

EXHIBIT O

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

I-797, Notice of Action



RECEIPT NUMBER LIN-16-902-44622		CASE TYPE I765 APPLICATION FOR EMPLOYMENT AUTHORIZATION	
RECEIPT DATE December 8, 2015	PRIORITY DATE	APPLICANT [REDACTED]	
NOTICE DATE February 17, 2016	PAGE 1 of 1	GARCIA CARDOZO, DULCE M.	
DULCE MIRIAM GARCIA CARDOZO [REDACTED]		Notice Type: Approval Notice Class: C33 Valid from 02/17/2016 to 02/16/2018	

Your application for employment authorization has been approved. The Form I-766, Employment Authorization Document, was sent under separate cover to the beneficiary.

This card authorizes your employment in the United States. Show this card to your employer to verify authorization to work during the dates on the card.

If any information on the card is incorrect, please write the office listed below. Include your Employment Authorization Document, I-766, a photocopy of this notice, and evidence to support the necessary corrections.

THIS APPROVAL NOTICE IS NOT A VISA OR EVIDENCE OF EMPLOYMENT AUTHORIZATION, NOR MAY IT BE USED IN PLACE OF A VISA OR FORM I-766.

As a reminder, you may request to change employers under INA 204(j) if your Form I-485 Adjustment application has been pending for at least 180 days and your underlying Form I-140 is approved or is still pending. In order to do so, you should supplement the Form I-485 record of proceeding with documentation relating to the new job offer that forms the basis of the INA 204(j) portability request. For more information on how to request to change employers and what information is required to supplement the Form I-485, please visit www.uscis.gov.

THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.

NOTICE: Although this application/petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify the information submitted in this application, petition and/or supporting documentation to ensure conformity with applicable laws, rules, regulations, and other authorities. Methods used for verifying information may include, but are not limited to, the review of public information and records, contact by correspondence, the internet, or telephone, and site inspections of businesses and residences. Information obtained during the course of verification will be used to determine whether revocation, rescission, and/or removal proceedings are appropriate. Applicants, petitioners, and representatives of record will be provided an opportunity to address derogatory information before any formal proceeding is initiated.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

NEBRASKA SERVICE CENTER
U. S. CITIZENSHIP & IMMIG SERVICE
P.O. BOX 82521
LINCOLN NE 68501-2521

Customer Service Telephone: 800-375-5283



EXHIBIT P



DO NOT ACCEPT THIS CHECK UNLESS THE PINK LOCK & KEY ICONS FADE WHEN WARMED AND YOU CAN SEE HEXAGONS IN A DUAL-TONE TRUE WATERMARK WHEN HELD TO THE LIGHT

CS

VOID COPY

Mission Asset Fund
3269 Mission Street
San Francisco, CA 94110

09/21/2017

10124

90-7118/3211

Pay to the Order of: **US Department of Homeland Security**

495.00

USD

four hundred ninety five dollars and zero cents*****

Notes: Dulce Garcia Cardozo

Citibank, N.A.
350 Rhode Island Street Ste 140N
San Francisco, CA 94103

[Signature]
VOID 90 DAYS AFTER ISSUE DATE

VOID COPY

PAYEE NAME ON FILE AT THE BANK

RUB OR BREATHE ON THE PINK LOCK & KEY ICONS—COLOR WILL FADE AND THEN REAPPEAR ON AN AUTHENTIC CHECK—IF COLOR DOES NOT FADE DO NOT ACCEPT

2

Dulce M. Garcia
[REDACTED]
[REDACTED]

September 27, 2017

VIA PRIORITY MAIL EXPRESS

USCIS
1820 E. Sky Harbor Circle S
Suite 100
Phoenix, AZ 85034- 4810

**Re: RENEWAL FORM I-821D CONSIDERATION OF DEFERRED ACTION FOR
CHILDHOOD ARRIVALS & FORM I-765, APPLICATION FOR EMPLOYMENT
AUTHORIZATION**

Applicant : Garcia, Dulce Miriam
Alien Registration No.: [REDACTED]
Date of Birth : [REDACTED]


Dear Immigration Officer:

Enclosed you will find my Request for Renewal Consideration of Deferred Action for Childhood Arrivals, form I-821D, and my Application for Employment Authorization, form I-765. Also, enclosed are my supporting documents as follows:

1. Two (2) Passport-style pictures;
2. Check number 1024 in the amount of \$495.00 covering the fee my renewal application;
3. Form G-1145, e-Notification of Application/Petition Acceptance;
4. Form I-821D, Consideration of Deferred Action for Childhood Arrivals;
5. Form I-765, Application for Employment Authorization;
6. Form I-765WS, Worksheet;
7. Copy of last U.S. Employment Authorization Card

Thank you for your anticipated cooperation in the above matter. If you should have any questions, please do not hesitate to contact me.

Very truly yours,


Dulce M. Garcia

Enc



e-Notification of Application/Petition Acceptance
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
 Form G-1145

What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receiving your immigration form.

ROUTINE USES: The information provide on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [[DHS/USCIS-007 - Benefits Information System and DHS/USCIS-001 - Alien File \(A-File\) and Central Index System \(CIS\)](#)], which can be found at www.dhs.gov/privacy]. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name GARCIA	Applicant/Petitioner Full First Name DULCE	Applicant/Petitioner Full Middle Name MIRIAM
Email Address [REDACTED]		Mobile Phone Number (Text Message) [REDACTED]



**Consideration of Deferred Action
for Childhood Arrivals**

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

USCIS
Form I-821D
OMB No. 1615-0124
Expires 01/31/2019

For USCIS Use Only	A- <input style="width:100%;" type="text"/>	Receipt	Action Block
	Case ID: <input style="width:100%;" type="text"/>		
	<input type="checkbox"/> Requestor interviewed on <input style="width:100%;" type="text"/>		
Returned: <input style="width:100%;" type="text"/>	Received: <input style="width:100%;" type="text"/>	Remarks	
Resubmitted: <input style="width:100%;" type="text"/>	Sent: <input style="width:100%;" type="text"/>		
To Be Completed by an Attorney or Accredited Representative, if any.		<input type="checkbox"/> Select this box if Form G-28 is attached to represent the requestor.	Attorney State Bar Number (if any): <input style="width:100%;" type="text"/>

▶ **START HERE - Type or print in black ink. Read Form I-821D Instructions for information on how to complete this form.**

Part 1. Information About You (For Initial and Renewal Requests)

I am not in immigration detention *and* I have included Form I-765, Application for Employment Authorization, and Form I-765WS, Form I-765 Worksheet; and

I am requesting:

1. **Initial Request** - Consideration of Deferred Action for Childhood Arrivals
- OR**
2. **Renewal Request** - Consideration of Deferred Action for Childhood Arrivals
- AND**

For this Renewal request, my most recent period of Deferred Action for Childhood Arrivals expires on

(mm/dd/yyyy) ▶

Full Legal Name

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

U.S. Mailing Address (Enter the same address on Form I-765)

- 4.a. In Care Of Name (if applicable)
- 4.b. Street Number and Name
- 4.c. Apt. Ste. Flr.
- 4.d. City or Town
- 4.e. State 4.f. ZIP Code

Removal Proceedings Information

5. Are you **NOW** or have you **EVER** been in removal proceedings, or do you have a removal order issued in any other context (for example, at the border or within the United States by an immigration agent)?

Yes No

NOTE: The term "removal proceedings" includes exclusion or deportation proceedings initiated before April 1, 1997; an Immigration and Nationality Act (INA) section 240 removal proceeding; expedited removal; reinstatement of a final order of exclusion, deportation, or removal; an INA section 217 removal after admission under the Visa Waiver Program; or removal as a criminal alien under INA section 238.

If you answered "Yes" to **Item Number 5.**, you must select a box below indicating your current status or outcome of your removal proceedings.

Status or outcome:

- 5.a. Currently in Proceedings (Active)
- 5.b. Currently in Proceedings (Administratively Closed)
- 5.c. Terminated
- 5.d. Subject to a Final Order
- 5.e. Other. Explain in **Part 8. Additional Information.**
- 5.f. Most Recent Date of Proceedings (mm/dd/yyyy) ▶
- 5.g. Location of Proceedings

Part 6. Contact Information, Certification, and Signature of the Interpreter (For Initial and Renewal Requests) (continued)

Interpreter's Certification

I certify that:

I am fluent in English and [] which is the same language provided in **Part 5., Item Number 1.b.**;

I have read to this requestor each and every question and instruction on this form, as well as the answer to each question, in the language provided in **Part 5., Item Number 1.b.**; and

The requestor has informed me that he or she understands each and every instruction and question on the form, as well as the answer to each question.

6.a. Interpreter's Signature []

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

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Request, If Other than the Requestor (For Initial and Renewal Requests)

Preparer's Full Name

Provide the following information concerning the preparer:

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

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

2. Preparer's Business or Organization Name []

Preparer's Mailing Address

3.a. Street Number and Name []

3.b. Apt. Ste. Flr. []

3.c. City or Town []

3.d. State [] 3.e. ZIP Code []

3.f. Province []

3.g. Postal Code []

3.h. Country []

Preparer's Contact Information

4. Preparer's Daytime Telephone Number []

5. Preparer's Fax Number []

6. Preparer's Email Address []

Preparer's Declaration

I declare that I prepared this Form I-821D at the requestor's behest, and it is based on all the information of which I have knowledge.

7.a. Preparer's Signature []

7.b. Date of Signature (mm/dd/yyyy) ► []

NOTE: If you need extra space to complete any item within this request, see the next page for **Part 8. Additional Information.**

Part 5. Statement, Certification, Signature, and Contact Information of the Requestor (For Initial and Renewal Requests)

NOTE: Select the box for either **Item Number 1.a.** or **1.b.**

1.a. I can read and understand English, and have read and understand each and every question and instruction on this form, as well as my answer to each question.

1.b. The interpreter named in **Part 6.** has read to me each and every question and instruction on this form, as well as my answer to each question, in

,
a language in which I am fluent. I understand each and every question and instruction on this form as translated to me by my interpreter, and have provided true and correct responses in the language indicated above.

Requestor's Certification

I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct and that copies of documents submitted are exact photocopies of unaltered original documents. I understand that I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date. I also understand that knowingly and willfully providing materially false information on this form is a federal felony punishable by a fine, imprisonment up to 5 years, or both, under 18 U.S.C. section 1001. Furthermore, I authorize the release of any information from my records that USCIS may need to reach a determination on my deferred action request.

2.a. Requestor's Signature
➡

2.b. Date of Signature (mm/dd/yyyy) ▶

Requestor's Contact Information

3. Requestor's Daytime Telephone Number

4. Requestor's Mobile Telephone Number

5. Requestor's Email Address

Part 6. Contact Information, Certification, and Signature of the Interpreter (For Initial and Renewal Requests)

Interpreter's Full Name

Provide the following information concerning the interpreter:

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

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

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

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Email Address

Part 3. For Initial Requests Only (continued)

4. Immigration Status on June 15, 2012 (e.g., No Lawful Status, Status Expired, Parole Expired)
- 5.a. Were you **EVER** issued an Arrival-Departure Record (Form I-94, I-94W, or I-95)? Yes No
- 5.b. If you answered "Yes" to **Item Number 5.a.**, provide your Form I-94, I-94W, or I-95 number (if available).
 ▶
- 5.c. If you answered "Yes" to **Item Number 5.a.**, provide the date your authorized stay expired, as shown on Form I-94, I-94W, or I-95 (if available).
 (mm/dd/yyyy) ▶

Education Information

6. Indicate how you meet the education guideline (e.g., Graduated from high school, Received a general educational development (GED) certificate or equivalent state-authorized exam, Currently in school)
7. Name, City, and State of School Currently Attending or Where Education Received
8. Date of Graduation (e.g., Receipt of a Certificate of Completion, GED certificate, other equivalent state-authorized exam) or, if currently in school, date of last attendance. (mm/dd/yyyy) ▶

Military Service Information

9. Were you a member of the U.S. Armed Forces or U.S. Coast Guard? Yes No
- If you answered "Yes" to **Item Number 9.**, you must provide responses to **Item Numbers 9.a. - 9.d.**
- 9.a. Military Branch
- 9.b. Service Start Date (mm/dd/yyyy) ▶
- 9.c. Discharge Date (mm/dd/yyyy) ▶
- 9.d. Type of Discharge

Part 4. Criminal, National Security, and Public Safety Information (For Initial and Renewal Requests)

If any of the following questions apply to you, use **Part 8. Additional Information** to describe the circumstances and include a full explanation.

1. Have you **EVER** been arrested for, charged with, or convicted of a felony or misdemeanor, including incidents handled in juvenile court, in the United States? Do not include minor traffic violations unless they were alcohol- or drug-related. Yes No

If you answered "Yes," you must include a certified court disposition, arrest record, charging document, sentencing record, etc., for each arrest, unless disclosure is prohibited under state law.

2. Have you **EVER** been arrested for, charged with, or convicted of a crime in any country other than the United States? Yes No

If you answered "Yes," you must include a certified court disposition, arrest record, charging document, sentencing record, etc., for each arrest.

3. Have you **EVER** engaged in, do you continue to engage in, or plan to engage in terrorist activities? Yes No

4. Are you **NOW** or have you **EVER** been a member of a gang? Yes No

5. Have you **EVER** engaged in, ordered, incited, assisted, or otherwise participated in any of the following:

- 5.a. Acts involving torture, genocide, or human trafficking? Yes No

- 5.b. Killing any person? Yes No

- 5.c. Severely injuring any person? Yes No

- 5.d. Any kind of sexual contact or relations with any person who was being forced or threatened? Yes No

6. Have you **EVER** recruited, enlisted, conscripted, or used any person to serve in or help an armed force or group while such person was under age 15? Yes No

7. Have you **EVER** used any person under age 15 to take part in hostilities, or to help or provide services to people in combat? Yes No

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

Present Address

2.a. Dates at this residence (mm/dd/yyyy)
 From ▶ 06/01/2009 To ▶ Present

2.b. Street Number and Name [REDACTED]

2.c. Apt. Ste. Flr. [REDACTED]

2.d. City or Town [REDACTED]

2.e. State [REDACTED] 2.f. ZIP Code [REDACTED]

Address 1

3.a. Dates at this residence (mm/dd/yyyy)
 From ▶ [REDACTED] To ▶ [REDACTED]

3.b. Street Number and Name [REDACTED]

3.c. Apt. Ste. Flr. [REDACTED]

3.d. City or Town [REDACTED]

3.e. State [REDACTED] 3.f. ZIP Code [REDACTED]

Address 2

4.a. Dates at this residence (mm/dd/yyyy)
 From ▶ [REDACTED] To ▶ [REDACTED]

4.b. Street Number and Name [REDACTED]

4.c. Apt. Ste. Flr. [REDACTED]

4.d. City or Town [REDACTED]

4.e. State [REDACTED] 4.f. ZIP Code [REDACTED]

Address 3

5.a. Dates at this residence (mm/dd/yyyy)
 From ▶ [REDACTED] To ▶ [REDACTED]

5.b. Street Number and Name [REDACTED]

5.c. Apt. Ste. Flr. [REDACTED]

5.d. City or Town [REDACTED]

5.e. State [REDACTED] 5.f. ZIP Code [REDACTED]

Travel Information

For Initial Requests: List all of your absences from the United States since June 15, 2007.

For Renewal Requests: List only your absences from the United States since you submitted your last Form I-821D that was approved.

If you require additional space, use **Part 8. Additional Information.**

Departure 1

6.a. Departure Date (mm/dd/yyyy) ▶ [REDACTED]

6.b. Return Date (mm/dd/yyyy) ▶ [REDACTED]

6.c. Reason for Departure [REDACTED]

Departure 2

7.a. Departure Date (mm/dd/yyyy) ▶ [REDACTED]

7.b. Return Date (mm/dd/yyyy) ▶ [REDACTED]

7.c. Reason for Departure [REDACTED]

8. Have you left the United States without advance parole on or after August 15, 2012? Yes No

9.a. What country issued your last passport? [REDACTED]

9.b. Passport Number [REDACTED]

9.c. Passport Expiration Date (mm/dd/yyyy) ▶ [REDACTED]

10. Border Crossing Card Number (if any) [REDACTED]

Part 3. For Initial Requests Only

1. I initially arrived and established residence in the U.S. prior to 16 years of age. Yes No

2. Date of **Initial** Entry into the United States (on or about) (mm/dd/yyyy) ▶ [REDACTED]

3. Place of **Initial** Entry into the United States [REDACTED]

Part 1. Information About You (For Initial and Renewal Requests) (continued)

Other Information

- 6. Alien Registration Number (A-Number) (if any)
 - ▶ A-
- 7. U.S. Social Security Number (if any)
 - ▶
- 8. Date of Birth (mm/dd/yyyy) ▶
- 9. Gender Male Female
- 10.a. City/Town/Village of Birth
 -
- 10.b. Country of Birth
 -
- 11. Current Country of Residence
 -
- 12. Country of Citizenship or Nationality
 -
- 13. Marital Status
 - Married Widowed Single Divorced

Other Names Used (If Applicable)

If you need additional space, use **Part 8. Additional Information.**

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

Processing Information

- 15. Ethnicity (Select only one box)
 - Hispanic or Latino
 - Not Hispanic or Latino
- 16. Race (Select all applicable boxes)
 - White
 - Asian
 - Black or African American
 - American Indian or Alaska Native
 - Native Hawaiian or Other Pacific Islander
- 17. Height Feet Inches
- 18. Weight Pounds
- 19. Eye Color (Select only one box)
 - Black Blue Brown
 - Gray Green Hazel
 - Maroon Pink Unknown/Other
- 20. Hair Color (Select only one box)
 - Bald (No hair) Black Blond
 - Brown Gray Red
 - Sandy White Unknown/Other

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

- 1. I have been continuously residing in the U.S. since at least June 15, 2007, up to the present time. Yes No

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

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

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

If you require additional space, use **Part 8. Additional Information.**



Application For Employment Authorization

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

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

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

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

I am applying for:

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

1. Full Name

Family Name	First Name	Middle Name
GARCIA CARDOZO	DULCE	M

2. Other Names Used (include Maiden Name)

Family Name	First Name	Middle Name
GARCIA	DULCE	M
ORNELAS	DULCE	M

3. U.S. Mailing Address

Street Number and Name	Apt. Number
[REDACTED]	[REDACTED]
Town or City	State ZIP Code
[REDACTED]	[REDACTED]

4. Country of Citizenship or Nationality

MEXICO

5. Place of Birth

Town or City	State/Province	Country
CUERNAVACA	MORELOS	MEXICO

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

[REDACTED]

7. Gender Male Female

8. Marital Status

- Single Married Divorced Widowed

9. Social Security Number (Include all numbers you have ever used, if any)

[REDACTED]

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

[REDACTED]

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

- Yes (Complete the following questions.)

Which USCIS Office?	Dates
PHOENIX, AZ	02/17/2016

Results (Granted or Denied - attach all documentation)

GRANTED

- No (Proceed to Question 12.)

12. Date of Last Entry into the U.S., on or about (mm/dd/yyyy)

12/24/1987

13. Place of Last Entry into the U.S.

SAN YSIDRO, CALIFORNIA

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

NO LAWFUL STATUS

15. Current Immigration Status (Visitor, Student, etc.)

DACA Recipient

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

(C) (33) ()

17. (c)(3)(C) Eligibility Category. If you entered the eligibility category (c)(3)(C) in Question 16 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 []

18. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Question 16 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.

[]

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

a. If you entered the eligibility category (c)(35) or (c)(36) in Question 16 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 [x] No

NOTE: If you answered "Yes" to Item Numbers 19.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 Question 16.

Applicant's Signature

[Signature]

Date of Signature (mm/dd/yyyy)

09/09/2017

Telephone Number

[Redacted]

Signature of Person Preparing Form, If Other Than Applicant

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

Preparer's Signature

[]

Date of Signature (mm/dd/yyyy)

[]

Printed Name

[]

Address

[]



Form I-765 Worksheet
Department of Homeland Security
U.S. Citizenship and Immigration Services

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

If you are applying for employment authorization under the (c)(14), Deferred Action, or (c)(33), Consideration of Deferred Action for Childhood Arrivals, categories, you must complete this worksheet so that USCIS can determine whether you have an economic need to work. In the spaces provided, please indicate your current annual income, your current annual expenses, and the total current value of your assets. It is not necessary to submit supporting documentation, though it will be accepted and reviewed if you choose to submit it. You do not need to include other household members' financial information to establish your own economic necessity.

Part 1. Full Name

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

Part 2. Financial Information

- 2. My current annual income is: \$
- 3. My current annual expenses are: \$
- 4. The total current value of my assets is: \$

Part 3. Explanation

If you would like to provide an explanation regarding your current financial information or your economic need for employment authorization, please use the space below.

I am a lawyer with my own practice. I operate two offices. I have employees who depend on me. I need employment authorization to work to pay off my debts, currently in the amount of about \$30,000.

Multiple horizontal lines for providing additional explanation.

