Application for Employment Authorization for Abused Nonimmigrant Spouse

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

USCIS
Form I-765V
OMB No. 1615-0137
Expires 01/31/2019

For USCIS Use Only				Fee Stamp	Action Block
A-					
EAD Code Assigned: (c) _____					
Initial Receipt	Completed	Relocated	Remarks		
	Approved	Received			
Resubmitted	Denied	Sent			
	Returned				
☐ Application Approved	Authorization/Extension Valid From _____ Authorization/Extension Valid To_____				☐ Application Denied

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 ink.**

Part 1. Information About You

1. I am applying for:

☐ Initial permission to accept employment.

☐ Replacement. (Lost, stolen, mutilated card, or my card contains incorrect information not attributed to U.S. Citizenship and Immigration Services (USCIS) error.)

☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

2. Alien Registration Number (A-Number) (if any)
► **A-**

3. USCIS Online Account Number (if any)
►

4. U.S. Social Security Number (if any)
►

Your Full Name

NOTE: USCIS will issue your card in this name.

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

Safe Mailing Address

NOTE: If you do not want USCIS to send notices about this application to your home, you may provide an alternate safe mailing address.

7.a. In Care Of Name (if any)

7.b. Street Number and Name

7.c. Apt. ☐ Ste. ☐ Flr. ☐

7.d. City or Town

7.e. State **7.f.** ZIP Code

8. Is your current U.S. physical address the same as your safe mailing address? ☐ Yes ☐ No

If you answered "No" to **Item Number 8.**, provide your U.S. physical address in **Item Numbers 9.a. - 9.e.**

Part 1. Information About You (continued)

U.S. Physical Address

9.a. Street Number and Name

9.b. Apt. ☐ Ste. ☐ Flr. ☐

9.c. City or Town

9.d. State **9.e.** ZIP Code

Other Information

10. Sex ☐ Male ☐ Female

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

12.a. City or Town of Birth

12.b. State or Province of Birth

12.c. Country of Birth

13. Country of Citizenship or Nationality

14. Have you **EVER** applied for employment authorization from USCIS? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 14.**, provide the information requested in **Item Numbers 15.a. - 15.b.** for your most recent application.

15.a. Which USCIS Office?

15.b. What was the result? ☐ Approved ☐ Denied

NOTE: Attach all documentation from your previous employment authorization.

16. Place of Last Entry into the United States

17. Date of Last Entry into United States, on or about (mm/dd/yyyy)

18. Immigration Status of Last Entry (for example, A-2, E-3, G-1, H-4)

19.a. Form I-94 Arrival-Departure Record Number (if any)

►

19.b. Date Current Status Expired or Will Expire, as shown on Form I-94 (mm/dd/yyyy)

19.c. Passport Number

19.d. Travel Document Number

19.e. Country of Issuance for Passport or Travel Document

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

20. Current Immigration Status (for example, A-2, E-3, G-1, H-4, No Lawful Status)

21. **Eligibility Category.** Refer to the **Who May File Form I-765V** section of the Form I-765V Instructions to determine the appropriate eligibility category for this application. In the space below, enter the letter and number for your eligibility category. (For example, (c)(27), (c)(28), (c)(29), (c)(30)).

Part 2. Information About Your Spouse

Provide the following information, if known.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

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

3. Country of Birth

U.S. Physical Address

4.a. Street Number and Name

4.b. Apt. ☐ Ste. ☐ Flr. ☐

4.c. City or Town

4.d. State **4.e.** ZIP Code

Other Information

5. A-Number (if any)

► **A-**

Part 2. Information About Your Spouse (continued)

6. USCIS Online Account Number (if any)

▶

7.a. Form I-94 Arrival-Departure Record Number (if any)

▶

7.b. Passport Number

7.c. Travel Document Number

7.d. Country of Issuance for Passport or Travel Document

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

8. Your Spouse's Nonimmigrant Status (Select **only one** box)

☐ A-1 ☐ A-2 ☐ A-3 ☐ E-3 ☐ G-1

☐ G-2 ☐ G-3 ☐ G-4 ☐ G-5 ☐ H-1B

☐ H-1B1 ☐ H-1C ☐ H-2A ☐ H-2B ☐ H-2R

☐ H-3 ☐ Other (Use the space provided in **Part 7. Additional Information**)

Part 3. Marriage Information

Your Current Marital Status (Select **only one** box)

1.a. ☐ Married

1.b. Date of Marriage (mm/dd/yyyy)

1.c. City or Town of Marriage

1.d. Country of Marriage

2.a. ☐ Divorced

2.b. Date of Divorce (mm/dd/yyyy)

3.a. ☐ Widowed

3.b. Date of Spouse's Death (mm/dd/yyyy)

4. ☐ Separated

5.a. ☐ Marriage Annulled

5.b. Date of Annulment (mm/dd/yyyy)

Part 4. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765V Instructions before completing this part. You must file Form I-765V while in the United States.

Applicant'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 application and my answer to every question.

1.b. ☐ The interpreter named in **Part 5.** read to me every question and instruction on this application and my answer to every question in _____, a language in which I am fluent, and I understood everything.

2. ☐ 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 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 and all information from any of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore 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 law.

Part 4. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

I certify, under penalty of perjury, that all of the information in my application 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 application and that all of this information is complete, true, and correct.

Applicant's Signature

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

6.b. 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.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 Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and _____,

which is the same language specified in **Part 4., Item Number 1.b.**, 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 Declaration and Certification**, and has 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)

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

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

2. Preparer's Business or Organization Name

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

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 Mobile Telephone 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.

7.b. ☐ 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, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, 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.a. Preparer's Signature (sign in ink)

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

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. Type or print 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.

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

3.d.

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d.

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

5.d.

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

6.d.

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

7.d.