



Employment Authorization Document (EAD) and COFA Status

What is the Employment Authorization Document (EAD)?

- The EAD is a card from US Citizenship and Immigration Services (USCIS) that **shows that you are allowed to work in the US.**
- **It expires after five years so you need to reapply every five years.**



If I have COFA, why would I want the EAD?

- The EAD is NOT required to work if you have COFA (Compact of Free Association) status and are from the Federated States of Micronesia (FSM) or Republic of Marshall Islands (RMI). It is required to work for individuals with COFA status from Palau.
- Even if you don't need it, it can be especially useful if you've lost your I-94.
 - This ID can show that you are able to work in the US.
 - You can use it on domestic (within the US) flights (NOT international).
 - You can use it to get a state driver's license.
- **It is free for COFA status (including renewals)!** The only exception is for replacements of lost/damaged cards before their expiration date, but there is a fee waiver available for that as well.
- If you have a criminal conviction, consider talking to an immigration attorney first. There are terms special to immigration law like "aggravated felony" that include many different crimes, including what state law may call a misdemeanor.

How do I get the EAD?

- **Fill out Form I-765:** <https://www.uscis.gov/i-765>. You can apply online OR scroll down and click on "Forms and Document Downloads" to print the form and apply by mail.
- Here are some tips for filling out Form I-765:
 - **The "eligibility category" for COFA is (a)(8).**
 - If your answer does not fit, you can add more info on page 7 or even add paper.
 - A photocopy/scan of the signature is okay (for right now, due to COVID).
 - Print single-sided and use a paper clip instead of staples.
 - If handwriting, use a black pen and no white-out.
- Also include the following papers in your application:
 1. A copy of your passport AND/OR a copy of your I-94 (if you have it);
 2. A copy of your last EAD (if this is a renewal application and you already had one);
 3. Two recent identical passport-style color photos (white background, printed on thin paper with a glossy finish, 2 by 2 inches).
- Check the USCIS website for the most up-to-date information on where to mail your application: <https://www.uscis.gov/i-765-addresses>

What happens after I file Form I-765 to get an EAD?

- You should get a "Receipt Notice" in the mail, which will show you the Receipt Number. Keep this safe! Check your case status with the Receipt Number here: <https://egov.uscis.gov/casestatus/landing.do> or by calling 1-800-375-5283
- What if I move after filing my application? Update your address with USCIS here: <https://egov.uscis.gov/coa/displayCOAForm.do>.

Example of Form-765, Application for the Employment Authorization Document (EAD), with notes on how to fill it out.

Some questions do not apply for COFA-status applications. (Remember that this form is used for many different immigration statuses).

Here, we have highlighted the questions necessary for COFA-status applicants.

This is the most up-to-date version as of November 8, 2021. Please check <https://www.uscis.gov/i-765> to see if there are any new versions.



Medical-Legal Partnership
For Children in Hawai'i



Application For Employment Authorization

USCIS

Form I-765

OMB No. 1615-0040

Expires 07/31/2022

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

Guide for filling out for
COFA-status applicants.
Prepared by Medical-
Legal Partnership
Hawaii, last updated
9/9/2021.

Fee Stamp USCIS Use Only	From _____ and Through _____	Action Block
	Alien Registration Number A- <input type="text"/>	
	Remarks	

General tips:

- If you don't know/have an answer for something, write "N/A" in the box
- If your answer doesn't fit, you can add more info on page 7 or even add paper
- A photocopy/scan of the signature is okay (for right now, due to COVID)
- Print single-sided and paper clip instead of stapling
- If hand-write, use black ink and no white-out
- Include with your application 2 passport-style photos, a copy of your passport and/or a copy of your I-94 (if you have it), and a copy of your last EAD (if you got one)

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

Select this box if Form I-765 is attached.

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

Part 1. Reason for Applying

I am applying for (select only one box):

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

Check one of these depending on if it is their first EAD, a replacement for a lost one, or a renewal

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

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

Additional Information.

2.a. Family Name (Last Name) Any other names you used?

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name



Part 2. Information About You (continued)

Your U.S. Mailing Address *(USPS ZIP Code Lookup)*

- 5.a. In Care Of Name (if any)
If your mail goes to someone else, put their name here
- 5.b. Street Number and Name
- 5.c. Apt. Ste. Flr.
- 5.d. City or Town
- 5.e. State 5.f. ZIP Code
6. Is your current mailing address the same as your physical address? Yes No

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

U.S. Physical Address

- 7.a. Street Number and Name *Only fill this out if you live somewhere different than your mailing address*
- 7.b. Apt. Ste. Flr.
- 7.c. City or Town
- 7.d. State 7.e. ZIP Code

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A-
9. USCIS Online Account Number (if any)
▶
10. Gender Male Female
11. Marital Status
 Single Married Divorced Widowed
12. Have you previously filed Form I-765?
Check no if this is your first EAD Yes No
- 13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?
 Yes No
- NOTE:** If you answered “No” to **Item Number 13.a**, skip to **Item Number 14**. If you answered “Yes” to **Item Number 13.a**, provide the information requested in **Item Number 13.b**.
- 13.b. Provide your Social Security number (SSN) (if known).
▶

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

Check no if you already have a Social Security card

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

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

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

Father's Name

Provide your father's birth name.

- 16.a. Family Name (Last Name)
- 16.b. Given Name (First Name)

Mother's Name

Provide your mother's birth name.

- 17.a. Family Name (Last Name)
- 17.b. Given Name (First Name)

Your Country or Countries of Citizenship or Nationality

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

- 18.a. Country
- 18.b. Country



Part 2. Information About You (continued)

Place of Birth

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

19.a. City/Town/Village of Birth

19.b. State/Province of Birth

19.c. Country of Birth

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

Information About Your Last Arrival in the United States

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

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

21.c. Travel Document Number (if any)

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

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

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

23. Place of Your Last Arrival Into the United States

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

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

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

Information About Your Eligibility Category

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

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

28.a. Degree

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

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

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

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

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

Yes No

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

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

Yes No

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

Yes No



Part 2. Information About You (continued)

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

30.d. Date you presented yourself to DHS

30.e. Location where you presented yourself to DHS

30.f. Country of claimed persecution

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

NOTE: Refer to the **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** section of the Form I-765 Instructions for more information.

31.a. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

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31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime? Yes No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

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

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in a language in which I am fluent, and I understood everything.
- 2. At my request, the preparer named in **Part 5.**, prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- 3. Applicant's Daytime Telephone Number
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)
- 6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.



Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature

➔ Make sure to sign. A photocopy of a handwritten signature is okay.

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

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Fill this whole page on interpreters out if you interpreted for your client

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and _____, which is the same language specified in **Part 3, Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

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



Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Preparer's Contact Information

- 4. Preparer's Daytime Telephone Number
- 5. Preparer's Mobile Telephone Number (if any)
- 6. Preparer's Email Address (if any)

Fill this whole page on preparer out if you prepared the form for your client

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

- 8.a. Preparer's Signature
- 8.b. Date of Signature (mm/dd/yyyy)



