



# 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 10/31/2025

For USCIS Use Only	A- <input type="text"/>	Receipt	Action Block
	Case ID: <input type="text"/>		
	<input type="checkbox"/> Requestor interviewed on <input type="text"/>		
Returned: <input type="text"/>	Relocated	Received: <input type="text"/>	Remarks
Resubmitted: <input type="text"/>	Sent: <input 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 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.

I am in immigration detention.

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) ▶  DACA EXPIRATION

## Full Legal Name

3.a. Family Name (Last Name)  YOUR LAST NAME (S)

3.b. Given Name (First Name)  YOUR FIRST NAME

3.c. Middle Name  YOUR MIDDLE NAME (IF ANY)

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

4.a. In Care Of Name (if applicable)

YOUR FULL LEGAL NAME

4.b. Street Number and Name  YOUR ADDRESS

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)?

PICK ONE, USUALLY NO  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.



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

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: **NOT FOR YOU**

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

**Other Information**

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

**Other Names Used (If Applicable)**

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

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

**Processing Information**

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

**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

**YOU WILL SELECT YES, OTHERWISE YOU ARE STATING YOU'VE LEFT THE COUNTRY !! read carefully!**



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

**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.**

If your address hasn't changed since last renewal, only input current address, if it has then list the rest.

**Present Address**

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

2.b. Street Number and Name

2.c. Apt.  Ste.  Flr.

2.d. City or Town

2.e. State  2.f. ZIP Code

**Address 1**

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

3.b. Street Number and Name

3.c. Apt.  Ste.  Flr.

3.d. City or Town

3.e. State  3.f. ZIP Code

**Address 2**

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

4.b. Street Number and Name

4.c. Apt.  Ste.  Flr.

4.d. City or Town

4.e. State  4.f. ZIP Code

**Address 3**

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

5.b. Street Number and Name

5.c. Apt.  Ste.  Flr.

5.d. City or Town

5.e. State  5.f. ZIP Code

**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.**

IF YOU HAVE LEFT WITH ADVANCE PAROLE YOU WILL ADD THAT HERE.

**Departure 1**

6.a. Departure Date (mm/dd/yyyy) ▶

6.b. Return Date (mm/dd/yyyy) ▶

6.c. Reason for Departure

**Departure 2**

7.a. Departure Date (mm/dd/yyyy) ▶

7.b. Return Date (mm/dd/yyyy) ▶

7.c. Reason for Departure

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?

9.b. Passport Number

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

10. Border Crossing Card Number (if any)

\*\*IF YOU'VE TRAVELED MULTIPLE TIMES SINCE YOUR LAST RENEWAL YOU'LL LIST THEM ALL IN YOUR RENEWAL.



### 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  
NOT FOR YOU
2. Date of **Initial** Entry into the United States (*on or about*)  
(mm/dd/yyyy) ▶ NOT FOR YOU
3. Place of **Initial** Entry into the United States  
NOT FOR YOU
4. Immigration Status on June 15, 2012 (*e.g., No Lawful Status, Status Expired, Parole Expired*)  
NOT FOR YOU
- 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*).  
▶ NOT FOR YOU
- 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) ▶ NOT FOR YOU

### 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*)  
NOT FOR YOU
7. Name, City, and State of School Currently Attending or Where Education Received  
NOT FOR YOU
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) ▶ NOT FOR YOU

### Military Service Information

9. Were you a member of the U.S. Armed Forces or U.S. Coast Guard? NOT FOR YOU  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  
NOT FOR YOU
- 9.b. Service Start Date (mm/dd/yyyy) ▶ NOT FOR YOU
- 9.c. Discharge Date (mm/dd/yyyy) ▶ NOT FOR YOU

### 9.d. Type of Discharge

NOT FOR YOU

### 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 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 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 and all of my records that USCIS may need to determine my eligibility for the request that I seek.

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

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

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

➔ **DON'T FORGET TO SIGN!!!**

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



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

**Interpreter's Contact Information**

- 4. Interpreter's Daytime Telephone Number
- 5. Interpreter's Email Address

**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.**



