

## Deferred Action for U Visa Eligible Clients

Under the current statutes and regulations governing the U Visa, USCIS is only able to distribute 10,000 grants of U Visa status each fiscal year.<sup>1</sup> The fiscal year for USCIS begins on October 1<sup>st</sup>. Each year USCIS receives well over 10,000 U Visa applications. As a result, they are consistently reaching the cap early on after the fiscal year begins and U Visa applicants are waiting longer and longer for their approvals. During that waiting period U Visa applicants were not able to work lawfully and were suffering great hardships. To remedy this situation USCIS announced that going forward it would continue to review and process applications after the cap is reached. When the review is complete, if they determine that an applicant is eligible for a U Visa (and despite the cap restrictions would be granted an approval) USCIS will place the applicant on a waiting list for U Visa status and will grant them deferred action in the meantime. With the grant of deferred action the applicant can remain lawfully in the U.S. while their case is pending and can apply for a work card.

If your client receives this type of deferred action you will receive a letter from USCIS letting you know that he or she has been granted deferred action (category (c)(14)) and can then file an I-765 application with the Vermont Service Center.<sup>2</sup> When you receive this letter we ask that you contact your client immediately to notify him or her of this news and to schedule an appointment to complete the I-765 paperwork. ILCM can provide you with a sample filing and template cover letter that includes a list of supplemental forms and supporting documentation that should be filed with the I-765. At this time we are seeing clients receive their work cards within 2-3 months of filing the I-765 application, although processing times may vary in the future.

The deferred action status and the work card will both be good for one year, although the dates will not correlate since the benefits were granted at different times. The work card and the deferred action must be renewed on a yearly basis until the client is granted U Visa status and has a new work card connected to his or her U status. We advise that you ask your client to contact you 4 months before his or her work card expires so that you can send in a renewal application if he or she does not have U Visa status yet. We ask that you track these dates and deadlines as well. If you have questions about the deferred action for U Visa applicants you can contact the ILCM Pro Bono Director at [probono@ilcm.org](mailto:probono@ilcm.org).

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<sup>1</sup> This number only applies to primary applicants and does not count U Visa derivatives. There is no limit on the number of derivative applicants that can be approved for U Visa status in any given year.

<sup>2</sup> All clients will receive a letter from USCIS once their case has been deemed eligible for U Visa status approval and they have been placed on a waiting list. However, please note that only primary applicants and derivatives in the United States will receive deferred action status and be allowed to apply for a work card. These benefits do not apply to derivatives abroad while they are on the waiting list.

### **Document Checklist for I-765 Deferred Action Filing**

- Form G-28, Notice of Entry of Appearance as Attorney
- Form I-912, Request for Fee Waiver (Including Supporting Documentation Showing Income)
- Form I-765, Application for Employment Authorization
- Form I-765WS
  - NOTE: We have not seen that this is required for these particular filings, but nonetheless we advise that attorneys include it if possible.
- Copy of I-918 Receipt Notice to Demonstrate (c)(14) Deferred Action Status
- Copy of Applicant's Passport
  - NOTE: We have not seen that this is required for these particular filings, but nonetheless we advise that attorneys include a copy of the passport if the client has one.
- 2 Passport Style Photographs of the Applicant.

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Senior Attorney

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Legal Assistant



## Immigrant Law Center of Minnesota

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April 4, 2014

Attn: VAWA Unit  
U.S. Citizenship and Immigration Services  
Vermont Service Center  
75 Lower Welden Street  
St. Albans, VT 05479-0001

RE: I-765 for I-918A Applicant Granted Deferred Action

A [REDACTED]

Dear Sir/Madam:

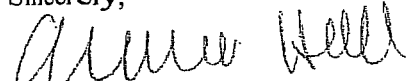
The Immigrant Law Center of Minnesota represents [REDACTED] in her Petition for U Nonimmigrant Status (Form I-918). As the statutory cap for U-1 nonimmigrant status has been reached for this fiscal year, my client was placed in deferred action as permitted by regulation. She would like to apply for employment authorization pursuant to her grant of deferred action.

Enclosed, please find the following in support of this request:

1. Form G-28, Notice of Entry of Appearance as Attorney
2. Form I-912, Request for Fee Waiver
  - a. Proof of income
3. Form I-765, Application for Employment Authorization
4. Form I-765WS
5. Copy of I-918 Receipt Notice to demonstrate (c)(14) deferred action status
6. Copy of applicant's passport
7. 2 passport style photographs of the applicant

Thank you for your attention to this matter. Please contact me if you have any questions or require any additional documentation regarding this case.

Sincerely,

  
Anna Hall

Legal Assistant

*A nonprofit organization serving immigrant and refugee families and individuals in immigration matters throughout Minnesota*



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. I-765, I-765WS, I-912

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 MN 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)

4 - 1 - 14

**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

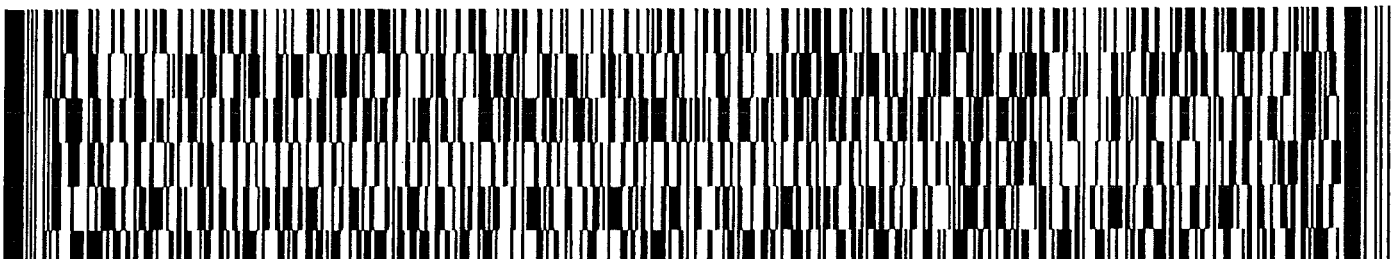
3. Date

(mm/dd/yyyy)

4/1/14

**Part 5: Additional Information**

- 1.



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

**Form I-912,**  
**Request for Fee Waiver**

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

**FOR USCIS USE ONLY**

**Section 1: Information About You**

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-Number) (numbers only)

Line 3. U.S. Social Security Number (SSN) (9 numbers only)

Line 4. Date of Birth   
(mm/dd/yyyy)

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: \_\_\_\_\_

Line 5. Marital Status ☐ Never Married ☒ Married ☐ Marriage Annulled  
☐ Legally Separated ☐ Divorced ☐ Widow(er)

Line 6. Applications and Petitions  
(Enter the form number(s)  
of the application(s) and/or  
petition(s) for which you  
are requesting a fee waiver.

I-765, I-765WS

Biometrics services fees, where applicable, will be included in the fee waiver request.

**Section 2: Additional Information if Dependent(s) are Included in This Request**

Line 7. 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)	SSN (If applicable)	Date of Birth (mm/dd/yyyy)	Relationship to You
REDACTED	REDACTED	None	REDACTED	Husband
REDACTED E	A-N/A		REDACTED	Son
REDACTED A	A-N/A		REDACTED	Son
REDACTED J	A-N/A		REDACTED	Daughter
	A-			
	A-			
	A-			

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

- Line 8. a. ☐ I am or a relevant member of my household is currently receiving a means-tested benefit. (complete Sections 4 and 7)
- Line 8. b. ☒ My household income is at or below 150% of the Federal Poverty Guidelines. (complete Sections 5 and 7)
- Line 8. c. ☐ I have a financial hardship. (complete Sections 5, 6 and 7)

**Section 4: Means-Tested Benefit**

Line 9. **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

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

Line 10. How many dependents (for tax purposes) live with you?

3

(round to the nearest dollar)

Line 11. Average monthly wage income from household members

1341.00

Line 12. Other money received each month (child support, spousal support, unemployment, etc.)

0.00

**Total** (USCIS will compare this amount to Federal Poverty Guidelines)

1341.00

**Section 6: Financial Hardship**

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). *(If you need more space, attach a separate sheet of paper.)*

Line 13.

**If unemployed:**

Line 14. Date that you became unemployed

Line 15. Amount of unemployment compensation (monthly) that you are receiving (enter dollars)

Line 16. 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)
<b>TOTAL Value of Assets</b>	



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

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		Insurance	
Mortgage		Loan Payment	
Food		Commuting Costs	
Utilities		Medical	
Child/Elder care		School	
		<b>TOTAL Monthly Costs</b>	

Line 17.

**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 18. Your Signature



Date

01-1-14

Additional Signature

Date

Additional Signature

Date

Additional Signature

Date

Additional Signature

Date

Additional Signature

Date

Additional Signature

Date

Additional Signature

Date

Married 4

Period: 3/10/2014 to 3/16/2014

	CUR—Hours—YTD	CUR—Pay—YTD
Regular	40.00	314.25
Overtime	0.00	0.00
Doubletime	0.00	0.00
Total Hourly	40.00	314.25

Other Pay, Additions and Deductions Analysis:

	CUR	YTD
Regular	0.00	0.00
Overtime	0.00	0.00
Doubletime	0.00	0.00
Total Hourly	0.00	0.00

Other Additions and Deductions		
Advances	0.00	0.00
Rides	0.00	0.00
Child Support	2,909.17	2,909.17
Deduction Not S	0.00	0.00
Gross Pay	2,909.17	2,909.17
Motor Vehicle	0.00	0.00
Garnishment	0.00	0.00
Garnishment M	0.00	0.00
Garnishment Fec	0.00	0.00
Safety Expense	0.00	0.00
Deduction Not S	0.00	0.00
Deduction Not S	0.00	0.00
Overpayment	0.00	0.00
Deduction Not S	0.00	0.00
Total Taxes	27.54	(257.81)

Tax Analysis

Social Security	22.32	(180.37)
Medicare	5.22	(42.18)
Total Taxes	27.54	(257.81)

Cust: HOSLIN 40 Reg at 9.00

Period: 3/3/2014 to 3/9/2014

	CUR—Hours—YTD	CUR—Pay—YTD
Regular	45.42	274.25
Overtime	0.00	0.00
Doubletime	0.00	0.00
Total Hourly	45.42	274.25

Other Pay, Additions and Deductions Analysis:

	CUR	YTD
Regular	0.00	0.00
Overtime	0.00	0.00
Doubletime	0.00	0.00
Total Hourly	0.00	0.00

Other Additions and Deductions		
Advances	0.00	0.00
Rides	0.00	0.00
Child Support	2,549.17	2,549.17
Deduction Not S	0.00	0.00
Gross Pay	2,549.17	2,549.17
Motor Vehicle	0.00	0.00
Garnishment	0.00	0.00
Garnishment M	0.00	0.00
Garnishment Fec	0.00	0.00
Safety Expense	0.00	0.00
Deduction Not S	0.00	0.00
Deduction Not S	0.00	0.00
Overpayment	0.00	0.00
Deduction Not S	0.00	0.00
Total Taxes	37.05	(230.27)

Tax Analysis

Social Security	28.56	(158.05)
Medicare	6.68	(36.96)
Total Taxes	37.05	(230.27)

Cust: HOSLIN 40 Reg at 9.00

**I-765, Application For  
Employment Authorization**

**Do not write in this block.**

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (Circle One) until _____ (Date). _____ (Date).		
Subject to the following conditions: _____		
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 as required in 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) [REDACTED]	Which USCIS Office? Vermont Service Center	Date(s) April 2013
2. Other Names Used (include Maiden Name)	Results (Granted or Denied - attach all documentation) Pending with I-918	
3. U.S. Mailing Address (Street Number and Name) (Apt. Number) [REDACTED] (Town or City) (State/Country) (ZIP Code) [REDACTED] MN [REDACTED]	12. Date of Last Entry into the U.S., on or about: (mm/dd/yyyy) 2008	
4. Country of Citizenship/Nationality Mexico	13. Place of Last Entry into the U.S. In USA	
5. Place of Birth (Town or City) (State/Province) (Country) Morelia Michoacan Mexico	14. Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.) No Lawful Status	
6. Date of Birth (mm/dd/yyyy) [REDACTED]	15. Current Immigration Status (Visitor, Student, etc.) EWI	
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 ) ( 14 ) ( )	
8. Marital Status <input checked="" type="checkbox"/> Married <input 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) None		
10. Alien Registration Number (A-Number) or I-94 Number (if any) [REDACTED]		
11. Have you ever before applied for employment authorization from USCIS? <input checked="" type="checkbox"/> Yes (Complete the following questions.) <input 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 [REDACTED] Telephone Number [REDACTED] Date 4-1-14

**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 Anna Hall	Address 450 N Syndicate St. Ste. 200 St Paul, MN 55104	Signature [Signature]	Date 03/28/2014
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Remarks	Initial Receipt	Resubmitted	Relocated		Completed		
			Rec'd	Sent	Approved	Denied	Returned



**Form I-765 Worksheet**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-765WS**  
OMB No. 1615-0040  
Expires 04/30/2016

If you are applying for employment authorization under the (c)(14), Deferred Action, or (c)(33), Consideration of Deferred Action for Childhood Arrivals, categories, you must complete this worksheet so that the USCIS can determine whether you have an economic need to work. In the spaces provided, please indicate your current annual income, your current annual expenses, and the total current value of your assets. It is not necessary to submit supporting documentation, though it will be accepted and reviewed if you choose to submit it. You do not need to include other household members' financial information to establish your own economic necessity.

**Part 1: Full Name**

- 1.a. Family Name  
(Last Name)
- 1.b. Given Name  
(First Name)
- 1.c. Middle Name

**Part 2: Financial Information**

2. My current annual income is: \$
3. My current annual expenses are: \$
4. The total current value of my assets is: \$

**Part 3: Explanation**

If you like to provide an explanation regarding your current financial information or your economic need for employment authorization, please use the space below.

I would like to get a work permit because currently my husband is the only person in the house who is able to work. I would like to be able to contribute to the household and support my children. I also would like to be able to afford to drive my children to school since right now I have to take the bus with them in order to get them to school on time.

Department of Homeland Security  
U.S. Citizenship and Immigration Services  
Vermont Service Center  
75 Lower Welden Street  
St. Albans, VT 05479



U.S. Citizenship  
and Immigration  
Services

January 30, 2014

SANDRA CORTEZ CALDERON  
SELENA BRITZIUS NEGASH  
IMMIGRANT LAW CENTER OF MINNESOTA  
450 N SYNDICATE ST STE 175  
SAINT PAUL MN 55104

A Number: [REDACTED]

File Receipt Number [REDACTED]

Applicant/Petitioner Name: [REDACTED]  
Beneficiary: [REDACTED]

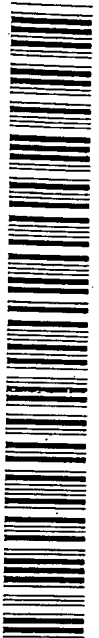
Dear Sir/Madam:

On April 25, 2013, you submitted a Petition for Qualifying Family Member of U-1 Recipient (Form I-918, Supplement A) on behalf of your family member. At this time, the evidence submitted with the petition appears to demonstrate that the eligibility requirements for derivative U nonimmigrant status have been established for your family member. In order to approve an I-918A, the principal's I-918 must first be approved. However, the statutory cap for U-1 nonimmigrant status has been reached for this fiscal year. Therefore, USCIS may not grant your U-1 nonimmigrant status petition until new visas become available. As your petition for U nonimmigrant status has been placed on the waiting list, the petition for your family member cannot be approved at this time.

As the statutory limit is the sole reason USCIS cannot grant U nonimmigrant status to your family member, that petition is being placed on the waiting list. Once new visas become available, USCIS will issue approval notices for those I-918A petitions placed on the waiting list with the principal's filing provided that the petitioner and the qualifying family member remain admissible to the United States and otherwise eligible for U nonimmigrant status. Priority for the issuance of approval notices will be determined by the date the principal petition was received by USCIS.

Your family member has been placed in deferred action as permitted by regulation. The deferred action is valid until December 31, 2014. Deferred action is an act of administrative convenience to the government which gives some cases lower priority for removal. Being placed in deferred action makes your family member eligible for work authorization during the period of deferred action.

Pursuant to 8 CFR 274a.12(c)(14), an alien who is under deferred action is eligible to submit an application for employment authorization, on Form I-765, with this office. In order to receive employment authorization, the alien must establish an economic necessity for employment. The alien must provide information regarding his or her assets, income and expenses in accordance with the instructions on the Form I-765.



Page 2 of 2

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EAC1314852346

If you are represented by an attorney, all further correspondence should be accompanied by Form G-28.

This notice does not constitute valid-U nonimmigrant status or employment authorization, and may not be used to demonstrate legal immigration or employment status.

Sincerely,



Laura B. Zuchowski

Acting Center Director



En caso de que el titular de este pasaporte requiera de asistencia o protección del gobierno mexicano, se recomienda acudir a la representación diplomática o consular más cercana. Para su protección escriba nombre y dirección de una persona a quien se pueda avisar en caso de emergencia.

Nombre: \_\_\_\_\_

Dirección: \_\_\_\_\_

Entidad Federativa: \_\_\_\_\_

C.P. \_\_\_\_\_ Teléfono: \_\_\_\_\_

DOMICILIO DEL TITULAR / HOLDER'S ADDRESS /  
ADRESSE DU TITULAIRE

Dirección: \_\_\_\_\_


Entidad Federativa: \_\_\_\_\_

C.P. \_\_\_\_\_ Teléfono: \_\_\_\_\_

Firma del titular / Holder's signature / Signature du titulaire

ESTE PASAPORTE ES VALIDO PARA TODOS LOS PAISES

ESTADOS UNIDOS MEXICANOS

Clave del país de expedición / Code of Issuing Country: 

Apellido(s) / Surname(s): 

PASAPORTE  
PASSPORT  
PASSEPORT

Nombre(s) / Given Names / Prénoms: 

Nacionalidad / Nationality / Nationalité: MEXICANA

Fecha de nacimiento / Date of birth / Date de naissance: 


Sexo / Sex / Sexe: F

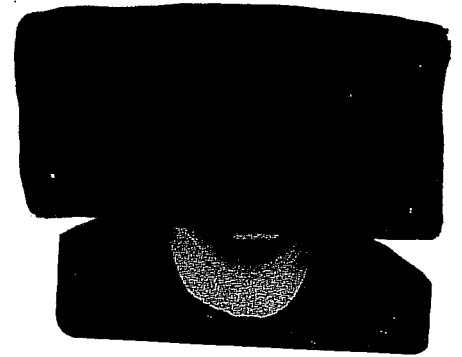
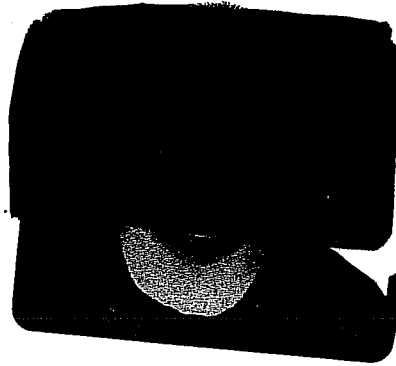
Lugar de nacimiento / Place of birth / Lieu de naissance: MORELIA, MICH., MEX

Fecha expedición / Date of issue / Date de délivrance: 04/MAY/2012

Fecha caducidad / Expiration date / Date d'expiration: 04/MAY/2018

Autoridad / Authority / Autorité: SAINT PAUL

Observaciones / Remarks / Observations: 





[Date]

[Client Address]

Dear [Client Name]:

I am writing to let you know that unfortunately, it may take longer to get a decision on your case than I had hoped. As you may already have heard, immigration announced that they cannot approve any more U visas until October of [NEW FISCAL YEAR]. Although they will start issuing U Visas again in October of [NEW FISCAL YEAR]., unfortunately, I cannot guarantee that your U Visa, if approved, will be granted right at that time. However, if I receive notice that your U Visa has been granted I will alert you immediately.

*Le escribo para dejarle saber que lamentablemente, se podría tomar más tiempo de lo esperado para tomar una decisión sobre su caso. Como probablemente usted ya escucho, inmigración ya no va a aprobar más Visas U, hasta en Octubre del [NEW FISCAL YEAR].. Aunque estas visas se comiencen a dar hasta en Octubre del [NEW FISCAL YEAR]., desafortunadamente, yo no puedo garantizar que su caso de la Visa U, pueda ser aprobado en ese momento. De cualquier manera, si yo recibo cualquier notificación de que su Visa U ha sido aprobado, yo le avisare inmediatamente.*

In the meantime, there is some good news. Immigration has announced that although they cannot issue new U Visas at this time, they will continue to review applications. As they review applications, if they determine that an applicant looks eligible for a U Visa that applicant will be placed on a waiting list to receive a U Visa as soon as one is available. Once an applicant is placed on this waiting list, he or she will receive a letter notifying them. At that point the applicant will receive deferred action and will be able to apply for a temporary work card. If I receive a waitlist letter for your case I will notify you immediately and we can set up a meeting to apply for your temporary work card.

*Por el momento, hay noticias buenas. Inmigración ha anunciado que aunque no puedan dar más aprobaciones para la Visas U en este momento, ellos continuaran revisando las aplicaciones. Y como vallan revisando las aplicaciones, si ellos encuentran que el aplicante es elegible para la Visa U, este será puesto en una lista de espera, para recibir la Visa U tan pronto como haya una disponible. Una vez que el aplicante este en la lista de espera, él o ella recibirá una carta notificándole. Para ese entonces, el aplicante recibirá la Acción Diferida (DACA) y podrá aplicar para un permiso de trabajo temporal. Si yo recibo alguna carta notificándome que usted se encuentra en la lista de espera, yo le dejare saber inmediatamente, para poder hacer una cita y reunirnos para aplicar para su tarjeta del permiso de trabajo temporal.*

If you have questions about any of this information please contact me and we can discuss it further. Also, while we wait for more information from immigration it is absolutely necessary that you update me if your address or phone number change.

***Si usted tiene alguna pregunta acerca de esta información, por favor no dude en comunicarse conmigo para poder discutir más acerca de este tema. También, mientras esperamos por más información de inmigración es absolutamente necesario que usted me mantenga informada de cualquier cambio de domicilio o de teléfono.***

Sincerely,

[Attorney Name]

[Date]

[Client's Name]

[Address]

[Address]

Dear Ms./Mr.:  
*Estimado/a Sr / Sra.:*

I am writing to inform you that USCIS has granted you Deferred Action based on your pending U-Visa application. Enclosed you will find a copy of the letter granting you Deferred Action. As the letter explains, according to USCIS you appear to be eligible for a U-Visa; however since no U Visas are currently available you have been placed on a wait list until more U-Visas become available.

*Le escribo para informarle que USCIS le ha concedido Acción Diferida en base a su pendiente aplicación de U-Visa. Adjunto encontrará una copia de la carta de concesión de Acción Diferida. Como explica la carta, de acuerdo con USCIS usted parece ser elegible para una Visa U; Sin embargo, ya no hay Visas U disponibles actualmente y se le ha colocado en una lista de espera hasta que más Visas U estén disponibles.*

In the meantime, you can apply for a temporary work card based on your deferred action. Please contact me to at the following number ( \_\_\_\_\_ ) to set up a time for us to meet and complete the application for your temporary work card.

*Mientras tanto, usted puede solicitar una tarjeta temporal de trabajo en base a su Acción Diferida. Por favor, póngase en contacto conmigo en el siguiente número ( \_\_\_\_\_ ) para fijar una hora para que nos reunamos y completar la solicitud de la tarjeta de trabajo temporal.*

Sincerely,  
Atentamente,

[Date]

[Client's Name]

[Address]

[Address]

Dear Ms./Mr.:

Estimado Sr / Sra.:

Congratulations USCIS has granted your temporary work card. I have the card at my office. Please contact me to arrange convenient time for you to pick up your temporary work card permit. You can contact me at the following number:

*Felicidades USCIS ha concedido su permiso de trabajo temporal. Tengo la tarjeta en mi oficina. Póngase en contacto conmigo para arreglar una hora conveniente para que usted pueda recoger su permiso de tarjeta de trabajo temporal. Puede ponerse en contacto conmigo en el siguiente número telefónico:*

You temporary work card expires on: \_\_\_\_\_. It is important to set up an appointment four months before the expiration date for a renewal application.

*Su tarjeta de trabajo temporal expira el: \_\_\_\_\_. Es importante establecer una cita cuatro meses antes de la fecha de expiración para hacer una solicitud de renovación.*

Sincerely,

*Atentamente,*