#### Instructions

**NOTE:** Please read these instructions carefully to properly complete this form. If you need more space to answer a question, use a seprate sheet(s) of paper. Write your name and Alien Registration Number (A#) at the top of each sheet and indicate the number of the item to which the answer refers. An incomplete application may be returned to you, causing a delay in the processing of your application. The Bureau of Citizenship and Immigration Services (CIS) is comprised of offices of the former Immigration and Naturalization Service (INS).

#### 1. Who May File for TPS?

You must be an eligible national of a foreign state (or parts thereof) or an alien having no nationality who last habitually resided in a foreign state that has been designated for Temporary Protected Status (TPS) by the Secretary of the Department of Homeland Security pursuant to section 244A of the Immigration and Nationality Act. You should check with the nearest office of the CIS for designations currently in force or visit our website at www.uscis.gov.

#### 2. What Documents Should You Submit?

### You do not need to provide original documents with this application.

You must give the CIS copies of documents to prove you are a national of the country designated for TPS, your date of entry into the United States, and your U.S. residence. In addition:

- **A.** In certain circumstances, the CIS may ask you original to submit documents.
- **B.** Copies of documents in a foreign language must be accompanied by an English translation. The translator must certify that the translation is accurate and that he or she is competent to translate the foreign language into English.
- C. Documentation exception: If you are filing this application for annual registration, re-registration, or renewal of temporary treatment benefits (Parts 1 and 2 on Form I-821), you do not have to submit any copies of documentation. You may, however, be asked for additional information and/or documentation in certain circumstances.

# 3. What Documents Do You Need to Prove Identity and Nationality?

Submit any of the following:

- A. Passport;
- **B.** Birth certificate accompanied by photo identification; or
- **C.** Any national identity document from your country of origin bearing your photo and/or fingerprint.

### 4. What Documents Do You Need to Prove Date of Entry Into the United States?

Submit any of the following documents:

- **A.** Passport:
- **B.** I-94 Arrival/Departure Record; or
- **C.** Copies of documents specified in item **Number 5** below.

### 5. What Documents Do You Need to Prove Residence in the United States?

Submit any relevant documents such as:

**A.** Employment records (e.g., pay stubs, W-2 Forms, certification of the filing of Federal income tax returns, state verification of the filing of state income tax returns, letters from employer(s) or, if you are self employed, letters from banks and other firms with whom you have done business.

NOTE: In all of these documents, your name and the name of the employer or other interested organization must appear on the form or letter, as well as relevant dates. Letters from employers must be in affidavit form and shall be signed and attested to by the employer under penalty of perjury.

Such letters must include: (1) your address(es) at the time of employment; (2) exact period(s) of employment; (3) period(s) of layoff; (4) duties with the company. If the employment records are unavailable, submit an affidavit form-letter explaning why these records cannot be obtained. This affidavit form-letter shall be signed and attested to by the employer under penalty of perjury.

- **B.** Rent receipts, utility bills (gas, electric, phone, etc.), receipts, or letters from companies showing the dates during which you received service.
- C. School records (letters, report cards, etc.) from the schools that you or your children have attended in the United States, showing the name(s) of the schools and periods of school attendance.
- **D.** Hospital or medical records concerning treatment or hospitalization of you or your children, showing the name of the medical facility or physician and the date(s) of the treatment or hospitalization.

- E. Attestations by churches, unions or other organizations to your residence identifing you by name. The attestation must be signed by an official (whose title is shown); show inclusive dates of membership; state the address where you resided during membership period(s); include the seal of the organization impressed on the letter or the letterhead of the organization, if the organization has letterhead stationery; establish how the author knows you; and establish the origin of the information being attested to.
- F. Additional documents may include money order receipts for money sent in or out of the country; passport entries; birth certificates of children born in the United States; dated bank transactions; correspondence between you and another person or organization; U.S. Social Security card; Selective Service card; automobile license receipts, title, vehicle registration, etc.; deeds, mortgages, contracts to which you have been a party; tax receipts; insurance policies; receipts; letters; or
- **G.** Any other relevant document.

#### 6. What If Documents Are Not Available?

If documents are not available, you may give the CIS an affidavit showing proof of unsuccessful efforts to obtain the documents, explaining why the consular process is unavailable (for identity documents), and affirming that you are a national of the designated state. (The CIS may require a statement from the appropriate issuing authority, certifying that the document is not available.) Affidavits may also be used to help prove your date of entry into the United States and residence in the United States.

### 7. Are Photos Required to Be Submitted With This Application?

Yes. Attach two standard passport-style color photos of you taken within 30 days of submission of this application. The photos should be 2x2 inches in size and have a white background. The photos should be glossy and not retouched or mounted. The dimension of the facial image should be about 1 inch to 1 3/8 inches from the chin to the top of the hair in a full frontal view. Using a pencil or felt pen, lightly print your name and Alien Registration Number (A#), if any, on the back of the photographs.

**NOTE:** The Federal Register notice announcing the initial registration or extension period during which the applicant is applying for initial registration, re-registration or renewal of temporary treatment benefits (including an Employment Authorization Document) stated that the CIS may, in lieu of direct attachment of photos to your application, instead require you to submit photographs through a specified CIS office (see Question and Answer **Number 13** on **Page 3** of these instructions).

#### 8. How Should You Prepare This Form?

- **A.** Type or print legibly in black ink.
- **B.** If you need extra space to complete any item, attach a continuation sheet, indicate the item number and date and sign each sheet.
- **C.** Answer all questions fully and accurately. If any item does not apply, please write "N/A."

#### 9. Where Should You File This Form?

The CIS office having jurisdiction over your place of residence will accept this application, either in person or through the mail, or both. For filing instructions, please inquire by calling the CIS call center at 1-800-375-5283 or by visiting a local CIS office.

#### 10. What Is the Fee?

- An initial (i.e., first-time) applicant must submit:
  - **A.** A \$50.00 application fee for the Form I-821; and
  - B. A \$70.00 fee for biometric services, including fingerprints, photograph and signature, if required. (See No. 13, Do TPS Applicants Need to Be Fingerprinted?); and
  - C. A \$175.00 fee for the Form I-765, Application for Employment Authorization, if you are between the ages of 14 and 65 years and seeking employment.
- An applicant for TPS re-registration or renewal of temporary treatment benefits must submit:
  - A. A \$70.00 fee for biometric services, including fingerprint, photograph and signature, if required (see No. 13, Do TPS Applicants Need to Be Fingerprinted?); and
  - **B.** A \$175.00 fee for the Form I-765, Application for Employment Authorization, if you are between the ages of 14 and 65 and wish to apply for employment authorization.

The fee must be submitted in the exact amount. It cannot be refunded. **Do Not Mail Cash**. All checks and money orders must be drawn on a bank or other institution located in the United States and must be payable in United States currency. Please assure that if a check or money order is drawn on the account of a person other than yourself, your name appears in the lower left corner on the face of the check or money order. If the check is not honored, the CIS will charge you \$30.00.

Make the check or money order payable to **U.S. Department of Homeland Security**, except:

**A.** If you live in Guam and are filing your application there, make the check or money order payable to "Treasurer, Guam" or;

**B.** If you live in the U.S. Virgin Islands and you are filing your application there, make the check or money order payable to "Commissioner of Finance of the Virgin Islands."

**NOTE:** When preparing a check or money order, spell out U.S. Department of Homeland Security. Do not use the initials "USDHS" or "DHS."

### 11. Are You Also Required to File Form I-765, Application for Employment Authorization?

**A.** Yes. Each applicant, regardless of age, must also submit a completed Form I-765, even if employment authorization is not being requested.

If your application for TPS is granted and you want to travel outside the United States and return, you must request advance parole from the CIS by filing a Form I-131, Application for Travel Document, with the appropriate CIS office. A Form I-512 travel document will be issued to you if your request is granted.

**B.** As noted in **No. 10**, What Is the Fee?, only those applicants requesting employment authorization must pay the fee for Form I-765.

### 12. May the Filing Fees for Forms I-821 and I-765 Be Waived?

Yes. If you are unable to pay the filing fees, 8 CFR 103.7(c) states that you may apply for a waiver of the filing fees. In order to obtain a fee waiver, you must submit with these forms a written statement, made under oath, affirmation, or pursuant to 28 USC 1746, under penalty of perjury. In the written statement you must state that you believe you are eligible for TPS and that you want the filing fees waived. You must also explain why you are unable to pay the required fees.

### 13. Do TPS Applicants Need to Be Fingerprinted?

Yes. Each applicant for initial registration, re-registration or renewal of temporary treatment benefits (including an Employment Authorization Document) who is 14 years or older must be fingerprinted as part of the biometric services, if required by the CIS. Each such applicant must include the \$70.00 biometric services fee with their application. The CIS may also require applicants to be photographed and have them submit their signature at a specified CIS office. The CIS may, in its discretion, modify the photograph requirement.

#### 14. What If I Change My Address?

If you change your address after filing for TPS, you must complete and mail us a Form AR-11, Alien's Change of Address Card. Enclose the AR-11 in an envelope

addressed to the office having jurisdiction over your residence. Include copies of your application and any CIS documents or correspondence relating to your case.

**NOTE:** If you informed your U.S. Post Office but not the CIS about your address change, please be advised that the Postal Service will not forward CIS mail to you. The mail will be returned to the CIS as undeliverable.

## 15. What Is Our Authority for Collecting This Information?

We request the information on the form to carry out the immigration laws contained in Title 8, United States Code, Section 1154(a). We need this information to determine whether you are eligible for immigration benefits.

The information you provide may also be disclosed to other federal, state, local, and foreign law enforcement and regulatory agencies. You do not have to give this information. However, if you do not give some or all of the requested information, your application may be denied.

#### 16. Do You Need Information or CIS Forms?

For information on immigration laws, regulations and procedures and to order CIS forms, call our National Customer Service Center at **1-800-375-5283** or visit our internet website at **www.uscis.gov**.

#### 17. Reporting Burden.

Under the Paperwork Reduction Act, an agency may not conduct or sponsor an information collection. A person is not required to respond to an information collection unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can easily be understood and impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete this application is 1 hour and 30 minutes computed as follows: 1) learning about the form and understanding the instructions, 30 minutes; 2) collecting the necessary supporting documents 15 minutes; 3) completing the form, 15 minutes; and 4) traveling to and waiting at a preparer's office (e.g. attorney or voluntary agency), 30 minutes. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Bureau of Citizenship and Immigration Services, HQRFS, 425 I Street, N.W. Room 4034, Washington, DC 20529; OMB No. 1615-0043. Do not mail your completed application to this address.

### I-821, Application for Temporary Protected Status

START HERE - Please type or pri	FOR CIS USE ONLY		
Part 1. Type of application. (chec	Returned	Receipt	
a. ☐ This is my first application to register b. ☐ This is my application for re-registrati	on or renewal of temporary treatment	Date	
benefits. I have previously been grant have maintained and continue to main	Date Resubmitted		
Part 2. Information about you.			
Family Name (Last Name) Given Na	Date		
	, , ,	Date	
U.S. Mailing Address: (Street Number and N	ame) Apt. #	Reloc Sent	
		Date	
C/O: (In Care Of)			
Town/City	State	Date Reloc Rec'd	
Town City		Teloe Ree u	
County	Zip Code	Date	
		Date	
Date of Birth (mm/dd/yyyy)	Gender  Male Female	Applicant Interviewed	
Place of Birth (Town or City)	State/Country	on	
Country of Residence	Country of Citizenship/Nationality	Case ID #:	
		Case ID #:	
Marital Status  Single Married Di Other Names Used (including maiden name)	ivorce Widowed	A #:	
Other Ivallies Osed (including malaen name)		Remarks	
Date of Entry Into the U.S. (mm/dd/yyyy)	Place of Entry Into the U.S.		
Manner of Arrival (Visitor, student, stowaway,	without inspection, etc.)		
Arrival/Departure Record (I-94) Number	Date authorized stay expired/or will expire, as shown on Form I-94 or I-95 (mm/dd/yyyy)	Action Block	
		Action block	
Your Current Immigration Status: In Status (state nonimmigrant classification, e.g. F-1, etc.)	Out of Status (state nonimmigrant violation, e.g., overstay student, EWI etc.)		
Alien Registration Number (A#) (if any)	Social Security Number (if any)	. ]	
Are you now or have you ever been under im	migration proceedings?		
☐ Yes ☐ No		npleted By	
If you answered "Yes" to the above question, provide the following information.  Type of proceedings:  Exclusion Removal/Deportation Recission Judicial Proceedings		☐ Fill in box if G	resentative, if any.
Location of Proceedings	Date of Proceedings (mm/dd/yyyy)	represent the a	

	v 1	d children. (if any)		
Provide the following information	• •	f married).	ACTION AT	
Last Name of Spouse	First Name		Middle Nar	ne
	<b></b>			
Address (Street Number and Nam	e)			Apt #
The state of the s	G /D			7: / 2 . 1
Town/City	State/Province	Country		Zip/Postal Code
Varia Caracada Dinda Data (con / 1.1	(man) Data a	and Diagonal Diagonal Marria		
Your Spouse's Birth Date (mm/dd		nd Place of Present Marria	ge	
Name of Prior Husbands/Wives		Date(s) Marriage(	(s) Ended (mm/da	d/nnn)
Traine of Frior Trasbands/ Wives		Date(3) Marriage(	(3) Ended (mm/ac	n yyyy)
2. List the names, ages and curr	rent residence of childre	en (if any).		
Name (First/Middle/Last)		Date of Birth(mm/dd/yyyy)	Residence	
Name (First/Miaate/Last)		Date of Birtin(min/dd/yyyy)	Residence	
			_	
			_	
			_	
Part 4. Eligibility stand	ards.			
Provide the following information	on•			
I am a national of, or an alien have		ast habitually resided in the	foreign state of	
T diff d flatford of, of diff differ flav	ing no nationality, who is	ast habituarry resided in the	Toreign state or.	
I entered the United States on the	fallowing data (provide s	month/day/yoar) and have	racidad in the Un	nited States since that time
Tentered the Officed States on the	Tonowing date (provide i	month/day/year), and have	resided in the On	inted States since that time.
To be eligible for Temporary Prot	ected Status, you must be	e admissible as an immigra	nt to the United S	States, with certain exception
If any of the questions beginning	below on this page and c	ontinuing on Page 3 apply	to you, number v	which one(s) in the box(es):
(for example, 2k for— Have you				tion on a separate sheet(s) of
paper. Use the number 2 before e	ach letter referring to the	e specific question (2a, 2b, 6	etc.).	
If you were ever arrested, provide authority.	the disposition (outcome	e) of the arrest. For examp	le, "case dismisse	ed" from the appropriate
<b>NOTE:</b> For information about w	vaivers concerning the gr	ounds of inadmissibility, se	ee Page 3.	
2a. Have you been convicted of an	y folony or two or more	misdomoonors committed	in the United Ste	ton
<b>2b.</b> (i) Have you ordered, incited, nationality, membership in a p	assisted or otherwise par	ticipated in the persecution		
(ii) Have you been convicted b	<b>C</b> 1		eonstituting a dan	uger to the community of the
United States (an alien convicted to				
`	22	•	1	ival in the United States; or

(iv) Have you engaged in or are you still engaged in activities that could be reasonable grounds for concluding that you are a danger to the security of the United States?

#### Part 4. Eligibility standards. (Continued)

- **2c.** (i) Have you been convicted of, or have you committed acts which constitute the essential elements of a crime (other than a purely political offense) or a violation of or a conspiracy to violate any law relating to a controlled substance as defined in Section 102 of the Controlled Substance Act;
  - (ii) Have you been convicted of two or more offenses (other than purely political offenses) for which the aggregate sentences to confinement actually imposed were five years or more;
  - (iii) Have you trafficked in or do you continue to traffic in any controlled substance or are or have been a knowing assister, abettor, conspirator, or colluder with others in the illicit trafficking of any controlled substance;
  - (iv) Have you engaged or do you continue to engage solely, principally, or incidentally in any activity related to espionage or sabotage or violate any law involving the export of goods, technology, or sensitive information, any other unlawful activity, or any activity the purpose of which is in opposition, or the control, or overthrow of the government of the United States;
  - (v) Have you engaged in or do you continue to engage in terrorist activities;
  - (vi) Have you engaged in or do you continue to engage or plan to engage in activities in the United States that would have potentially serious adverse foreign policy consequences for the United States;
  - (vii) Have you been or do you continue to be a member of the Communist or other totalitarian party, except when membership was involuntary; and
  - (viii) Have you participated in Nazi persecution or genocide;
- **2d.** Have you been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations, or been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action;
- 2e. Have you committed a serious criminal offense in the United States and asserted immunity from prosecution;
- **2f.** Have you within the past ten years engaged in prostitution or procurement of prostitution or do you continue to engage in prostitution or procurement of prostitution;
- 2g. Have you been or do you intend to be involved in any other commercial vice;
- **2h.** Have you been excluded and deported from the United States within the past year, or have you been deported or removed from the United States at government expense within the last five years (20 years if you have been convicted of an aggravated felony);
- 2i. Have you ever assisted any other person to enter the United States in violation of the law;
- 2j. (i) Do you have a communicable disease of public health significance.
  - (ii) Do you have or have you 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;
  - (iii) Are you now or have you been a drug abuser or drug addict;
- **2k** Have you entered the United States as a stowaway;
- 21. Are you subject to a final order for violation of section 274C (producing and/or using false documentation to unlawfully satisfy a requirement of the Immigration and Nationality Act);
- 2m. Do you practice polygamy;
- **2n.** Were you the guardian of, and did you accompany another alien who was ordered excluded and deported (or removed) from the United States;
- **20.** Have you 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?

**NOTE ABOUT WAIVERS:** If you placed any of the following numbered references in the boxes on Page **2**, you may be eligible for a waiver of the grounds described in the questions: 2e; 2f; 2g; 2h; 2i; 2j; 2k; 2l; 2m; 2n or 2o. The Form I-601 is the CIS application used to request a waiver. The form is available at local CIS offices, on our website at **www.uscis.gov** or by calling the CIS toll-free forms line at **1-800-870-3176.** 

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for he requested benefit and this petition may be denied.  Part 6. Signature of person preparing form, if other than above.  declare that I prepared this petition at the request of the above person and it is based on all information of which I have knowledge.  Attorney or Representative: In the event of a Request for Evidence (RFE), may the CIS contact you by Fax or E-mail? Yes No Signature  Print Your Name  Date (mm/dd/yyyy)  Firm Name and Address  Daytime Phone Number (Area/Country Code) Fax Number (Area/Country Code) E-mail Address	Part 5. S	Jonature	ormation on penalities in the instructions to petition, he or she must complete <b>Part 6.</b>	refore completing this section. If someone neipea you
NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for he requested benefit and this petition may be denied.  Part 6. Signature of person preparing form, if other than above.  declare that I prepared this petition at the request of the above person and it is based on all information of which I have knowledge.  Attorney or Representative: In the event of a Request for Evidence (RFE), may the CIS contact you by Fax or E-mail?  Yes  No Signature  Print Your Name  Date (mm/kld/yyyy)  Fax Number (Area/Country Code)  Fax Number (Area/Country Code)  Fax Number (Area/Country Code)  Fax Number (Area/Country Code)  Firm Name and Address  Did you answer each question?  Did you submit the required application and biometric services (fingerprinting) fees?  Did you submit the necessary documents and photos, if so required?  Did you also submit the Form 1-765 with the filing fee or a written request for a waiver of the filing fee (See instructions, items 10, 11 and 12)?  Have you submitted:  The filing fee for this application or a written request for a waiver of the filing fee (see instructions, items 10 and 12)?  Supporting evidence to prove identity, nationality, date of entry and residence?	of documents submit to the CIS at a later	itted are exact photocopies of date. Furthermore, I authorize	unaltered original documents and I underst	tand that I may be required to submit original documents
Part 6. Signature of person preparing form, if other than above.    declare that I prepared this petition at the request of the above person and it is based on all information of which I have knowledge.	Signature		Daytime Phone Number (Area/Count	ry Code) Date (mm/dd/yyyy)
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Compared this petition at the request of the above person and it is based on all information of which I have knowledge.   No   No   Signature   Print Your Name   Print Your Name   Part Your N				ed in the instructions, you may not be found eligible for
Attorney or Representative: In the event of a Request for Evidence (RFE), may the CIS contact you by Fax or E-mail?	Part 6. Signa	ture of person prepari	ng form, if other than above.	
Daytime Phone Number (Area/Country Code)  Fax Number (Area/Cou	Attorney or Repre	•	Request for Evidence (RFE), may the CIS of	contact you by Fax or E-mail? Yes No
Part 7. Checklist.  Did you answer each question? Did you sign the Form I-821 application and biometric services (fingerprinting) fees? Did you submit the required application and biometric services (fingerprinting) fees? Did you submit the Form I-765 with the filing fee or a written request for a waiver of the filing fee (See instructions, items 10, 11 and 12)?  Have you submitted: The filing fee for this application or a written request for a waiver of the filing fee (see instructions, items 10 and 12)?  Supporting evidence to prove identity, nationality, date of entry and residence?	Signature		Print Your Name	Date (mm/dd/yyyy)
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