



INSTRUCTIONS TO COMPLETE FORM I-765

J-2 DEPENDENT EMPLOYMENT AUTHORIZATION

Be sure to TYPE the form, do not complete it by hand. The only exception is your signature. Print the form single sided only.

Note: If a data field is too small for the information that you want to enter, please enter as much data as you can and then provide the complete information on page 7 of the I-765.

PART 1: REASON FOR APPLYING

- If you are filing for the first time, check 1.a. "Initial Permission to Accept Employment"
- If you are renewing an existing EAD, check 1.c. "Renewal"

PART 2: INFORMATION ABOUT YOU

Your Full Legal Name

- List your family name, given name, and middle name in Items 1.a. – 1.c. Please only include names listed on your DS-2019 Form.

Other Names Used

- Please provide any other legal names used in Items 2.a. – 4.c., including aliases, maiden names, and nicknames. If not applicable, write "none" in each field.

Your U.S. Mailing Address

- Use a mailing address that will be valid at least 4-5 months into the future. If you will move out of your residence in less than 3 months, you should use the U.S. address of a reliable friend or relative who can receive the card for you. EADs are considered government documents and cannot be forwarded by the U.S. Postal Service. It is best not to use a P.O. Box address.
- If you use the address of a friend, please write your friend's name in Item 5.a. If you are using your own address, please write "none" in 5.a. Continue with the mailing address in Items 5.b. – 5.f.
- Item 6: Check "Yes" if you are using your own mailing address. If you listed a friend's name and address in Items 5.a. – 5.f., check "No".

U.S. Physical Address

- Complete Items 7.a. – 7.e. with your current residential address if you checked "No" in Item 6 and used a friend's care of address. If you checked "Yes" in Item 6, you may leave these fields blank.

Other Information

- Items 8 – 9: Leave blank
- Items 10 – 11: These items are self-explanatory. Please fill in the correct information.
- Item 12: If you have ever applied for employment authorization previously with USCIS, check yes. If not, check no.
- Item 13.a. – 13.b.: Enter your SSN. Leave this box blank if you do not have an SSN. (You do not need an SSN to apply for employment authorization. If you do not have one, you can apply for a Social Security Number after you receive your EAD.)

- Items 14 – 17.b: This form allows you to apply for an SSN if you don't have one. This is a new optional process that we suggest that you do not use at this time until we have more experience with it. You can always apply for the SSN after you have received your EAD.

Your Country of Countries of Citizenship or Nationality

- Items 18.a. – 18.b: List your country of citizenship as it appears on your Form DS-2019. If you do not have a second country of citizenship, write “none” in 18.b.

Place of Birth

- Items 19.a. - 20: These items are self-explanatory. Please fill in the correct information.

Information About Your Last Arrival in the United States

- Item 21.a. Enter the eleven (11) digit number from your most recent I-94 printout.
- Items 21.b. – 21.e: you may find this information on this biographical page of your most recently issued passport. For Item 21.c. enter “NA”.
- Item 22: This number refers to the most recent date on which you entered the U.S. in J-2 status. It is usually stamped in your passport in your last trip back to the U.S.
- Item 23: This section refers to the U.S. port of entry or pre-flight inspection where you were last cleared for entry into the U.S.
- Items 24-25: List “J2”
- Item 26: You may find your SEVIS number on the top right corner of your DS-2019

Information About Your Eligibility Category

- Item 27: Enter the following in this section: (C) (5)
- Items 28 – 31.b: You do not need to complete these items. Just leave them blank.

PART 3: APPLICANT'S STATEMENT, CONTACT INFORMATION, DECLARATION, CERTIFICATION, AND SIGNATURE

Applicant's Statement

- Check the box for Item 1.a. Leave Items 1.b. – 2 blank.

Applicant's Contact Information

- Provide your contact information in Items 3-5. Leave Item 6 blank unless applicable

Applicant's Signature

- Sign 7.a. and date 7.b. using black ink

PART 4 & PART 5

Draw a diagonal line across each page you are not completing, and write “NA” next to your line.

PART 6: ADDITIONAL INFORMATION

Complete this section only if you need more space than is given on the I-765 to complete a field (i.e. name). Be sure to complete the Page, Part, and Item number that your entry corresponds to.