



[ELIS Log in](#) [Request Benefit](#) [Check Case Status](#)

[Log In](#) [Create Account](#) [Information](#)

Secure Login

Email

Password

☐ Dept. of Homeland Security Consent

Submit

[Forgot or need to reset your password?](#)

Create New ELIS Account

If you want to apply online OR if you received a USCIS Account Online Access Code on a Benefit Acceptance Notice, you need to create a new account. Advantages of a USCIS Online Account:

[Request Benefit with Step-By-Step Guide](#)

[Pay Online](#)

[Check Case Status](#)

[Register Online](#)

Should I?

Each person (other than your spouse and/or child) who wants to file a benefit request must create his or her own account in ELIS.

who can and cannot create an account

You and only you...

NEVER give our your ELIS account number or password to another individual or allow another person to use your ELIS account and password to file a benefit request.

USCIS will...

Capture your internet Protocol address and your web browser information when you file a benefit request.

USCIS will not...

USCIS cannot electronically process fee waivers at this time in ELIS. Payment processing is completed entirely through the Department of Treasury's secure Pay.gov system.

USCIS will not store or have access to your payment or credit card information.

[Department of Homeland Security Consent](#)

[Reporting Burden Statement](#)

[USCIS Privacy Act Statement](#)



MYUSCIS REQUEST BENEFIT CHECK CASE STATUS

Select the desired benefit from the following options:

Application for Temporary Protected Status (I-821)

If your Representative has provided you a Case Passcode, click [Enter Case Passcode](#).

Important Notes:

1. USCIS captures your Internet Protocol address and your web browser information when you file a benefit request.
2. USCIS cannot electronically process fee waivers at this time in USCIS ELIS. Payment processing is completed entirely through the Department of Treasury's secure Pay.gov system. USCIS will not store or have access to your payment or credit card information.
3. NEVER give out your USCIS ELIS account number or password to another individual or allow another person to use your USCIS ELIS account and password to file a benefit request.

OMB Control Number 1615-0043 Exp. 10/31/2013

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for the electronic version of the Application for Temporary Protected Status (I-821) is estimated at 1 hour and 45 minutes per response. This includes the time necessary gathering the required documentation and information, reviewing instructions, and completing and submitting the electronic application. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue, N.W., Washington DC 20529-2140. Please reference OMB Control Number 1615-0043. Do not mail your application to this address.

Privacy Act Statement

AUTHORITIES: Section 244 of the Immigration and Nationality Act (INA), as amended, and 8 C.F.R. 244.9 authorize USCIS to and Strategy, 20 Massachusetts Avenue, N.W., Washington DC 20529-2140. Please reference OMB Control Number 1615-0043. Do not mail your application to this address.

Privacy Act Statement

AUTHORITIES: Section 244 of the Immigration and Nationality Act (INA), as amended, and 8 C.F.R. 244.9 authorize USCIS to collect the information and the associated evidence for this benefit application. INA 264(f) (8 U.S.C. 1304(f)) also provides the Secretary of Homeland Security with the authority to collect SSN information.

PURPOSE: The primary purpose for providing the requested information on this form is to determine if you have established eligibility for the Temporary Protective Status for which you are filing. The information you provide may also be used to grant or deny the benefit sought.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision or result in denial of your request for Temporary Protective Status.

ROUTINE USES: The information you provide on this benefit application may be disclosed to other federal, state, local, and foreign government agencies and authorized organizations in accordance with approved routine uses, as described in the associated published system of records notices, DHS-USCIS-007 - Benefits Information System, DHS/USCIS-001 - Alien File, Index, and National File Tracking System of Records and DHS/USCIS-015 - Electronic Immigration System-2 Account and Case Management System of Records, 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.

BACK

Apply Online



Application for Temporary Protected Status

Type of Application (check one):

☐ This is my initial (first-time) application for Temporary Protected Status (TPS). I have not been previously granted TPS.

☐ This is my re-registration application for TPS. I have previously been granted TPS.

Are you also filing a request for employment authorization?

☐ Yes. I am requesting an Employment Authorization Document and I am filing an Application for Employment Authorization (I-765) together with my Application for TPS (I-821).

☐ No. I am not currently requesting employment authorization, but I am filing an Application for Employment Authorization (I-765) (as required for administrative purposes) together with my Application for TPS (I-821).

Fees:

Item	\$
Total	\$

Contact Numbers

Daytime Phone Number:

123-123-1234

Mobile Phone Number:

123-123-1234

E-mail Address

address@email.com

To change Email address, please go to View My Profile, click on Account tab then Change Email Address

Name

Last Name (Family Name):

First Name (Given Name):

Middle Name:

☐ No First Name☐ No Middle Name

Have you ever used any names other than the name entered above (including maiden name)?

☒ Yes☐ No

Other Name

Last Name:

First Name:

Middle Name:

Add Another Name

Last Name	First Name	Middle Name	
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Mailing Address

In Care of Name:

Street #:

Street Name:

Apt/Suite/Fir #:

City/Town:

State:

Select

ZIP Code:

Is your mailing address the same as physical address?

☐ Yes☐ No

Physical Address

Street #:

Street Name:

Apt/Suite/Fir #:

City/Town:

State:

Select

ZIP Code:

Other Information

Gender:

☐ Male☐ Female

Date of Birth:

Have you ever used any other date(s) of birth?

☐ Yes☐ No

Provide any other date(s) of birth you have used.

City/Town/Village of Birth:

Country of Birth:

Select One

Country of Residence:

Select One

Country of Citizenship/Nationality (if any):

Select One

What is your ethnicity?

☐ Hispanic or Latino☐ Not Hispanic or Latino

What is your eye color?

Select

What is your hair color?

Select

What is your race?

Select

What is your height?

FeetInches

What is your weight?

Pounds

U.S. Entry Information

Provide your Alien Registration Number (I-9, Number) (if any):

Provide your U.S. Social Security Number (if any):

AILA InfoNet Doc. No. 13071047. (Posted 7/10/13)

<p>When did you last enter into the United States? <input type="text"/></p> <p>What was your immigration status when you last entered the United States? <input type="text"/></p> <p>Do you have a passport or travel document? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Please provide your Passport Number. <input type="text"/></p> <p>OR</p> <p>Please provide your Travel Document Number. <input type="text"/></p> <p>Please provide the name of the country that issued your Passport or Travel Document. <input type="text"/></p> <p>Please provide the date your Passport or Travel Document will expire. <input type="text"/></p>	<p>Where did you last enter into the United States? U.S. Port of Entry <input type="text"/></p> <p>City or Town <input type="text"/></p> <p>State <input type="text"/></p> <p>What is your Arrival-Departure Record Number (I-94) (if any)? <input type="text" value="12345678901"/></p> <p>Has your authorized period of stay in the United States expired (as shown on Form I-94 or I-95)? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><i>[NOTE: depending on response above, applicant will see one of the following:]</i></p> <p>Please enter the date your authorized period of stay expired. <input type="text"/></p> <p>Please enter the date your authorized period of stay will expire. <input type="text"/></p>
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Your Current Immigration Status

What is your current immigration status?(for example, visitor, student, visa overstay, EWI)

Are you now or have you ever been in immigration proceedings? ☒ Yes ☐ No

<p>Type of Proceedings:</p> <p><input type="radio"/> Exclusion <input type="radio"/> Removal/Deportation <input type="radio"/> Recission <input type="radio"/> Federal court proceedings regarding immigration issues</p>	<p>Please provide the location where your proceedings were held (or are currently being held). <input type="text"/></p>	<p>Please provide the date for your proceedings. <input type="text"/></p>
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Information About Your Spouse and Children

What is your current marital status? ☒ Married ☐ Widowed ☐ Single ☐ Divorced

Information About Your Spouse

Last Name (Family Name): First Name (Given Name): Middle Name:

☐ No First Name ☐ No Middle Name

Does your spouse have a USCIS ELIS Account Number? ☒ Yes ☐ No

Does your spouse have an Alien Registration Number (A-Number)? ☒ Yes ☐ No

Provide your spouse's USCIS ELIS Account Number:

Provide your spouse's Alien Registration Number (A-Number):

Is your spouse's mailing address the same as your mailing address? ☐ Yes ☒ No

Mailing Address of Spouse

Street #: Street Name: Apt/Suite/Flr #:

Country: City/Town:

State: ZIP Code:

What is your spouse's date of birth?

Provide the date of your present marriage.

Provide the place of your present marriage.

Do you have any children? ☒ Yes ☐ No

Information About Your Children

Last Name (Family Name): First Name (Given Name): Middle Name:

☐ No First Name ☐ No Middle Name

What is this child's date of birth?

Does this child have a USCIS ELIS Account Number? ☒ Yes ☐ No

Does this child have an Alien Registration Number (A-Number)? ☒ Yes ☐ No

Provide this child's USCIS ELIS Account Number:

Provide your child's Alien Registration Number (A-Number):

Is this child's address the same as your address? ☐ Yes ☒ No

Address of Child

Street #: Street Name: Apt/Suite/Flr #:

Country: City/Town:

United States

State:

Select

ZIP Code:

Child Last Name	Child First Name	Child Middle Name	
			Delete

BACK

EXIT

SAVE

NEXT



Eligibility Standards

1. Provide the following information:

1.a. I am a national of (or an alien having no nationality, who last habitually resided in the country of):

Select One

1.b. I entered the United States on the following date, and have resided in the United States since that time.

1.c. Have you ever resided in any country(ies) other than the one you listed in Item 1.a.?

☒ Yes ☐ No

1.d. Provide the name of any other country(ies) you have resided in.

1.e. Provide the dates that you resided in the country(ies) listed above.

1.f. Provide your immigration status in each country listed above (for example: citizen, permanent resident, refugee, asylee, visitor, temporary resident).

Section	Grounds	Yes	No
2.a.	Have you EVER been convicted of any felony committed in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
2.b.	Have you EVER been convicted of any misdemeanor(s) committed in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
2.c.	Have you EVER been convicted of any particularly serious crime committed either in or outside the United States?	<input type="checkbox"/>	<input type="checkbox"/>
3.a.	Have you EVER ordered, incited, assisted, or otherwise participated in the persecution of any person on account of race, religion, nationality, membership in a particular social group, or political opinion?	<input type="checkbox"/>	<input type="checkbox"/>
3.b.	Have you EVER committed a serious nonpolitical crime outside of the United States prior to your arrival in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
3.c.	Have you EVER engaged in or are you still engaged in activities that could be reasonable grounds for concluding that you are a danger to the security of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
4.a.	Have you EVER been convicted of, or have you committed acts which constitute the essential elements of a crime (other than a purely political offense)?	<input type="checkbox"/>	<input type="checkbox"/>
4.b.	Have you EVER been convicted of, or have you committed acts which constitute the essential elements of a violation of any law relating to a controlled substance as defined in section 102 of the Controlled Substances Act?	<input type="checkbox"/>	<input type="checkbox"/>
4.c.	Have you EVER been convicted of, or have you committed acts which constitute the essential elements of a conspiracy to violate any law relating to a controlled substance as defined in section 102 of the Controlled Substances Act?	<input type="checkbox"/>	<input type="checkbox"/>
5.a.	Have you EVER been convicted of two or more criminal offenses (other than purely political offenses) for which you received sentences to confinement that, when combined, total five years or more?	<input type="checkbox"/>	<input type="checkbox"/>
5.b.	Have you EVER trafficked in or do you continue to traffic in any controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>
5.c.	Are you or have you EVER knowingly assisted, abetted, conspired, or colluded with others in the unlawful trafficking of any controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>
5.d.	Are you the spouse or child of an alien who unlawfully trafficked in any controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>
5.e.	Are you the spouse or child of an alien who assisted, abetted, conspired, or colluded with others in the unlawful trafficking of any controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>
5.f.	Within the previous five years, have you EVER obtained any financial or other benefit from the unlawful activity of your spouse (including former spouses) or parent(s), and you knew or reasonably should have known that the financial or other benefit was the product of such unlawful activity?	<input type="checkbox"/>	<input type="checkbox"/>
6.a.	Have you EVER engaged, or do you plan to engage, solely, principally, or incidentally, in any activity to violate any law of the United States relating to espionage or sabotage?	<input type="checkbox"/>	<input type="checkbox"/>
6.b.	Have you EVER engaged, or do you plan to engage, solely, principally, or incidentally, in any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information?	<input type="checkbox"/>	<input type="checkbox"/>
6.c.	Have you EVER engaged, or do you plan to engage, solely, principally, or incidentally, in any other unlawful activity in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
6.d.	Have you EVER engaged, or do you plan to engage, solely, principally, or incidentally, in any activity in which a purpose is the opposition to, or the control or overthrow of, the Government of the United States by force, violence, or other unlawful means, including but not limited to, participating in such activities, giving support to others involved in such activities, or being a member or representative of a terrorist organization?	<input type="checkbox"/>	<input type="checkbox"/>

7. a.	Have you EVER engaged in or do you continue to engage in terrorist activities?	<input type="checkbox"/>	<input type="checkbox"/>
7. b.	Have you EVER engaged in or do you continue to engage in or plan to engage in activities in the United States that would have potentially serious adverse foreign policy consequences for the United States?	<input type="checkbox"/>	<input type="checkbox"/>
7. c.	Have you EVER been or do you continue to be a member of the Communist or other totalitarian party, except when membership was involuntary?	<input type="checkbox"/>	<input type="checkbox"/>
7. d.	Have you EVER participated in Nazi persecution or genocide?	<input type="checkbox"/>	<input type="checkbox"/>
8. a.	Have you EVER been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations?	<input type="checkbox"/>	<input type="checkbox"/>
8. b.	Have you EVER been the beneficiary of a pardon, amnesty, rehabilitation decree, act of clemency, or similar action?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you EVER committed a serious criminal offense in the United States and asserted immunity from prosecution?	<input type="checkbox"/>	<input type="checkbox"/>
10. a.	Have you EVER within the past 10 years, engaged in prostitution or procurement of prostitution or do you continue to engage in prostitution or procurement of prostitution?	<input type="checkbox"/>	<input type="checkbox"/>
10. b.	Have you EVER within the past 10 years (either directly or indirectly) procured, or attempted to procure or to import, prostitutes or persons for the purpose of prostitution?	<input type="checkbox"/>	<input type="checkbox"/>
10. c.	Have you EVER within the past 10 years received, in whole or in part, the proceeds of prostitution?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you EVER been or do you intend to be involved in any other commercial vice?	<input type="checkbox"/>	<input type="checkbox"/>
12. a.	Have you EVER been ordered removed, and been deported from the United States?	<input type="checkbox"/>	<input type="checkbox"/>
12. b.	Have you EVER voluntarily departed the United States under an order of removal?	<input type="checkbox"/>	<input type="checkbox"/>
12. c.	If you answered "Yes" to either Item Number 12. a. or 12. b. above, have you re-entered the United States unlawfully at any time after you were deported or you voluntarily departed?	<input type="checkbox"/>	<input type="checkbox"/>
12. d.	If you answered "Yes" to Item Number 12. c. above, has your prior order of removal been reinstated by DHS?	<input type="checkbox"/>	<input type="checkbox"/>
12. e.	Have you EVER failed to attend or remain in attendance at any immigration proceedings to determine your admissibility or deportability?	<input type="checkbox"/>	<input type="checkbox"/>
12. f.	Have you EVER, by fraud or willfully misrepresenting a material fact, sought to obtain a visa or other documentation, admission to the United States, or any other immigration benefit?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Have you EVER assisted any other person to enter the United States in violation of the law?	<input type="checkbox"/>	<input type="checkbox"/>
14. a.	Do you have a communicable disease of public health significance?	<input type="checkbox"/>	<input type="checkbox"/>
14. b.	Do you have or have you EVER had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others?	<input type="checkbox"/>	<input type="checkbox"/>
14. c.	Are you now or have you EVER been a drug abuser or drug addict?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Have you EVER entered the United States as a stowaway?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Did the former Immigration and Naturalization Service (INS) EVER impose, or has DHS EVER imposed, civil monetary penalties on you for producing or using false documentation to obtain an immigration benefit?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Are you subject to a final order for violation of section 274C (producing and/or using false documentation to unlawfully satisfy a requirement of the Immigration and Nationality Act)?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Do you practice polygamy?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Are you the guardian of, and are you accompanying, another alien who has been found to be inadmissible and who has been certified by a medical examiner to be helpless due to sickness, physical or mental disability, or infancy?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Have you EVER detained, retained, or withheld the custody of a child having a lawful claim to U.S. citizenship, outside the United States, from a U.S. citizen granted custody?	<input type="checkbox"/>	<input type="checkbox"/>
21. a.	Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in acts involving torture or genocide?	<input type="checkbox"/>	<input type="checkbox"/>
21. b.	Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in killing any person?	<input type="checkbox"/>	<input type="checkbox"/>
21. c.	Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in intentionally and severely injuring any person?	<input type="checkbox"/>	<input type="checkbox"/>
21. d.	Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in engaging in any kind of sexual contact or relations with any person who was being forced or threatened?	<input type="checkbox"/>	<input type="checkbox"/>
21. e.	Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in limiting or denying any person's ability to exercise religious beliefs?	<input type="checkbox"/>	<input type="checkbox"/>
22. a.	Have you EVER 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?	<input type="checkbox"/>	<input type="checkbox"/>
22. b.	Have you EVER served in or worked in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?	<input type="checkbox"/>	<input type="checkbox"/>
23.	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?	<input type="checkbox"/>	<input type="checkbox"/>
24.	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	<input type="checkbox"/>	<input type="checkbox"/>

24	Have you EVER knowingly used them against another person, or in transferring weapons to any person into to your knowledge used them against another person?	<input type="checkbox"/>	<input type="checkbox"/>
25	Have you ever received any type of military, paramilitary, or weapons training?	<input type="checkbox"/>	<input type="checkbox"/>
26	Have you EVER unlawfully voted in a U.S. Federal, state or local election?	<input type="checkbox"/>	<input type="checkbox"/>
27	Have you EVER claimed to be a U.S. citizen (in writing or in any other way)?	<input type="checkbox"/>	<input type="checkbox"/>
28.a	Have you EVER recruited, enlisted, conscripted, or used any person under age 15 to serve in or help an armed force or group?	<input type="checkbox"/>	<input type="checkbox"/>
28.b	Have you EVER used any person under age 15 to take part in hostilities?	<input type="checkbox"/>	<input type="checkbox"/>
29.a.	Have you EVER committed or conspired to commit human trafficking offenses (as defined in section 103 of the Victims of Trafficking and Violence Prevention Act of 2000) in the United States or outside the United States?	<input type="checkbox"/>	<input type="checkbox"/>
29.b.	Have you EVER knowingly aided, abetted, assisted, conspired, or colluded with a human trafficker?	<input type="checkbox"/>	<input type="checkbox"/>
29.a.	103 of the Victims of Trafficking and Violence Prevention Act of 2000) in the United States or outside the United States?	<input type="checkbox"/>	<input type="checkbox"/>
29.b.	Have you EVER knowingly aided, abetted, assisted, conspired, or colluded with a human trafficker?	<input type="checkbox"/>	<input type="checkbox"/>
29.c.	Are you the spouse or child of an alien who committed or conspired to commit human trafficking offenses?	<input type="checkbox"/>	<input type="checkbox"/>
29.d.	Are you the spouse or child of, or are you yourself, an alien who knowingly aided, abetted, assisted, conspired, or colluded with a human trafficker?	<input type="checkbox"/>	<input type="checkbox"/>
29.e.	Within the previous 5 years, have you EVER obtained any financial or other benefit from the human trafficking activity of your spouse (including former spouses) or parent(s), and knew or reasonably should have known that the financial or other benefit was the product of such illicit activity?	<input type="checkbox"/>	<input type="checkbox"/>
30.a.	Are you currently or have you EVER engaged in money laundering as described in section 1956 or 1957 of Title 18, United States Code?	<input type="checkbox"/>	<input type="checkbox"/>
30.b.	Are you currently or have you EVER been a knowing aider, abettor, assister, conspirator, or colluder with others in money laundering?	<input type="checkbox"/>	<input type="checkbox"/>
31	Have you EVER been responsible for or directly carried out particularly severe violations of religious freedom, as defined in section 3 of the International Religious Freedom Act of 1998 (22 U.S.C. 6402) while serving as a foreign government official?	<input type="checkbox"/>	<input type="checkbox"/>
32	Has an immigration judge or the Board of Immigration Appeals EVER determined that you filed a frivolous asylum application in the past?	<input type="checkbox"/>	<input type="checkbox"/>

[BACK](#)
[EXIT](#)
[SAVE](#)
[NEXT](#)



Application Preparation Information

Statement of the Applicant

- 1.a. ☐ I can read and understand English, and have read and understand each and every question and instruction on this form, as well as my answer to each question.
- 1.b. ☒ Each and every question and instruction on this form, as well as my answer to each question, has been read to me by the interpreter named below in
a language in which I am fluent. I understand each and every question and instruction on this form as translated to me by my interpreter, and have provided true and correct responses in the language indicated above.
- 1.c. ☒ I have requested and consented to
☐ who is an attorney or accredited representative
☐ who is not an attorney or accredited representative
preparing this form for me.

Contact Information, Certification, and Signature of the Interpreter

If you selected Item Number 1.b. above, information about the interpreter must be provided. Click the button below to print a copy of the Interpreter Contact Information, Certification, and Signature section. Fill in the requested information, then scan and upload the document as evidence.

Print interpreter's contact information, certification, and signature document

Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other than the Applicant.

If you selected Item Number 1.c. above, information about the person who prepared the application must be provided. Click the button below to print a copy of Preparer Contact Information, Certification, and Signature section. Fill in the requested information, then scan and upload the document as evidence.

Print preparer's contact information, declaration, and signature document

BACK

EXIT

SAVE

NEXT

Contact Information, Certification, and Signature of Interpreter

Interpreter's Information

Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

Interpreter's Business or
Organization Name (if any)

Interpreter's Mailing Address

Street #: Street Name: Apt/Suite/Flr #:

Country: City/Town:

State: ZIP Code:

Province (if any): Postal Code (if any):

Interpreter's Contact Information

Interpreter's Daytime Phone Number
123-123-1234

Interpreter's E-mail Address

Interpreter Certification

I certify that:

I am fluent in English and , which is the same language provided by the applicant as a language in which he or she is fluent;

I have read to this applicant each question and instruction on this form, as well as the answer to each question, to this applicant in the language provided by the applicant as a language in which he or she is fluent, and;

The applicant has informed me that he or she understands each and every instruction and question on the form, as well as the answer to each question.

Interpreter's Signature

Date (mm/dd/yyyy)

[Back to USCIS ELIS](#)

[Print Document](#)

Declaration, Signature and Contact Information of the Person Preparing this Application, If Other than the Applicant.

Preparer's Full Name

Preparer's Family Name (Last Name):

Preparer's Given Name (First Name):

Preparer's Business or Organization
Name (if any):

Preparer's Mailing Address

Street #: Street Name: Apt/Suite/Fir #:

Country: City/Town:

State: ZIP Code:

Province (if any): Postal Code (if any):

Preparer's Contact Information

Preparer's Daytime Phone Number

Preparer's Fax Number

Preparer's E-mail Address

☐ I am not an attorney or accredited representative but have prepared this form on behalf of the applicant and with the applicant's consent.

☐ I am an attorney or accredited representative and my representation of the applicant in this case (choose one) ☐ extends ☐ does not extend beyond the preparation of this form.

Preparer's Declaration

By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the express consent of the applicant. I completed the form based only on responses the applicant provided to me. After completing the form, I reviewed it and all of the applicant's responses with the applicant, who agreed with every answer he or she provided for each question on the form and, when required, supplied additional information to respond to a question on the form.

Preparer Signature

Date (mm/dd/yyyy)

[Back to USCIS ELIS](#)

[Print Document](#)



The following is the list of evidence needed by USCIS in order to process your Application for Temporary Protected Status case.

Please review and click **"Next"** when you are ready to begin providing evidence online.

All responses and comments must be provided in *English*.

[+ Expand All](#) / [- Collapse All](#)

Evidence Request For
► Identity and Nationality
► Entry into the United States
► Residency

List of All Acceptable File Standards

Examples:     

Additional
Instructions

Evidence Category
Select One

Evidence Description

File Name:

Max file size limit 6.0 MB

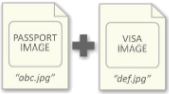
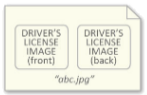


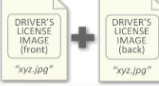
FILE NAME	EVIDENCE NEEDED	DOCUMENT TYPE	VIEW FILE	
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Evidence Upload Information

Acceptable File Standards: In order to process your Application to Extend/Change Nonimmigrant Status case, please add the requested evidence in the following file types (examples: .bmp, .doc, .jpg, .pdf, .tif) which **cannot exceed 6 megabytes (MB) per file**. [List of All Acceptable File Standards](#)

Scanned Images: If you are scanning your documents, please set the scan resolution to 300 DPI.

Responses & Comments: All evidence responses and comments must be provided in English.

✓ Acceptable	✗ Not Acceptable
<p>Save each document type in a separate file.</p>  <p>OR</p> <p>If possible, keep pages to the same document type in one file.</p> 	<p>Do NOT save documents for multiple individuals to the same file.</p> 
<p>Documents separated into multiple files should use unique file names.</p> 	<p>Do NOT use duplicate file names.</p> 

Back



Electronic Filing Only



USCIS Electronic Application for Temporary Protected Status

Department of Homeland Security
U.S. Citizenship and Immigration Services (USCIS)

Page 1 of 16

This document is a printable version of your electronically submitted information as of Wednesday Feb 13 2013 8:52:30 AM EST
"All time stamps shown on this snapshot should be considered as representing the same time zone that appears in the stamp shown here"

Part 1. Information About You

Account Information

1. Do you have a USCIS Account Identifier?
☐ Yes ☐ No
2. Do you have an Alien Registration Number (A Number)?
☐ Yes ☒ No A

Name(s)

- 3.a. Last Name (Family Name) John
- 3.b. First Name (Given Name) NFN
- 3.c. Middle Name NMN
- 3.d. No First Name ☒
- 3.e. No Middle Name ☒
- 3.f. Have you ever used any other names other than the name entered above?
☐ Yes ☐ No

Addresses

Physical Address

- 4.a.1. Street Number 123
- 4.a.2. Street Name or P.O. Box Main St
- 4.a.3. Apartment / Suite Number
- 4.a.4. City or Town McLean
- 4.a.5. State VA
- 4.a.6. ZIP Code 22102
- 4.a.7. Province
- 4.a.8. Postal Code
- 4.a.9. Country USA

BACK

EXIT SAVE

NEXT



Benefit Request Submission

Fees:

Item	\$
Total	\$

Applicant Certification

I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Uploaded scans of documents are exact scans of unaltered original documents, and I understand that I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date. Furthermore, I authorize the release of any information from my records that USCIS may need to determine my eligibility for the benefit that I am seeking. I furthermore authorize release of information contained in this form, supporting documents, and my USCIS records to other entities and persons where necessary for the administration of U.S. immigration laws.

☐ I have read and agree to the above Applicant Certification and I have reviewed and responded to all the questions on this benefit request.

SIGNATURE:

Full Name:

USCIS ELIS Password:

Enter your full legal name as it appears in your official government issued identity document.

Enter your USCIS ELIS Online Account password.

Note:
Your typed written full legal name and corresponding USCIS ELIS password submitted electronically as part of this document signifies you as the identified signatory.