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Via USPS Certified Mail

February 24, 2014

USCIS  
P.O. Box 805887  
Chicago, IL 60680-4120

**FEE WAIVER REQUESTED**

RE: [REDACTED]  
**Form I-485, Application to Adjust Status**  
**Form I-765, Application for Employment Authorization**

Dear USCIS Representative:

We represent [REDACTED] in her immigration matter. We hereby file on her behalf Form I-485, Application to Register Permanent Residence or Adjust Status, and Form I-765, Application for Employment Authorization. [REDACTED] is the beneficiary of an approved I-360 petition for Special Immigrant Juvenile Status, and is thus eligible to adjust status under INA § 245(h).

As per page 5 of the instructions for Form I-912, **a copy of Form I-797C, Notice of Action, Approval Notice for the Form I-360 filed for the Special Immigrant Juvenile is sufficient evidence to support the granting of a fee waiver request.** We are enclosing a copy of that form and hereby request that all filing fees be waived.

[REDACTED] is residing in Sunnyvale, California, we respectfully request that this application be directed to the **San Jose** field office for adjudication.

The following documents are enclosed in support of this application:

1. Form G-28
2. Form I-912
3. Copy of Form I-797C, Notice of Action, Approval Notice for Form I-360, Special Immigrant Juvenile
4. Form I-485
5. Form G-325A
6. Form I-765
7. 4 passport-style photographs of applicant
8. Copy of birth certificate with certified English translation
9. Sealed Form I-693, report of medical examination
10. Copy of applicant's student ID card

11. Copy of Immigration Judge's Order Terminating Removal Proceedings without Prejudice

If you require any additional information, please contact me at 650-391-0350. Thank you for your consideration of this application.

Sincerely,



Helen Beasley, Esq.



**Notice of Entry of Appearance  
as Attorney or Accredited Representative**  
Department of Homeland Security

**DHS**  
**Form G-28**  
OMB No. 1615-0105  
Expires 02/29/2016

**Part 1. Information About Attorney or Accredited Representative**

Name and Address of Attorney or Accredited Representative

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Name of Law Firm or Recognized Organization

3. Name of Law Student or Law Graduate

4. State Bar Number

5.a. Street Number

5.b. Street Name

5.c. Apt.  Ste.  Flr.

5.d. City or Town

5.e. State  5.f. Zip Code

5.g. Postal Code

5.h. Province

5.i. Country

6. Daytime Phone Number (  )  -

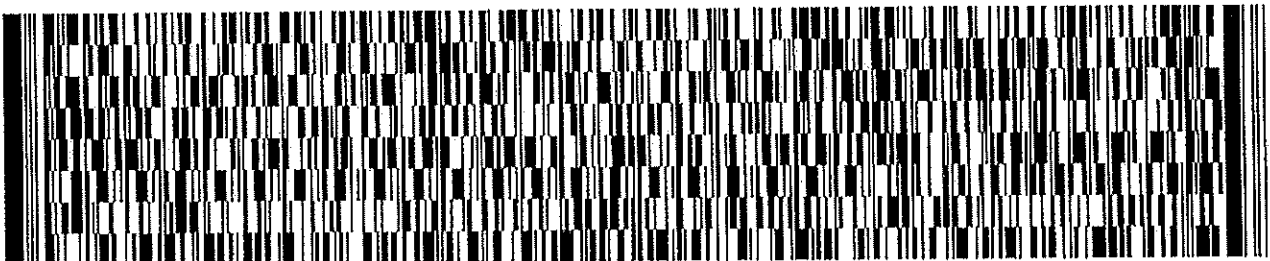
7. E-Mail Address of Attorney or Accredited Representative

**Part 2. Eligibility Information For Attorney or Accredited Representative**

(Check applicable item(s) below)

1.  I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia.
  - 1.a.
  - 1.b. I (choose one)  am not  am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. (If you are subject to any order(s), explain fully in the space below.)
    - 1.b.1.
  
2.  I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.
  - 2.a. Name of Recognized Organization
  - 2.b. Date Accreditation expires  
(mm/dd/yyyy) ▶
  
3.  I am associated with
  - 3.a.

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request. If you check this item, also complete number 1 (1.a. - 1.b.1.) or number 2 (2.a. - 2.b.) in Part 2 (whichever is appropriate).
  
4.  I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).



**Part 3. Notice of Appearance as Attorney or Accredited Representative**

This appearance relates to immigration matters before (select one):

- 1.  USCIS - List the form number(s)  
1.a. All immigration matters
- 2.  ICE - List the specific matter in which appearance is entered  
2.a.
- 3.  CBP - List the specific matter in which appearance is entered  
3.a.

I hereby enter my appearance as attorney or accredited representative at the request of:

4. Select only one:  Applicant  Petitioner  
 Respondent (ICE, CBP)

Name of Applicant, Petitioner, or Respondent

- 5.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name
- 5.d. Name of Company or Organization, if applicable

NOTE: Provide the mailing address of Petitioner, Applicant, or Respondent and not the address of the attorney or accredited representative, except when a safe mailing address is permitted on an application or petition filed with Form G-28.

- 6.a. Street Number and Name
- 6.b. Apt.  Ste.  Flr.
- 6.c. City or Town
- 6.d. State
- 6.e. Zip Code

7. Provide A-Number and/or Receipt Number

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, ICE, or CBP.

- 8.a. Signature of Applicant, Petitioner, or Respondent
- 8.b. Date (mm/dd/yyyy) ▶ 02/12/2014

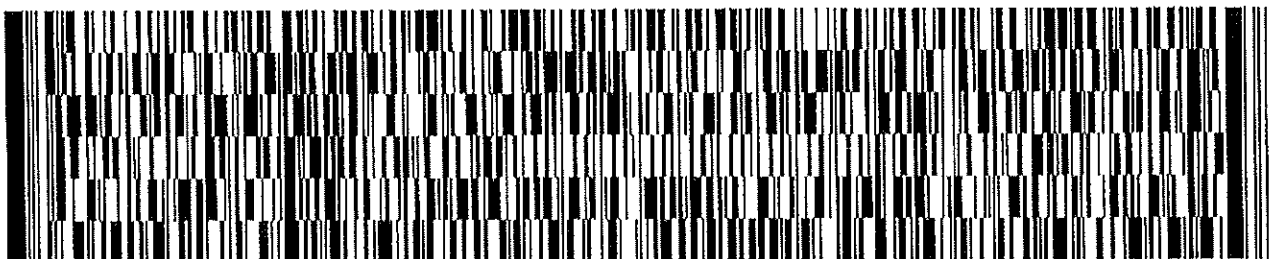
**Part 4. Signature of Attorney or Accredited Representative**

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

- 1. Signature of Attorney or Accredited Representative
- 2. Signature of Law Student or Law Graduate
- 3. Date (mm/dd/yyyy) ▶ 02/20/2014

**Part 5. Additional Information**

- 1.





**Request for Fee Waiver**  
 Department of Homeland Security  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-912**  
 OMB No. 1615-0116  
 Expires 05/31/2015

► Before you fill out this form, please read the instructions.

**Section 1. Information About You** (Provide information about yourself. If you are applying for a minor child, provide information about the minor child.)

Line 1. a. Family Name (Last Name)

Line 1. b. Given Name (First Name)

Line 1. c. Middle Initial

Line 2. Alien Registration Number ► A-

Line 3. Date of Birth (mm/dd/yyyy) ►

Line 4. Marital Status  Never Married  Divorced  Marriage Annulled  
 Married  Widow(er)  Legally Separated

Line 5. Applications and Petitions (Enter the form number(s) of the application(s) and/or petition(s) for which you are requesting a fee waiver.)  
 Biometrics services fees, where applicable, will be included in the fee waiver request.

**FOR USCIS USE ONLY**

Application Received At (check only one box):

**USCIS Field Office**  
 Fee Waiver Approved Date: \_\_\_\_\_  
 Fee Waiver Denied Date: \_\_\_\_\_

**USCIS Service Center**  
 Fee Waiver Approved Date: \_\_\_\_\_  
 Fee Waiver Denied Date: \_\_\_\_\_

**Section 2. Additional Information for Dependent(s)**

Line 6. Complete the Table below if applicable. (If you need more space, attach a separate sheet of paper.)

Name (First, MI, Last)	A-Number (If applicable)	Is Individual Included in Fee Waiver Request?	Date of Birth (mm/dd/yyyy)	Relationship to You
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Section 3. Basis for Your Request (Check any that apply. For additional information, see the form instructions.)**

- Line 7. a.  I am or a relevant member of my household is currently receiving a means-tested benefit. (Complete Sections 4 and 7.)
- Line 7. b.  My household income is at or below 150% of the Federal Poverty Guidelines. (Complete Sections 5 and 7.)
- Line 7. c.  I have a financial hardship. (Complete Sections 5, 6 and 7.)

**Section 4. Means-Tested Benefit**

Line 8. Complete the Table Below (If you need more space, attach a separate sheet of paper.)

Name of Person Receiving the Benefit	Name of Agency Awarding Benefit	Date Benefit Was Awarded	Is This Benefit Being Received Now?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 5. Household Income (Provide evidence of monthly income or other support.)**

- Line 9. Other than you, how many others in your household depend on the stated income? ▶
- (round to the nearest dollar)
- Line 10. Average monthly wage income from household members ▶
- Line 11. Enter other money received each month that is not included in Line 14. (This could include spousal support, child support, unemployment, etc.) ▶
- 
- TOTAL (USCIS will compare this amount to Federal Poverty Guidelines) ▶

**Section 6. Financial Hardship**

**Line 12.** Describe your particular situation. Be sure to include how this situation has caused you to incur costs (and what the costs were) or loss of income that you have experienced (and what that loss was). Complete this section in English; otherwise, provide an accompanying English translation. *(If you need more space, attach a separate sheet of paper.)*

**USCIS approved my Special Immigrant Juvenile status on December 18, 2013. I am a dependent of a state juvenile court in Santa Clara County, California.**

**I am a full-time high school student at [REDACTED] I am not working and I do not have any assets.**

If you are currently unemployed, you must complete Lines 13 and 14.

**Line 13.** Date that you became unemployed (mm/dd/yyyy) ▶

**Line 14.** Amount of unemployment compensation (monthly) that you are receiving (enter dollars)

**Line 15.** List your assets and the value of your assets. *(If you need more space, attach a separate sheet of paper.)*

Type of Asset	Value (enter dollars)
None	0
	0
	0
	0
	0
	0
	0
<b>TOTAL Value of Assets</b>	<input type="text" value="0"/>

**Section 6. Financial Hardship (Cont'd)**

Line 16. List your average monthly costs, and provide evidence of monthly payments where possible. (If you need more space, attach a separate sheet of paper.)

Type of Cost	Value (Enter Dollars)	Type of Cost	Value (Enter Dollars)
Rent	0	Loan Payment	0
Mortgage	0	Commuting Costs	0
Food	0	Medical	0
Utilities	0	School	0
Child/Elder Care	0	Other Expenses	0
Insurance	0	<b>TOTAL Monthly Costs</b>	<b>0</b>

**Section 7. Your Signature and Authorization**

Do not sign your Form I-912 until it is complete and you are ready to file.

I take full responsibility for the accuracy of all the information provided, including all supporting documentation. I authorize the release of any information, including the release of my Federal tax returns, that USCIS needs to determine my eligibility.

Each person applying for a fee waiver request must sign Form I-912. This includes individuals identified in Sections 1 and 2 if 14 years of age or older. (If you need more space, attach a separate sheet of paper.)

Line 17. Your Signature  Date (mm/dd/yyyy) ▶   
 Printed Name

Line 17.1. Additional Signature  Date (mm/dd/yyyy) ▶   
 Printed Name

Line 17.2. Additional Signature  Date (mm/dd/yyyy) ▶   
 Printed Name

Line 17.3. Additional Signature  Date (mm/dd/yyyy) ▶   
 Printed Name

Line 17.4. Additional Signature  Date (mm/dd/yyyy) ▶   
 Printed Name



**Section 7. Your Signature and Authorization (continued)**

Line 17.5. Additional Signature  Date (mm/dd/yyyy) ▶   
Printed Name

Line 17.6. Additional Signature  Date (mm/dd/yyyy) ▶   
Printed Name

Line 17.7. Additional Signature  Date (mm/dd/yyyy) ▶   
Printed Name

**SECTION 101(b)(1) STATUS OF AMERICAN**

RECEIPT NUMBER [REDACTED]		CASE TYPE I360 PETITION FOR AMERASIAN, WIDOWER, OR SPECIAL IMMIGRANT	
RECEIPT DATE November 4, 2013	PRIORITY DATE November 1, 2013	PETITIONER [REDACTED]	
NOTICE DATE December 18, 2013	PAGE 1 of 1	BENEFICIARY [REDACTED]	
HELEN BEASLEY COMMUNITY LEGAL SVCS IN EPA 2117 UNIVERSITY AVENUE STE B EAST PALO ALTO CA 94303		Notice Type: Approval Notice Section: Special Immigrant-Juvenile, Sec.101(a) (27) (J)	

The above petition has been approved.

The petition indicates that the person the petition is for is in the United States and will apply for adjustment of status. He or she should contact the local USCIS office to obtain Form I-485, Application for Permanent Residence. A copy of this notice should be submitted with the application.

If the person for whom you are petitioning decides to apply for a visa outside the United States based on this petition, the petitioner should file Form I-824, Application for Action on an Approved Application or Petition, to request that we send the petition to the Department of State National Visa Center (NVC).

The NVC processes all approved immigrant visa petitions that require consular action. The NVC also determines which consular post is the appropriate consulate to complete visa processing. It will then forward the approved petition to that consulate.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.


Please read the back of this form carefully for more information.

THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.

NOTICE: Although this application/petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify the information submitted in this application, petition and/or supporting documentation to ensure conformity with applicable laws, rules, regulations, and other authorities. Methods used for verifying information may include, but are not limited to, the review of public information and records, contact by correspondence, the internet, or telephone, and site inspections of businesses and residences. Information obtained during the course of verification will be used to determine whether revocation, rescission, and/or removal proceedings are appropriate. Applicants, petitioners, and representatives of record will be provided an opportunity to address derogatory information before any formal proceeding is initiated.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

NATIONAL BENEFITS CENTER  
USCIS, DHS  
P.O. BOX #648004  
LEE'S SUMMIT MO 64064  
Customer Service Telephone: (800) 375-5283



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

# Form I-485, Application to Register Permanent Residence or Adjust Status

**START HERE - Type or Print (Use black ink)**

## Part 1. Information About You

Family Name (Last Name)	Given Name (First Name)	Middle Name
[REDACTED]	[REDACTED]	[REDACTED]
Address - Street Number and Name		Apt. No.
[REDACTED]		[REDACTED]
C/O (in care of)		
[REDACTED]		
City	State	ZIP Code
[REDACTED]	[REDACTED]	[REDACTED]
Date of Birth (mm/dd/yyyy)	Country of Birth	
[REDACTED]	[REDACTED]	
Country of Citizenship/Nationality	U.S. Social Security No. (if any)	A-Number (if any)
[REDACTED]	None	[REDACTED]
Date of Last Arrival (mm/dd/yyyy)	I-94 Number	
[REDACTED]	None	
Current USCIS Status	Expires on (mm/dd/yyyy)	
Special Immigrant Juvenile	N/A	

For USCIS Use Only

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
Applicant Interviewed	

## Part 2. Application Type (Check one)

I am applying for an adjustment to permanent resident status because:

- a.  An immigrant petition giving me an immediately available immigrant visa number that has been approved. (Attach a copy of the approval notice, or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b.  My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
- c.  I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate.)
- d.  I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e.  I am a native or citizen of Cuba admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- f.  I am the husband, wife, or minor unmarried child of a Cuban described above in (e), and I am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- g.  I have continuously resided in the United States since before January 1, 1972.
- h.  Other basis of eligibility. Explain (for example, I was admitted as a refugee, my status has not been terminated, and I have been physically present in the United States for 1 year after admission). If additional space is needed, see Page 3 of the instructions.

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and:  
(Check one)

- i.  I am a native or citizen of Cuba and meet the description in (e) above.
- j.  I am the husband, wife, or minor unmarried child of a Cuban and meet the description in (f) above.

### Section of Law

- Sec. 209(a), INA
- Sec. 209(b), INA
- Sec. 13, Act of 9/11/57
- Sec. 245, INA
- Sec. 249, INA
- Sec. 1 Act of 11/2/66
- Sec. 2 Act of 11/2/66
- Other \_\_\_\_\_

### Country Chargeable

### Eligibility Under Sec. 245

- Approved Visa Petition
- Dependent of Principal Alien
- Special Immigrant
- Other \_\_\_\_\_

### Preference

### Action Block

To be Completed by  
Attorney or Representative, if any  
 Fill in box if Form G-28 is attached to represent the applicant.

VOLAG No

ATTY State License No.  
279535



**Part 3. Processing Information**

A. City/Town/Village of Birth

[Redacted]

Current Occupation

Student

Your Mother's First Name

[Redacted]

Your Father's First Name

[Redacted]

Give your name exactly as it appears on your Form I-94, Arrival-Departure Record

N/A

Place of Last Entry Into the United States  
(City/State)

[Redacted]

In what status did you last enter? (Visitor, student, exchange visitor, crewman, temporary worker, without inspection, etc.)

[Redacted]

Were you inspected by a U.S. Immigration Officer? Yes  No

Nonimmigrant Visa Number

None

Consulate Where Visa Was Issued

N/A

Date Visa Issued (mm/dd/yyyy)

N/A

Gender

Male  Female

Marital Status

Married  Single  Divorced  Widowed

Have you ever applied for permanent resident status in the U.S.?

Yes (If "Yes" give date and place of filing and final disposition.)  No

[Redacted]

B. List your present spouse and all of your children (include adult sons and daughters). (If you have none, write "None." If additional space is needed, see Page 3 of the instructions.)

Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
None			
Country of Birth	Relationship	A-Number (if any)	Applying with you?
-			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A-Number (if any)	Applying with you?
-			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A-Number (if any)	Applying with you?
-			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A-Number (if any)	Applying with you?
-			Yes <input type="checkbox"/> No <input type="checkbox"/>



**Part 3. Processing Information (Continued)**

C. List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society, or similar group in the United States or in other places since your 16th birthday. Include any military service in this part. If none, write "None." Include the name of each organization, location, nature, and dates of membership. If additional space is needed, attach a separate sheet of paper. Continuation pages must be submitted according to the guidelines provided on Page 3 of the instructions under **General Instructions**.

Name of Organization	Location and Nature	Date of Membership From	Date of Membership To
None			

Answer the following questions. (If your answer is "Yes" to any question, explain on a separate piece of paper. Continuation pages must be submitted according to the guidelines provided on Page 3 of the instructions under **General Instructions**. Information about documentation that must be include with your application is also provide in this section.) Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for permanent residence.

1. Have you **EVER**, in or outside the United States:
  - a. Knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? Yes  No
  - b. Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? Yes  No
  - c. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action? Yes  No
  - d. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes  No
2. Have you received public assistance in the United States from any source, including the U.S. Government or any State, county, city, or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? Yes  No
3. Have you **EVER**:
  - a. Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? Yes  No
  - b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes  No
  - c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes  No
  - d. Illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes  No
4. Have you **EVER** engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity? Yes  No



**Part 3. Processing Information (Continued)**

5. Do you intend to engage in the United States in:
- a. Espionage? Yes  No
  - b. Any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means? Yes  No
  - c. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes  No
6. Have you EVER been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? Yes  No
7. Did you, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion? Yes  No
8. Have you EVER been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal, or rescission proceedings? Yes  No
9. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act (INA) for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States, or any immigration benefit? Yes  No
10. Have you EVER left the United States to avoid being drafted into the U.S. Armed Forces? Yes  No
11. Have you EVER been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? Yes  No
12. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? Yes  No
13. Do you plan to practice polygamy in the United States? Yes  No
14. Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- a. Acts involving torture or genocide? Yes  No
  - b. Killing any person? Yes  No
  - c. Intentionally and severely injuring any person? Yes  No
  - d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes  No
  - e. Limiting or denying any person's ability to exercise religious beliefs? Yes  No
15. Have you EVER:
- a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? Yes  No
  - b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes  No
16. Have you EVER been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes  No



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**Part 3. Processing Information (Continued)**

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17. Have you EVER assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes  No

18. Have you EVER received any type of military, paramilitary, or weapons training? Yes  No

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**Part 4. Accommodations for Individuals With Disabilities and/or Impairments (See Page 7 of the instructions before completing this section.)**

---

Are you requesting an accommodation because of your disability(ies) and/or impairment(s)? Yes  No

If you answered "Yes," check any applicable box:

- a. I am deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):

- b. I am blind or sight-impaired and request the following accommodation(s):

- c. I have another type of disability and/or impairment (describe the nature of your disability(ies) and/or impairment(s) and accommodation(s) you are requesting):

---

**Part 5. Signature (Read the information on penalties on Page 8 of the instructions before completing this section. You must file this application while in the United States.)**

---

**Your Registration With U.S. Citizenship and Immigration Services**

"I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (INA), as an alien who has been or will be in the United States for more than 30 days, I am required to register with U.S. Citizenship and Immigration Services (USCIS). I understand and acknowledge that, under section 265 of the INA, I am required to provide USCIS with my current address and written notice of any change of address within 10 days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested, and removed from the United States."

**Selective Service Registration**

The following applies to you if you are a male at least 18 years of age, but not yet 26 years of age, who is required to register with the Selective Service System: "I understand that my filing Form I-485 with U.S. Citizenship and Immigration Services (USCIS) authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth, and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached 26 years of age."



**Part 5. Signature (Continued)**

**Applicant's Statement (Check one)**

- I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question.
- Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the Spanish language, a language in which I am fluent, by the person named in **Interpreter's Statement and Signature**. I understand each and every question and instruction on this form, as well as my answer to each question.

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this application is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this application.

I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

Signature (Applicant)	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
[Redacted]	[Redacted]	2/29/14	[Redacted]

**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 the requested benefit, and this application may be denied.

**Interpreter's Statement and Signature**

I certify that I am fluent in English and the below-mentioned language.

Language Used (language in which applicant is fluent)

Spanish

I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.

Signature (Interpreter)	Print Your Full Name	Date (mm/dd/yyyy)	Phone Number (include area code)
[Signature]	Laura Tovar	2/24/2014	650-326-6440

**Part 6. Signature of Person Preparing Form, If Other Than Above**

I declare that I prepared this application at the request of the above applicant, and it is based on all information of which I have knowledge.

Signature	Print Your Full Name	Date (mm/dd/yyyy)	Phone Number (include area code)
[Signature]	Helen Beasley	02.12.14	(650) 326-6440

Firm Name and Address

**Community Legal Services In East Palo Alto**  
2117 University Avenue, Ste B  
East Palo Alto, CA 94303

E-Mail Address (if any)

helen@clsepa.org





Addendum to  
Form I-485, Application to Register Permanent Residence or Adjust Status

[REDACTED] ([REDACTED])

**Part 3: Processing Information**

**Question 1(b)**

I was arrested by DHS near [REDACTED] on [REDACTED]. I was issued a Notice to Appear and placed in the custody of the Office of Refugee Resettlement. This is the only time I have ever been arrested.

I declare under the penalty of perjury that the above information is true and correct to the best of my abilities.

2/24/14  
Date

[REDACTED]

**G-325A, Biographic Information**

Family Name ██████████	First Name ███	Middle Name ██████████	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth (mm/dd/yyyy) ██████████	Citizenship/Nationality ██████████	File Number ██████████
---------------------------	-------------------	---------------------------	---	---	---------------------------------------	---------------------------

All Other Names Used (include names by previous marriages) <b>None</b>	City and Country of Birth ██████████ ██████████	U.S. Social Security No. (if any) <b>None</b>
---	--	--

Family Name	First Name	Date of Birth (mm/dd/yyyy)	City, and Country of Birth (if known)	City and Country of Residence
Father ██████████	█████	<b>Unknown</b>	██████████ ██████████	Canton Cuervo Arriba ██████████
Mother (Maiden Name) ██████████	█████	<b>Unknown</b>	██████████ ██████████	Canton Cuervo Arriba ██████████

Current Husband or Wife (if none, so state) Family Name (For wife, give maiden name) <b>None</b>	First Name	Date of Birth (mm/dd/yyyy)	City and Country of Birth	Date of Marriage	Place of Marriage
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Former Husbands or Wives (if none, so state) Family Name (For wife, give maiden name) <b>None</b>	First Name	Date of Birth (mm/dd/yyyy)	Date and Place of Marriage	Date and Place of Termination of Marriage
---	------------	-------------------------------	----------------------------	---

**Applicant's residence last five years. List present address first.**

Street Name and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
██████████	██████████	██	██████████	██	████	Present Time	
██████████ (ORR)	██████████	██	██████████	██	████	██	████
██████████	██████████	██████████	██████████	██	████	██	████

**Applicant's last address outside the United States of more than 1 year.**

Street Name and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
██████████	██████████	██████████	██████████	██	████	██	████

**Applicant's employment last five years. (If none, so state.) List present employment first.**

Full Name and Address of Employer	Occupation (Specify)	From		To	
		Month	Year	Month	Year
██████████	Student	██	████	Present Time	
██████████	Student	██	████	██	████
██████████	Student	██	████	██	████

**Last occupation abroad if not shown above. (Include all information requested above.)**

<b>See Above</b>	Signature of Applicant 	Date 2/24/11
------------------	----------------------------	-----------------

If your native alphabet is in other than Roman letters, write your name in your native alphabet below:

**Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.**

**Applicant: Print your name and Alien Registration Number in the box outlined by heavy border below.**

Complete This Box (Family Name) ██████████	(Given Name) ███	(Middle Name) ██████████	(Alien Registration Number) ██████████
---	---------------------	-----------------------------	---

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

# I-765, Application For Employment Authorization

Do not write in this block.

Remarks	Action Block	Fcc Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (Circle One) until _____ (Date). Subject to the following conditions: _____ (Date). Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

I am applying for:

- Permission to accept employment.
- Replacement (of lost employment authorization document).
- Renewal of my permission to accept employment (attach previous employment authorization document).

1. Name (Family Name in CAPS) (First) _____ (Middle) _____	Which USCIS Office? _____	Date(s) _____
2. Other Names Used (include Maiden Name) <b>None</b>	Results (Granted or Denied - attach all documentation)	
3. U.S. Mailing Address (Street Number and Name) _____ (Apt. Number) _____ (Town or City) _____ (State/Country) _____ (ZIP Code) _____	12. Date of Last Entry into the U.S., on or about: (mm/dd/yyyy) _____	
4. Country of Citizenship/Nationality _____	13. Place of Last Entry into the U.S. _____	
5. Place of Birth (Town or City) _____ (State/Province) _____ (Country) _____	14. Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.) <b>No Lawful Status</b>	
6. Date of Birth (mm/dd/yyyy) _____	15. Current Immigration Status (Visitor, Student, etc.) <b>Special Immigrant Juvenile &amp; Adjustment of Status Applicant</b>	
7. Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	16. Go to the "Who May File Form I-765?" section of the instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. (For example, (a)(8), (c)(17)(iii), etc.).  ( c ) ( 9 ) ( )	
8. Marital Status <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	17. If you entered the eligibility category, (c)(3)(C), in Question 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below. Degree: _____ Employer's Name as listed in E-Verify: _____ Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number: _____	
9. Social Security Number (Include all numbers you have ever used, if any) <b>None</b>		
10. Alien Registration Number (A-Number) or I-94 Number (if any) _____		
11. Have you ever before applied for employment authorization from USCIS? <input type="checkbox"/> Yes (Complete the following questions.) <input checked="" type="checkbox"/> No (Proceed to Question 12.)		

### Certification

**Your Certification:** I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "Who May File Form I-765?" section of the instructions and have identified the appropriate eligibility category in Question 16.

Signature: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Date: 2/24/14

**Signature of Person Preparing Form, If Other Than Above:** I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name: **Helen Beasley** Address: Community Legal Services in East Palo Alto, 2117 University Avenue, Ste B, East Palo Alto, CA 94303 Signature: \_\_\_\_\_ Date: 02/24/2014

Remarks	Initial Receipt	Resubmitted	Relocated			Completed	
			Received	Sent	Approved	Denied	Returned



2 passport photos



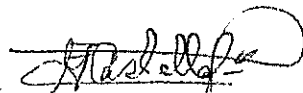
ALCALDIA MUNICIPAL  
DE CHILTIUPAN  
Depto. de La Libertad, El Salvador, Centroamérica  
Telefax: 2338-8804, 2338-8809  
E-mail: alcaldiachiltiupan@yahoo.cs



LA SUSRITA JEFE DEL REGISTRO DEL ESTADO FAMILIAR

CERTIFICA: Que a la página veintiséis del Libro de Partidas de Modificación de Nacimiento que esta Alcaldía llevó en el año de [REDACTED] ( [REDACTED] ) se encuentra la que literalmente dice: "Partida número cinco.- [REDACTED] hembra, nació a las veinticuatro horas del día [REDACTED] corriente, en el [REDACTED] de esta jurisdicción, siendo hija de [REDACTED] [REDACTED], originaria de [REDACTED], departamento de [REDACTED], del domicilio de esta población y de nacionalidad salvadoreña.- Dio estos datos el señor [REDACTED], de [REDACTED] de edad, maestro de obra, originario de [REDACTED], de este domicilio, quien manifiesta ser padre de la recién nacida y exhibió su Cédula de Identidad Personal número [REDACTED] [REDACTED] expedida por esta Alcaldía y firma.- El infrascrito Alcalde da fe de conocer al padre firmante.- Alcaldía Municipal: Chiltiupán, tres de Octubre de mil novecientos noventa y siete.-///J. A. Alas. R. ///J. A. Barrios.///León de Iraheta///Sria." "R U B R I C A D A S " "ES CONFORME CON SU ORIGINAL CON EL CUAL SE CONFRONTO.- Y para efectos legales, se extiende la presente en la Alcaldía Municipal de Chiltiupán, a dieciséis de Noviembre de dos mil doce.



  
Gladys Elsa Castillo Zaldaña  
Jefe del Reg. del Est. Fam.

English Translation of Spanish-Language Birth Certificate

Mayor's Office of Chiltiupan  
Department of La Libertad  
El Salvador, Central America  
Telefax: 2338-8804, 2338-8809  
Email: *alcaldiachiltiupan@yahoo.es*

THE UNDERSIGNED CHIEF OF FAMILY REGISTRATION

CERTIFIES: that at page twenty six of the Book of Modification of Birth Certificates that this municipal office took in the year [REDACTED], is found one that literally states "Act number five-[REDACTED] female, born in the twenty-fourth hour on the [REDACTED], at [REDACTED] of this jurisdiction, being the daughter of [REDACTED] originally from [REDACTED], resident in this population, and of [REDACTED] nationality. [REDACTED] provided this information, [REDACTED] years old, general laborer, originates from [REDACTED] of this residence, who claims to be the father of the recently born and showed his personal identification card no. [REDACTED] issued by this office. The undersigned firmly knows the father. Mayor's Office: [REDACTED] /// [REDACTED] /// [REDACTED] /// [REDACTED] "Initialed". "Is consistent with your original request which was presented". For legal purposes, the present certificate is issued by the Mayor's Office of Chiltiupan, on November 16, 2012.

[Signed and Sealed]

Gladys Elsa Castillo Zaldana

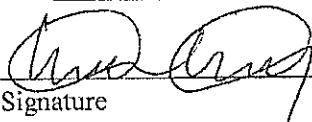
Chief, Family Registration

---

CERTIFICATE OF TRANSLATION

I certify that I, Helen Beasley, am proficient in the Spanish and English languages, and that the above is a complete and accurate translation of the attached Spanish-language document to the best of my abilities.

Executed on 02/24/2014, at East Palo Alto, California

  
Signature

**DO NOT OPEN FOR USCIS USE ONLY**



ID  
ONLY



UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
IMMIGRATION COURT  
120 MONTGOMERY ST., SUITE 800  
SAN FRANCISCO, CA 94104

Community Legal Services in East Palo Alto  
Beasley, Helen  
2117-B University Ave.  
East Palo Alto, CA 94303

Date: Jan 29, 2014

File [REDACTED]

In the Matter of:  
[REDACTED]

Attached is a copy of the written decision of the Immigration Judge. This decision is final unless an appeal is taken to the Board of Immigration Appeals. The enclosed copies of FORM EOIR 26, Notice of Appeal, and FORM EOIR 27, Notice of Entry as Attorney or Representative, properly executed, must be filed with the Board of Immigration Appeals on or before \_\_\_\_\_. The appeal must be accompanied by proof of paid fee (\$110.00).

Enclosed is a copy of the oral decision.

Enclosed is a transcript of the testimony of record.

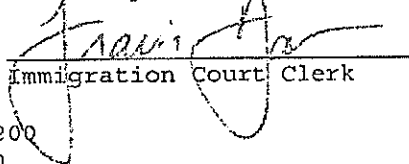
You are granted until \_\_\_\_\_ to submit a brief to this office in support of your appeal.

Opposing counsel is granted until \_\_\_\_\_ to submit a brief in opposition to the appeal.

~~X~~ Enclosed is a copy of the order/decision of the Immigration Judge.

All papers filed with the Court shall be accompanied by proof of service upon opposing counsel.

Sincerely,

  
Immigration Court Clerk

UL

cc: ASSISTANT CHIEF COUNSEL  
120 MONTGOMERY STREET, STE 200  
SAN FRANCISCO, CA 941040000

UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
IMMIGRATION COURT  
SAN FRANCISCO, CALIFORNIA

In the Matter of \_\_\_\_\_

File Number: \_\_\_\_\_

ORDER OF THE IMMIGRATION JUDGE

Upon consideration of Respondent's **Unopposed Motion to Terminate Removal Proceedings Without Prejudice**, it is HEREBY ORDERED that the motion be

Granted       Denied      because:

- DHS does not oppose the motion.
- Respondent does not oppose the motion.
- A response to the motion has not been filed with the Court.
- Good cause has been established for the motion.
- The Court agrees with the reasons stated in the opposition to the motion.
- The motion is untimely per \_\_\_\_\_

Other:

*Resp. to apply for adjustment @ USCIS -*

Deadlines:

The application(s) for relief must be filed by \_\_\_\_\_

Respondent must comply with DHS biometrics instructions by \_\_\_\_\_

Date

1/28/14

*[Signature]*  
Hon. Miriam Hayward  
Immigration Judge

Certificate of Service

This document was served by:  Mail       Personal Service  
To:  Alien     Alien c/o Custodial Officer     Alien's Atty/Rep     DHS  
Date: 1-29-14      By: Court Staff *[Signature]*