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 receipting your immigration form.

ROUTINE USES: The information provided 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).

<table>
<thead>
<tr>
<th>Applicant/Petitioner Full Last Name</th>
<th>Applicant/Petitioner Full First Name</th>
<th>Applicant/Petitioner Full Middle Name</th>
</tr>
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<tr>
<th>Email Address</th>
<th>Mobile Phone Number (Text Message)</th>
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<tr>
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<td>[Redacted]</td>
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</table>
# Application For Employment Authorization

**Form I-765**

**Department of Homeland Security**

**U.S. Citizenship and Immigration Services**

**For USCIS Use Only**

- ☐ Authorization/Extension Valid From
- ☐ Authorization/Extension Valid Through

**Alien Registration Number**

**Remarks**

**Fee Stamp**

**To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).**

- Select this box if Form G-28 is attached.

**Attorney or Accredited Representative USCIS Online Account Number (if any)**

**START HERE - Type or print in black ink.** Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, “Provide the name of your current spouse”), type or print “N/A” unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, “How many children do you have” or “How many times have you departed the United States”), type or print “None” unless otherwise directed.

## Part 1. Reason for Applying

I am applying for **(select only one box):**

1.a. **X** Initial permission to accept employment.

1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

   **NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error in the What is the Filing Fee section of the Form I-765 Instructions for further details.**

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

## Part 2. Information About You

### Your Full Legal Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

## Other Names Used

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 6.

### Additional Information

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name
Part 2. Information About You (continued)

Your U.S. Mailing Address

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

5.b. Street Number and Name

5.c. □ Apt. □ Ste. □ Flr. □ N/A

5.d. City or Town

5.e. State [□] 5.f. ZIP Code [□]

6. Is your current mailing address the same as your physical address? [□] Yes [□] No

NOTE: If you answered “No” to Item Number 6, provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name


7.c. City or Town

7.d. State [□] 7.e. ZIP Code [□]

Other Information

8. Alien Registration Number (A-Number) (if any)

9. USCIS Online Account Number (if any)

10. Gender [□] Male [□] Female


12. Have you previously filed Form I-765? [□] Yes [□] No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? [□] Yes [□] No

NOTE: If you answered “No” to Item Number 13.a., skip to Item Number 14. If you answered “Yes” to Item Number 13.a., provide the information requested in Item Number 13.b.

13.b. Provide your Social Security number (SSN) (if known).

14. Do you want the SSA to issue you a Social Security card?
(You must also answer “Yes” to Item Number 15. Consent for Disclosure, to receive a card.) [□] Yes [□] No

NOTE: If you answered “No” to Item Number 14, skip to Part 2, Item Number 18.a. If you answered “Yes” to Item Number 14, you must also answer “Yes” to Item Number 15.

15. Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card. [□] Yes [□] No

NOTE: If you answered “Yes” to Item Numbers 14. - 15., provide the information requested in Item Numbers 16.a. - 17.b.

Father’s Name

Provide your father’s birth name.

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

Mother’s Name

Provide your mother’s birth name.

17.a. Family Name (Last Name)

17.b. Given Name (First Name)

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

18.a. Country

18.b. Country

NA
Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

19.b. State/Province of Birth

19.c. Country of Birth

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

Information About Your Last Arrival in the United States

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

21.b. Passport Number of Your Most Recently Issued Passport

21.c. Travel Document Number (if any)

21.d. Country That Issued Your Passport or Travel Document

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

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

23. Place of Your Last Arrival Into the United States

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

Asylum Seeker

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

Information About Your Eligibility Category

27. Eligibility Category. Refer to the Who May File Form I-765 section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

28. (c)(3)(C) STEM OPT Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 27, provide the information requested in Item Numbers 28.a. - 28.c.

28.a. Degree

28.b. Employer's Name as Listed in E-Verify

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

29. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 27, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

30. (c)(8) Eligibility Category. If you entered the eligibility category (c)(8) in Item Number 27, provide the information requested in Item Numbers 30.a. - 30.g.

30.a. Have you EVER been arrested for, and/or charged with, and/or convicted of any crime in any country?

☐ Yes ☒ No

NOTE: If you answered "Yes" to Item Number 30.a., refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(8) of the Form I-765 Instructions for information about providing court dispositions.

30.b. Did you enter the United States lawfully through a U.S. port of entry and were you inspected and admitted or paroled after inspection by an immigration officer? (If you answer "Yes," you MUST provide evidence of your lawful entry.)

☐ Yes ☒ No

30.c. If you answered "No" to Item Number 30.b., did you present yourself to the Secretary of Homeland Security or his or her delegate (DHS) within 48 hours of entry or attempted entry AND express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country?

☒ Yes ☐ No
Part 2. Information About You (continued)

If you answered “Yes” to Item Number 30.c., provide the following information:

30.d. Date you presented yourself to DHIS

30.e. Location where you presented yourself to DHIS

30.f. Country of claimed persecution

30.g. Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

See Part 6. Additional Information.

Part 3. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 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 4, read to me every question and instruction on this application and my answer to every question in Spanish, a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in Part 5, Marilyn E Alvarado, 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)

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

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 information from any and all 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 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

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 understood all of the information contained in, and submitted with, my application; and

2) All of this information was complete, true, and correct at the time of filing.

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

7.a. Applicant's Signature

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

Interpreter's Contact Information

Interpreter's Mailing Address

3.a. Street Number and Name 228 Park Ave


3.c. City or Town New York

3.d. State NY 3.e. ZIP Code 10003

3.f. Province □ N □ A

3.g. Postal Code □ N □ A

3.h. Country USA

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 Spanish, which is the same language specified in Part 3, Item Number 1.b., and 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

7.b. Date of Signature (mm/dd/yyyy) 08/25/2020
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 need 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 Declaration and 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

8.b. Date of Signature (mm/dd/yyyy) 08/25/2020
Part 6. 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  
   4  
3.b. Part Number  
   2  
3.c. Item Number  
   30.g  

3.d. When I fled for my family's safety, I did not know there were ports of entry. Upon arriving at the US border with my child, we encountered Customs and Border Patrol agents, and I eventually explained that I was scared to return to Honduras. I received and passed a credible fear interview.

4.a. Page Number  
   N/A  
4.b. Part Number  
   N/A  
4.c. Item Number  
   N/A  

4.d. N/A  

5.a. Page Number  
   N/A  
5.b. Part Number  
   N/A  
5.c. Item Number  
   N/A  

5.d. N/A  

6.a. Page Number  
   N/A  
6.b. Part Number  
   N/A  
6.c. Item Number  
   N/A  

6.d. N/A  

7.a. Page Number  
   N/A  
7.b. Part Number  
   N/A  
7.c. Item Number  
   N/A  

7.d. N/A
Asylum Seeker Advocacy Project (ASAP)
Proyecto de Apoyo para Solicitantes de Asilo (PASA)

Please note that this card serves to validate the membership of the above named individual and their minor children.
[Scan of only the biographical page of national passport included here, as well as a translation and certificate of translation. All were removed for confidentiality reasons.]
Automated Case Information

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<th>Next Hearing Information</th>
<th>Decision and Motion Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are no future hearings for this case.</td>
<td>This case is pending.</td>
</tr>
</tbody>
</table>

<table>
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<th>Case Appeal Information</th>
<th>Court Contact Information</th>
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</thead>
<tbody>
<tr>
<td>This case is pending.</td>
<td>If you require further information regarding your case, or wish to file additional documents, please contact the immigration court.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Court Address</th>
<th>Phone Number</th>
</tr>
</thead>
</table>
I-589s and E-33s - Unknown hearing date and judge

Dorothy Tegeler
To: [Redacted]
Bcc: [Redacted]

Fri, Apr 24, 2020 at 1:31 PM

Please see attached pro se asylum applications and Form EOIR-33s.

Thank you.

--
Dorothy Tegeler
Co-Legal Director
Asylum Seeker Advocacy Project (ASAP)

*Admitted to the New York State Bar

NOTICE: This communication may contain privileged or other confidential information. If you have received it in error, please advise the sender by reply email and immediately delete the message and any attachments without copying or disclosing the contents. Thank you.

4 attachments
Date: Fri, Apr 24, 2020 at 2:37 PM
Subject: Automatic reply: I-589s and E-33s - Unknown hearing date and judge
To: Dorothy Tegeler

The Executive Office for Immigration Review has received your email.

A filing that is accepted will be considered timely if received by 11:59 p.m. in this court's time zone on the day it is due. If a filing is rejected, you will receive notice of the rejection via email.

Messages sent to this email for a purpose other than filing will be discarded and will not receive a response. Further, responses to filings themselves will be limited to this message and any necessary rejection.

--
Dorothy Tegeler
Co-Legal Director
Asylum Seeker Advocacy Project (ASAP)

*Admitted to the New York State Bar

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