# **Application for Travel Document**

**Department of Homeland Security** 

U.S. Citizenship and Immigration Services

#### USCIS Form I-131 OMB No. 1615-0013 Expires 02/28/2027

ADVANCE PAROLE THROUGH DACA

IERS	Fo USO Us On	CIS se	Receipt			Action Block	To Be Completed by an <i>Attorney/</i> <i>Representative</i> , if any.
Wedredreamers		Do Re-entry Permit (Up Mail To" Section) Single Advance Parc	Date: ///	Mail To (Re-entry & Refugee Only)	$\Box$ US	dress in <i>Part 1</i> Consulate at: DHS Ofc at:	<ul> <li>Fill in box if G-28 is attached to represent the applicant.</li> <li>Attorney State License Number:</li> </ul>
JOIN OUR FACEBOOK GROUP:	1.a. 1.b. 1.c. <i>Phy</i>	Family Name (Last Name) Given Name (First Name) Middle Name wical Address In Care of Name		Lookup)	0th 3. 4.	ner Information Alien Registration Number (A ► A- AL Country of Birth WHERE YOU WERE BOF Country of Citizenship	IEN # ON USCIS CARD
<b>C</b>	YOUR FULL LEGAL NAME   2.b. Street Number and Name   YOUR ADDRESS   2.c. Apt.   Ste.   Flr.     2.d. City or Town     2.e. State   YOUR ADDRESS     2.f. ZIP Code     ZIPCODE     2.g. Postal Code     N/A		6. 7. 8. 9.	7. 8.	WHERE YOU WERE BOR         Class of Admission         DACA OR C33         PICK ONE         Gender       Male         Date of Birth       (mm/dd/yyy)         U.S. Social Security Number	ıle y) ▶ <mark>YOUR DOB</mark>	
WEAREDREAMERSNETWOR	2.i.	Country USA					



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1 al	<ul> <li>ct 2. Application Type</li> <li>I am a permanent resident or conditional resident of the United States, and I am applying for a reentry parmit</li> </ul>	2.e. Country of Birth				
1.b.	permit. I now hold U.S. refugee or asylee status, and I am applying for a Refugee Travel Document.	2.f. Country of Citizenship				
1.c.	I am a permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.	2.g. Daytime Phone Number				
1.d.	I am applying for an Advance Parole Document to allow me to return to the United States after temporary foreign travel.	Physical Address (If you checked box 1.f.)         2.h. In Care of Name				
_ 1.e.	I am outside the United States, and I am applying for an Advance Parole Document.	2.i. Street Number and Name				
1.f.	I am applying for an Advance Parole Document for a person who is outside the United States.	<b>2.j.</b> Apt. Ste. Flr.				
abou	u checked box "1.f." provide the following information it that person in 2.a. through 2.p. Family Name	2.k. City or Town         2.l. State         Image: Contract of the state of t				
2.b.	(Last Name)       Given Name       (First Name)	2.n. Postal Code     2.o. Province				
	Middle Name         Date of Birth       (mm/dd/yyyy) ►	2.p. Country				
Par	Part 3. Processing Information					
1.	Date of Intended Departure $(mm/dd/yyyy) \blacktriangleright ASAP$	<b>4.a.</b> Have you ever before been issued a reentry permit or Refugee Travel Document? (If "Yes" give the following information for the last document issued to you):				
2.	Expected Length of Trip ( <i>in days</i> )	<b>4.b.</b> Date Issued $(mm/dd/yyyy) \triangleright$				
3.a.	Are you, or any person included in this application, now in exclusion, deportation, removal, or rescission proceedings?	<b>4.c.</b> Disposition (attached, lost, etc.):				
3.b.	If "Yes", Name of DHS office:	It's still <b>NO,</b> even if you have been granted AP in the past.				
-	ou are applying for a non-DACA related Advance Parole Do <i>re skipping to Part 7</i> .	ocument, skip to Part 7; DACA recipients must complete Part				
T	<b>IPS:</b> If you need specific dates, please make sure to allow s	sufficient time so you don't get an RFE (request for evidence) an				

Yes, you can leave it up to the USCIS officer to give you the dates you are approved from, simply write ASAP, TBD and give yourself a good amount of time frame in Expected Length of Trips for flexibility and any thing that can come up, and yes it's okay to write it 365, they will review your evidence and give you a time frame they deem acceptable.

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	Par	art 3. Processing Information (continued)				
WORK NORK	Whe 5. 6. 6.a.	re do you want this travel document sent? ( <i>Check one</i> )          To the U.S. address shown in Part 1 (2.a through 2.i.) of this form.         To a U.S. Embassy or consulate at:         City or Town         To a DHS office overseas at:         City or Town	10.a. In Care of Name         10.b. Street Number and Name         10.c. Apt.         Ste.         I.o. Apt.         Ste.         Flr.         10.d. City or Town         10.e. State         I.o. Postal Code			
	<b>7.b.</b> If yo	Country Country U U U U U U U U U U U U U U U U U U U	10.h. Province     10.i. Country     10.j. Daytime Phone Number			
JOIN OUR FACEBOOK GROUP:		<b>rt 4. Information About Your Proposed Travel</b> Purpose of trip. (If you need more space, continue on a separate sheet of paper.)         HUMANITARIAN REASONS         EDUCATIONAL REASONS         WORK REASONS	<ul> <li><b>1.b.</b> List the countries you intend to visit. (<i>If you need more space, continue on a separate sheet of paper.</i>)</li> <li>MEXICO, GUATEMALA</li> </ul>			
		rt 5. Complete Only If Applying for a Re-entry I e becoming a permanent resident of the United States (or	Permit         2. Since you became a permanent resident of the United			

during the past 5 years, whichever is less) how much total time have you spent outside the United States?

**1.a.** less than 6 months 1.b. 6 months to 1 year **1.c.** 1 to 2 years

1.d. 2 to 3 years**1.e.** 

3 to 4 years **1.f.** 

- more than 4 years
- States, have you ever filed a Federal income tax return as a nonresident or failed to file a Federal income tax return because you considered yourself to be a nonresident? (If "Yes" give details on a separate sheet of paper.)

Yes No

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## Part 6. Complete Only If Applying for a Refugee Travel Document

	1.	Country from which you are a refugee or asylee:	3.c.	Applied for and/or received any benefit from s (for example, health insurance benefits)?
SS	must	u answer "Yes" to any of the following questions, you explain on a separate sheet of paper. Include your		you were accorded refugee/asylee status, have
MEF	Nam 2.	e and A-Number on the top of each sheet. Do you plan to travel to the country Yes No named above?	•	egal procedure or voluntary act: Reacquired the nationality of the Yes
EA × ×	Since	e you were accorded refugee/asylee status, have you ever:	4.b.	country named above?ItesAcquired a new nationality?Yes
	3.a.	Returned to the country named Yes No No	<b>4.c.</b>	Been granted refugee or asylee status Yes in any other country?
	3.b.	Applied for and/or obtained a national passport, passport renewal, or entry permit of that country?		
<b>N</b>	Par	Yes       No         t 7. Complete Only If Applying for Advance Par	ole	
JOIN OUR FACEBOOK GROUP:	Adva issua you v 1. If the is our and C overs 2.a. 2.b. If the	separate sheet of paper, explain how you qualify for an ance Parole Document, and what circumstances warrant nce of advance parole. Include copies of any documents vish considered. ( <i>See instructions.</i> )  How many trips do you intend to use this document?  PICK ONE One Trip One Trip More than one trip proce on Advance Parole Document country) of the U.S. Embassy or consulate or the DHS beas office that you want us to notify. City or Town Country Country Cutravel document will be delivered to an overseas office, e should the notice to pick up the document be sent?: To the address shown in <b>Part 2 (2.h. through 2.p.)</b> of this form.	4.b. 4.c. 4.d. 4.e. 4.g.	In Care of Name
MERSNI	4.	To the address shown in <b>Part 7 (4.a. through 4.i.)</b> of this form.		
REA	Par	t 8. Employment Authorization For New Period	of Par	ole Under Operation Allies Welcome
WEAREDREAMERSNETWORK	1.	I am requesting an Employment Authorization Document (EAD) upon approval of my new Operation Allies Welcome (OAW) period of parole.		
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<b>3.c.</b>	Applied for and/or received any benefit from such country
	(for example, health insurance benefits)?

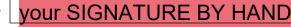
	Yes		No
--	-----	--	----

e/asylee status, have you, by act:

<b>4.</b> a.	Reacquired the nationality of the country named above?	Yes	No
<b>4.b.</b>	Acquired a new nationality?	Yes	No
4.c.	Been granted refugee or asylee status in any other country?	Yes	No

- **Part 9. Signature of Applicant** (*Read the information on penalties in the Form instructions before completing this Part.*) If you are filing for a Re-entry Permit or Refugee Travel Document, you must be in the United States to file this application.
- **1.a.** I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature of Applicant



- **1.b.** Date of Signature (*mm/dd/yyyy*) ► DATE YOU SIGN
- 2. Daytime Phone Number **YOUR PHONE NUMBER**

**NOTE:** If you do not completely fill out this form or fail to submit required documents listed in the instructions, your application may be denied.

## Part 10. Information About Person Who Prepared This Application, If Other Than the Applicant

**NOTE:** If you are an attorney or representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with this application.

#### 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*)

Preparer's Business or Organization Name

### **Preparer's Mailing Address**

2.

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<b>3.</b> a.	Street Number and Name	
3.b.	Apt. Ste.	Flr.
3.c.	City or Town	
3.d.	State 💽 3	3.e. ZIP Code
3.f.	Postal Code	
3.g.	Province	
3.h.	Country	

#### **Preparer's Contact Information**

4. Preparer's Daytime Phone Number

Extension

**5.** Preparer's E-mail Address (*if any*)

#### Declaration

To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this benefit request at the request of the applicant, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.

6.a.	Signature of Preparer	

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

**NOTE:** If you require more space to provide any additional information, use a separate sheet of paper. You must include your Name and A-Number on the top of each sheet.

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