



P.O. Box 15610
 Fort Worth, TX 76119
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Fees:
Department of Homeland Security: \$495
CCFW: Initial \$450 / Renewal \$350
Please, bring both payments in money orders

Information for Deferred Action for Childhood Arrivals

Your Information

Family Name(s)		First Name		Middle Name	
Any Other Names Used (maiden name, other married names, etc.)					Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (month/day/year)	City of Birth	State/Province of Birth		Country of Birth	
Cell Phone	Home Phone		Other Phone (indicate who's phone this is)		
Email Address			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed		
Social Security Number	A# (if ever dealt with immigration)		Have you ever been in immigration court or detained by immigration? <input type="checkbox"/> Yes <input type="checkbox"/> No What happened?		
Country(ies) of Citizenship	Are you or were in active military service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I was		Your annual income is:	Your annual expenses are:	
The value of your assets is: (what you personally own)	Explain your financial situation:				
Eye Color	Hair Color	Height Feet Inches	Weight (in pounds)	Race (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	

Your Physical Address (where do you live?)

Address			City		
County	State	ZIP Code	Country		
Since when do you live here? (day/month/year):					

Your Mailing Address (if different from above, where do you get your mail?)

Address			City		
County	State	ZIP Code	Country		

Your arrival into the US before your 16th birthday

Date You Arrived (month/day/year)	Place You Entered (city, state)	Status With Which You Entered	Your Current Status
		<input type="checkbox"/> Tourist <input type="checkbox"/> Without Visa <input type="checkbox"/> Other:	<input type="checkbox"/> Tourist <input type="checkbox"/> Without Visa <input type="checkbox"/> Other:

Where Have You Lived Since You Entered the US?

List your last address before your current address starting with the most recent one. If you need more space, use another sheet.

Number and Street	City	State	Zip Code	From M/D/Y	To M/D/Y

Education History

Current Education Status	School information	Date of last attendance / graduation
<input type="checkbox"/> In School <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Other:	Name, City, State of School currently attending or where you graduated/finished	Month/day/year

Travel History

List every trip you've made starting with the most recent one. If you need more space, use another sheet.

Date You Left			Country You Visited	Port of entry	Status that you entered	Reason for the trip	Date You Returned		
Month	Day	Year					Month	Day	Year
					<input type="checkbox"/> Tourist <input type="checkbox"/> Without Visa <input type="checkbox"/> Other:				
					<input type="checkbox"/> Tourist <input type="checkbox"/> Without Visa <input type="checkbox"/> Other:				
					<input type="checkbox"/> Tourist <input type="checkbox"/> Without Visa <input type="checkbox"/> Other:				
					<input type="checkbox"/> Tourist <input type="checkbox"/> Without Visa <input type="checkbox"/> Other:				

Criminal History

List every arrest or incident with law enforcement you've ever had. If you need more space, use another sheet.

Why were you arrested?	When were you arrested?	Where were you arrested?	What was the outcome or case disposition? (What happened?)

Emergency Contact Name:	Emergency Contact Phone Number:

I declare and affirm under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

Client's signature

Date

Staff's signature & credentials

Date