

USCIS  
ATTN: DACA  
P.O. Box 20700  
Phoenix, AZ 85036-0700

Applicant: [Insert your name]

Alien #: [Insert Alien #]

## **Advance Parole Checklist**

### **Cover Letter**

Formally requesting Advance Parole under Deferred Action For Childhood Arrivals (DACA) ) to attend medical treatment. I submit the enclosed documents for your thorough review and processing.

### **Forms and Payment:**

- Check/Money Order for \$630.00 fee for U.S Department of Homeland Security
- Form I-131 - Travel Document
- Form G-1145 - E-Notification of Application/Petition Acceptance

### **Identification and Supporting Documents:**

- Copies of employment authorization card or DACA Approval Letter
- Copy of driver's license
- Copy of current passport (***remove if you don't have***)
- Two passport-sized photographs

### **Legal Declarations:**

- Declaration/Sworn Affidavit letter.

### **Supporting Evidence and Translations:**

- Copy of birth certificate and English translation
- Copy of Estimate/Breakdown of Dental work from [NAME OF DENTIST/DENTAL OFFICE IN THE USA]
- Copy of Estimate/Breakdown of Dental work from [NAME OF DENTIST/DENTAL OFFICE IN FOREIGN COUNTRY] and English translation

### **Additional Evidence:**

USCIS  
ATTN: DACA  
P.O. Box 20700  
Phoenix, AZ 85036-0700

- [Any other evidence or documents as required, x-rays, pictures]

Applicant: [Insert your name]

Alien #: [Insert Alien #]

## **Declaration/Sworn Affidavit**

RE: Form I-131 Advance Parole

I, [Your Name], hereby declare under penalty of perjury, pursuant to the laws of the United States, that the following statements are true and correct to the best of my knowledge and belief:

Throughout my life, I have faced ongoing dental issues exacerbated by the lack of access to suitable insurance coverage due to my status. This has led to persistent pain and infections, significantly impacting my daily life. Despite seeking consultation and paying out-of-pocket for services at [Name of Dental Clinic] in the USA, I have been informed that further dental work is necessary to alleviate my discomfort. Currently, I am experiencing significant pain due to a broken and impacted tooth, which poses serious risks if left untreated.

My dentist has recommended a surgical procedure involving the extraction of the impacted tooth, as well as the replacement of three additional teeth. However, the cost of this treatment in the United States is prohibitive for me, especially as I do not qualify for medical insurance. After thorough research, I have identified a dentist in Mexico, Dr. [Dr. Name], who is willing to provide the necessary treatment at a more affordable cost. The estimated expenses for the procedure are within my financial means, and Dr. [Dr. Name] has offered a payment plan to alleviate any immediate financial burden.

Given the urgency of my situation and the impact it has on my daily life, I kindly request approval for Advance Parole to travel to Mexico for dental treatment. I humbly ask for approval of multiple entries within the next 365 days to accommodate the required procedures and follow-up appointments. It is important for me to emphasize that I hold deep gratitude for the opportunities afforded to me through my DACA status. I have no intention of violating any laws or overstaying my authorized time abroad. My utmost priority is to improve my health and quality of life for the sake of my family.

I solemnly affirm the truthfulness of the information provided herein. I sincerely hope for your favorable consideration of my application for Advance Parole.

USCIS  
ATTN: DACA  
P.O. Box 20700  
Phoenix, AZ 85036-0700

Sincerely,

[Your Signature]

[Date]