]

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

4.a. Street Number and Name [N/A]


4.c. City or Town [ ]

4.d. Province [ ]

4.e. Postal Code [ ]

4.f. Country [ ]

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

5.a. Family Name
   - (Last Name) [NA]

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

5.c. Middle Name [ ]

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

5.e. Where did the marriage end?
   [ ]

5.f. How did the marriage end?
   [ ]

6.a. Family Name
   - (Last Name) [ ]

6.b. Given Name
   - (First Name) [ ]

6.c. Middle Name [ ]

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

6.e. Where did the marriage end?
   [ ]

6.f. How did the marriage end?
   [ ]

Other Information

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

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

7.b. ☒ Removal Proceedings
   - Removal Date (mm/dd/yyyy) [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) [ ]

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

NOTE: If you answered "Yes," submit Form I-765, Application for Employment Authorization Document, separately. If your family member is living outside the United States, he or she is not eligible to receive employment authorization until he or she is lawfully admitted to the United States. Do not file Form I-765 for a family member living outside the United States.
Part 5. Processing Information

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

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

Additional Information.

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

Has your family member EVER:

1.a. Committed a crime or offense for which he or she has not been arrested? □ Yes □ No

1.b. Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and 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

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

1.g. Been held in jail or prison? □ Yes □ No

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

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

Information About Arrests, Citations, Detentions, or Charges

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

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

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

2.c. City or Town

2.d. State

2.e. Country

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

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

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

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

3.c. City or Town

3.d. State

3.e. Country

3.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)
Part 5. Processing Information (continued)

Has your family member EVER:

4.a. Engaged in, or does he or she intend to engage in, prostitution or procurement of prostitution?
   □ Yes  ✗ No

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

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

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

Has your family member EVER committed, planned or prepared, participated in, threatened to, attempted to, conspired to commit, gathered information for, or solicited funds for any of the following:

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

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

5.c. Assassination?
   □ Yes  ✗ No

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

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

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

6.a. A terrorist organization under section 219 of the Immigration and Nationality Act (INA)?
   □ Yes  ✗ No

6.b. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?
   □ Yes  ✗ No

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

6.d. Assassination?
   □ Yes  ✗ No

6.e. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?
   □ Yes  ✗ No

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

6.g. Soliciting money or members or otherwise providing material support to a terrorist organization?
   □ Yes  ✗ No

Does your family member intend to engage in the United States in:

7.a. Espionage?
   □ Yes  ✗ No

7.b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control, or overthrow of the Government of the United States?
   □ Yes  ✗ No

7.c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information?
   □ Yes  ✗ No

8. Has your family member EVER been or does he or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary?
   □ Yes  ✗ No
Part 5. Processing Information (continued)

9. Has your family member EVER, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group or political opinion? □ Yes □ No

Has your family member EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

10.a. Acts involving torture or genocide? □ Yes □ No

10.b. Killing any person? □ Yes □ No

10.c. Intentionally and severely injuring any person? □ Yes □ No

10.d. Engaging in any kind of sexual conduct or relations with any person who was being forced or threatened? □ Yes □ No

10.e. Limiting or denying any person's ability to exercise religious beliefs? □ Yes □ No

10.f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion? □ Yes □ No

10.g. Displacing or moving any person from their residence by force, threat of force, compulsion, or duress? □ Yes □ No

NOTE: If you answered "Yes" to any question in Item Numbers 10.a. - 10.g., please describe the circumstances in Part 11. Additional Information.

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

Has your family member EVER been present or nearby when any person was:

12.a. Intentionally killed, tortured, beaten, or injured? □ Yes □ No

12.b. Displaced or moved from his or her residence by force, compulsion, or duress? □ Yes □ No

12.c. In any way compelled or forced to engage in any kind of sexual contact or relations? □ Yes □ No

Has your family member EVER:

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

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

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

NOTE: If you answered "Yes" to any question in Item Numbers 13.a. - 13.c., please describe the circumstances in Part 11. Additional Information.

Has your family member EVER:

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

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

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

NOTE: If you answered "Yes" to any question in Item Numbers 14.a. - 14.c., please describe the circumstances in Part 11. Additional Information.

Has your family member EVER:

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

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

16. Is your family member NOW in removal, exclusion, rescission, or deportation proceedings? □ Yes □ No

17. Has your family member EVER had removal, exclusion, rescission, or deportation proceedings initiated against him or her? □ Yes □ No
Part 5. Processing Information (continued)

18. Has your family member EVER been removed, excluded, or deported from the United States?  
   □ Yes  □ No

19. Has your family member EVER been ordered to be removed, excluded, or deported from the United States?  
   □ Yes  □ No

20. Has your family member EVER been denied a visa or denied admission to the United States?  
   □ Yes  □ No

21. Has your family member EVER been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?  
   □ Yes  □ No

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

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

24. Has your family member EVER left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard?  
   □ Yes  □ No

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

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

27. Does your family member plan to practice polygamy in the United States?  
   □ Yes  □ No

28. Has your family member EVER entered the United States as a stowaway?  
   □ Yes  □ No

29.a. Does your family member NOW have a communicable disease of public health significance?  
   □ Yes  □ No

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

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

Provide the following information about your family member's spouse and/or children. If you need extra space to complete this section, use the space provided in Part 11. Additional Information.

1.a. Family Name  
   (Last Name) □ NA

1.b. Given Name  
   (First Name)

1.c. Middle Name

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

3. Country of Birth

4. Relationship

5.a. Family Name  
   (Last Name)

5.b. Given Name  
   (First Name)

5.c. Middle Name

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

7. Country of Birth

8. Relationship

9.a. Family Name  
   (Last Name)

9.b. Given Name  
   (First Name)

9.c. Middle Name

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

11. Country of Birth

12. Relationship
Part 7. Petitioner's Statement, Contact Information, Declaration, and Signature

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

Petitioner's Statement

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

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

1.b. ☒ The interpreter named in Part 9. read to me every question and instruction on this supplement and my answer to every question in Spanish, a language in which I am fluent, and I understood everything.

2. □ At my request, the preparer named in Part 10., prepared this supplement for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

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

5. Petitioner's Email Address (if any)

Petitioner's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this supplement, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

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

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

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

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink)

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

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

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

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

Qualifying Family Member's Statement

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

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

1.b. ☒ The interpreter named in Part 9. read to me every question and instruction on this supplement and my answer to every question in Spanish, a language in which I am fluent, and I understood everything.

2. □ At my request, the preparer named in Part 10., prepared this supplement for me based only upon information I provided or authorized.
Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature (continued)

Qualifying Family Member's Contact Information

3. Qualifying Family Member's Daytime Telephone Number

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

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

Qualifying Family Member's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this supplement, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws. Any disclosure shall be in accordance with 8 U.S.C. section 1367 and 8 CFR 214.14(e).

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

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

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

Qualifying Family Member's Signature

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

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

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

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

Provide the following information about the interpreter.

Interpreter's Full Name

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

TEOFILO OLAVE

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

Trisha

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

National Immigrant Justice Cnt

Interpreter's Mailing Address

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


3.c. City or Town Chicago

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

3.f. Province

3.g. Postal Code

3.h. Country USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

3126601304

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

6. Interpreter's Email Address (if any)

tteofilo@heartlandalliance.org
Part 9. Interpreter's Contact Information, Certification, and Signature (continued)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

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

**Interpreter's Signature**

7.a. Interpreter's Signature (sign in ink)

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

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

Provide the following information about the preparer.

**Preparer's Full Name**

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

TEOFILO OLAVE

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

Trisha

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

National Immigrant Justice Ctr

**Preparer's Mailing Address**

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


3.c. City or Town Chicago

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

3.f. Province

3.g. Postal Code

3.h. Country USA

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number 3126601304

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

6. Preparer's Email Address (if any) tteofilo@hearlandalliance.org

**Preparer's Statement**

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

7.b. X I am an attorney or accredited representative and my representation of the petitioner and qualifying family member in this case X extends □ does not extend beyond the preparation of this supplement.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this supplement, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this supplement.
Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member (continued)

Preparer's Certification

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

Preparer's Signature

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

[Signature]

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

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

**Your Full Name (Principal)**

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number 6 5 16

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

4.a. Page Number 4.b. Part Number 4.c. Item Number 6 5 17

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

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

5.d.


6.d.

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

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

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 ☐ No</td>
<td></td>
<td></td>
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<td>☒ Yes ☐ No</td>
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<td>☐ Yes ☐ No</td>
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<td>A-</td>
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<td>☐ Yes ☐ No</td>
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<td>☐ Yes ☐ No</td>
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<td>A-</td>
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<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A-</td>
<td></td>
<td>☐ Yes ☐ No</td>
<td></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. [X] 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>[X] Yes [ ] No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] Yes [ ] No</td>
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<td>[ ] Yes [ ] No</td>
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<td>[ ] Yes [ ] No</td>
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<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

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)*

(round to the nearest dollar)
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>
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<td></td>
</tr>
</tbody>
</table>

TOTAL Value of Assets □
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.)

Line 17. Your Signature [Signature] Date (mm/dd/yyyy) [mm/dd/yyyy]

Printed Name

Line 17.1. Additional Signature [Signature] Date (mm/dd/yyyy) [mm/dd/yyyy]

Printed Name

Line 17.2. Additional Signature [Signature] Date (mm/dd/yyyy) [mm/dd/yyyy]

Printed Name

Line 17.3. Additional Signature [Signature] Date (mm/dd/yyyy) [mm/dd/yyyy]

Printed Name

Line 17.4. Additional Signature [Signature] Date (mm/dd/yyyy) [mm/dd/yyyy]

Printed Name
### Section 7. Your Signature and Authorization (continued)

**Line 17.5. Additional Signature**

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

**Line 17.6. Additional Signature**

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

**Line 17.7. Additional Signature**

<table>
<thead>
<tr>
<th>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: 1W

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

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

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

THE FOLLOWING PEOPLE WILL RECEIVE MEDICAL BENEFITS.

<table>
<thead>
<tr>
<th>NAME</th>
<th>RECIPIENT NUMBER</th>
</tr>
</thead>
</table>

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).

************************************************************************************************************
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 - 800-531-7087 (toll-free).

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

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)  TEOFILIO GIAVE
2.b. Given Name (First Name)  Trisha
2.c. Middle Name  Katherine
3.a. Street Number and Name  208 S LaSalle 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  3126601904
5. Fax Number  3126601505
6. E-Mail Address (if any)  tteofilio@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
   
   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

4. Select only one box:
   
   ☑ Applicant  ☐ Petitioner  ☐ Requestor
   ☐ Respondent (ICE, CBP)

Information About Applicant, Petitioner, Requestor, or Respondent

5.a. Family Name (Last Name)
5.b. Given Name (First Name)
5.c. Middle Name
6. Name of Company or Organization (if applicable)
Part 3. Eligibility Information for Attorney or Accredited Representative

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

National Immigrant Justice Ctr.

2.c. Date accreditation expires

( mm/dd/yyyy ) ☐ 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.c. in Part 3. (whichever is appropriate).

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

4.b. Name of Law Student or Law Graduate

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

Consent to Representation and Release of Information

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

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

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

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

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

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

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

☐

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

☐

Part 5. Signature of Attorney or Accredited Representative

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

1. Signature of Attorney or Accredited Representative

☐

2. Signature of Law Student or Law Graduate

☐

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

10/11/2017

Form G-28 05/05/16 Y Page 3 of 4
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

For
DHS
Use
Only

Received
Returning Trans. Out

Fee Stamp

Trans. In

Completed

Action by the Department of Homeland Security

□ Granted, subject to revocation at any time, upon the following terms and conditions:
Date of Action (mm/dd/yyyy)
DD or OIC
Office

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

Select this box if Form G-28 or Form G-28I is attached.
Volag Number
Attorney State Bar Number (if applicable)
Attorney or Accredited Representative USCIS ELIS Online Number (if any)

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)(3), 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):

A. Admission as a nonimmigrant (other than as a T or U nonimmigrant)

B. Status as a victim of trafficking (T nonimmigrant status) or a victim of a crime (U nonimmigrant status)

Part 2. Information About You

1. Family Name (Last Name)                      Given Name (First Name)                      Middle Name

2. Alien Registration Number (A-Number) (if any) 3. USCIS Online Account Number (if any)

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

5. Place of Birth
City or Town  State or Province  Country

6. Country of Citizenship or Nationality
**Part 2. Information About You (continued)**

7. Physical Address
   - **Street Number and Name:**
   - **Apt. Ste. Flr. Number:**
   - **City or Town:**
   - **State ZIP Code:**
   - **Province Postal Code Country:**
     - **Province:**
     - **Postal Code:**
     - **Country:**
     - **USA**

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

   **A. Residence Number 1**
   - **Date of Residence From (mm/dd/yyyy):**
   - **To (mm/dd/yyyy):**
   - **Street Number and Name:**
   - **Apt. Ste. Flr. Number:**
   - **City or Town:**
   - **State ZIP Code:**
   - **Province Postal Code Country:**
     - **Province:**
     - **Postal Code:**
     - **Country:**
     - **USA**

   **B. Residence Number 2**
   - **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:**
     - **Province:**
     - **Postal Code:**
     - **Country:**
     - **IL USA**

   **C. Residence Number 3**
   - **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:**
     - **Province:**
     - **Postal Code:**
     - **Country:**
     - **CA USA**
Part 2. Information About You (continued)

D. Residence Number 4
   Date of Residence From (mm/dd/yyyy)    To (mm/dd/yyyy)    
   Street Number and Name
   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 stay with my family.

Immigration and Criminal History

15. Do you believe that you may be inadmissible to the United States?
    ☒ Yes    ☐ No
    If you answered "Yes," explain the reasons why you believe, according to the best of your knowledge, that you may be inadmissible in Part 7. Additional Information. If you were told that you are inadmissible, provide the reason you were given.

16. Have you previously filed an application for advance permission to enter the United States as a nonimmigrant?
    ☐ Yes    ☒ No
    If you answered "Yes," provide the details in Items A. - C. in Item Number 17. If you need extra space to complete this section, use the space provided in Part 7. Additional Information.

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

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

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

NOTE: If you are a 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

2. Interpreter’s Given Name (First Name)  
   Trisha

**Interpreter’s Mailing Address**

3. Street Number and Name  
   208 S LaSalle Street

   City or Town  
   Chicago

   State  
   IL

   ZIP Code  
   60604

4. Interpreter’s Contact Information

   4. Interpreter’s Daytime Telephone Number  
      3126601304

   6. Interpreter’s Email Address (if any)  
      tteofil@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)  
   **TEOFILO OLAVE**

2. Preparer's Given Name (First Name)  
   **Trisha**

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

**Preparer's Mailing Address**

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

   **X 1300**

5. City or Town  
   **Chicago**

6. State ZIP Code  
   **IL 60604**

7. Province Postal Code Country  
   **USA**

**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-28l, 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]**

9. 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.

1. Family Name (Last Name)  
   □  
   Given Name (First Name)  
   □  
   Middle Name  
   □

2. A-Number (if any)  
   □ A-

3. A. Page Number   3   B. Part Number   2   C. Item Number   15

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)(II)). Please waive this and any other grounds that USCIS deems apply to my case.

4. A. Page Number   
   □
   B. Part Number   
   □
   C. Item Number   
   □

D. 

5. A. Page Number   
   □
   B. Part Number   
   □
   C. Item Number   
   □

D. 

6. A. Page Number   
   □
   B. Part Number   
   □
   C. Item Number   
   □

D. 

Form I-192 12/23/16 N  
Page 8 of 8
Part 1. Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number (if any)

   

   

Name and Address of Attorney or Accredited Representative

2a. Family Name (Last Name)   OLAVER
2b. Given Name (First Name)  Trisha
2c. Middle Name   Katherine
3a. Street Number and Name   208 S. LaSalle Street
3c. City or Town   Chicago
3d. State   3e. ZIP Code 60604
3f. Province
3g. Postal Code
3h. Country   USA

4. Daytime Telephone Number
   312-660-1304

5. Fax Number
   312-660-1505

6. E-Mail Address (if any)
   tteo@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):

1a. X USCIS

1b. List the form numbers
    I-918A  I-192  I-965

2a.   □ ICE

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

3a.   □ CBP

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

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

4. Select only one box:
   ☒ Applicant   □ Petitioner   □ Requestor
   □ Respondent (ICE, CBP)

Information About Applicant, Petitioner, Requestor, or Respondent

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

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

5c. 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 | IL | 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, 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, see 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 disbarment, 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, see 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
   
   National Immigrant Justice Ctr

   2.c. Date accreditation expires
   
   (mm/dd/yyyy) ▶ 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.c. in Part 3. (whichever is appropriate).

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

4.b. Name of Law Student or Law Graduate ____________

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

Consent to Representation and Release of Information

1. I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and DHS policy, I also consent to the disclosure of 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) 10/11/2017
Part 6. Additional Information

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

______________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________________________________________
Application For Employment Authorization

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 __________________________
12.b. Given Name __________________________ (Last Name)  (First Name)
Mother's Name (Provide your mother's birth name.)

13.a. Family Name
(First Name)

13.b. Given Name
(Last Name)

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

15. Have you ever before applied for employment authorization from USCIS?
   □ Yes (Complete the following questions.)
   Which USCIS Office?
   Dates
   Results (Granted or Denied - attach all documentation)
   □ No (Proceed to Item Number 16.)

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

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

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

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

20. Eligibility Category. Go to the Who May File Form I-765? section of the Instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. For example, (a)(8), (c)(17)(iii), etc.
   □ 22. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 20. above, please provide the receipt number of your H-1B principal spouse's most recent Form I-797 Notice of Approval for Form I-129.

23. (c)(35) and (c)(36) Eligibility Category
   a. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 20 above, please provide the receipt number of the Form I-140 beneficiary's Form I-797 Notice of Approval for Form I-140.
   b. Have you EVER been arrested for and/or convicted of any crime? □ Yes □ No

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

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

Applicant's Signature

Date of Signature (mm/dd/yyyy)

Telephone Number

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
### 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  
3.c. City or Town: Chicago  
3.f. Province:  
3.g. Postal Code:  
3.h. Country: USA

### Part 2. Notice of Appearance as Attorney or Accredited Representative

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

1.a. [X] USCIS  
1.b. List the form numbers:  
I-918A  I-192  I-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:  
[ ] Applicant  [ ] Petitioner  [ ] Requestor  
[ ] Respondent *(ICE, CBP)*

**Information About Applicant, Petitioner, Requestor, or Respondent**

5.a. Family Name *(Last Name)*: 
5.b. Given Name *(First Name)*: 
5.c. Middle Name: 
6. Name of Company or Organization *(if applicable)*: 
Part 2. Notice of Appearance as Attorney or Accredited Representative (continued)

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

7. USCIS ELIS Account Number (if any)
   
8. Alien Registration Number (A-Number) or Receipt Number
   
9. Daytime Telephone Number
   
10. Mobile Telephone Number (if any)
    
11. E-Mail Address (if any)
    
**Mailing Address of Applicant, Petitioner, Requestor, or Respondent**

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

12.a. Street Number and Name
12.b. Apt. [X] Ste. [☐] Flr. [☐]
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. (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. [X] 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

   [National Immigrant Justice Ctr]

   2.c. Date accreditation expires

   (mm/dd/yyyy) [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.c. in
Part 3. (whichever is appropriate).

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

4.b. Name of Law Student or Law Graduate

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

Consent to Representation and Release of Information

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

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

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

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

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

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

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

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

Part 5. Signature of Attorney or Accredited
Representative

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

1. Signature of Attorney or Accredited Representative

2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy) 10/11/2017
Part 6. Additional Information

Use the space provided below to provide additional information pertaining to Part 3, Item Numbers 1.a. - 1.d. or to provide your U.S. business address for purposes of receiving secure identity documents for your client (if your client has consented to your receipt of such documents under Part 4.)
Application For Employment Authorization
Department of Homeland Security
U.S. Citizenship and Immigration Services

For USCIS Use Only

Fee Stamp

Action Block

Initial Receipt

Resubmitted

Relocated

Received

Sent

Completed

Approved

Denied

Subject to the following conditions:

☐ Application Approved

☑ Authorization/Extension Valid From ____________________

☐ Authorization/Extension Valid To ____________________

☐ Application Denied - Failed to establish:

☑ Eligibility under 8 CFR 274a.12 (a) or (c)

☐ Economic necessity under 8 CFR 274a.12(c)(14), (18)

and 8 CFR 214.2(f)

☐ Applicant is filing under section 274a.12

A# ____________________

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 ____________________

(First Name) ____________________

Last Name) ____________________

12.b. Given Name ____________________

(First Name) ____________________

(First Name) ____________________
Mother's Name (Provide your mother's birth name.)
13.a. Family Name
   (Last Name) ____________________________________________
13.b. Given Name
   (First Name) ____________________________________________

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

15. Have you ever before applied for employment authorization from USCIS?
   ☐ Yes (Complete the following questions.)
   ☐ No (Proceed to Item Number 16.)
   
   Which USCIS Office? ______________________________
   Dates ______________________________
   Results (Granted or Denied - attach all documentation) ______________________________

   ☑ No (Proceed to Item Number 16.)

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

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

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

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

20. Eligibility Category. Go to the Who May File Form I-765? section of the Instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. For example, (a)(8), (c)(17)(ii), etc.
     ☑ (c) (26) (☐) (☐) (☐) (☐)

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

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

23. (c)(35) and (c)(36) Eligibility Category
   a. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 20. above, please provide the receipt number of the Form I-140 beneficiary's Form I-797 Notice of Approval for Form I-140.
     ________________________________________________________
   b. Have you EVER been arrested for and/or convicted of any crime?
      ☐ Yes ☑ No

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

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

Applicant's Signature ______________________________
Date of Signature (mm/dd/yyyy) 10/11/2017

Telephone Number ______________________________

Signature of Person Preparing Form, If Other Than Applicant
I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Preparer's Signature ______________________________
Date of Signature (mm/dd/yyyy) 10/11/2017

Printed Name ______________________________
Trisha K Teofilo Olave
Address 208 S LaSalle St Ste 1300 Chicago IL 60604
AFFIDAVIT OF

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

1. My name is , I was born in on

2. My life in was terrifying. I remember that I would always go to the doctor because I was born with and I remember that my mom was always with me. My mom was the one person I could trust. I felt protected with her. She always took care of us in any situation.

3. When I grew up, my brother and I knew people would follow us from school to our house. We felt worried and terrified.

4. One day my mom decided to come to the United States. We didn’t understand how much danger we were in if we stayed in The day we left from I felt worried. I was so scared of going back to . We crossed Mexico and we stayed in a house to pass the nights in. The people that let us stay were good to us. I felt safe.

5. After a few days we left to an airport and my mom explained to us what happened and they put us in a room where there were people and my mom stayed always by our side. One day after, they took us in a car to a place that looked like jail and then they let us get out and they took us to my grandma’s house. From that moment I felt more calm.

6. Three or four years passed by and I felt safe. Here I have no worries and I don’t have to worry that someone is following us. I realize that here I can do more things, go out and play with my friends. When I grow up I want to study to be an architect or learn music. The teachers make me happy for helping the people that don’t speak English. I feel happy and protected here.
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: 11-6-17]