The Details of Pursuing Permanent Residency

October 22, 2020
9:00 a.m. – 12:15 p.m.

CT Bar Association
Webinar

CT Bar Institute, Inc.
CT: 3.0 CLE Credits (General)
NY: 3.5 CLE Credits (AOP)

No representation or warranty is made as to the accuracy of these materials. Readers should check primary sources where appropriate and use the traditional legal research techniques to make sure that the information has not been affected or changed by recent developments.
As a lawyer, I have dedicated myself to making our system of justice work fairly and efficiently for all. I am an officer of this Court and recognize the obligation I have to advance the rule of law and preserve and foster the integrity of the legal system. To this end, I commit myself not only to observe the Connecticut Rules of Professional Conduct, but also conduct myself in accordance with the following Principles of Professionalism when dealing with my clients, opposing parties, fellow counsel, self-represented parties, the Courts, and the general public.

Civility:

Civility and courtesy are the hallmarks of professionalism. As such,

- I will be courteous, polite, respectful, and civil, both in oral and in written communications;
- I will refrain from using litigation or any other legal procedure to harass an opposing party;
- I will not impute improper motives to my adversary unless clearly justified by the facts and essential to resolution of the issue;
- I will treat the representation of a client as the client’s transaction or dispute and not as a dispute with my adversary;
- I will respond to all communications timely and respectfully and allow my adversary a reasonable time to respond;
- I will avoid making groundless objections in the discovery process and work cooperatively to resolve those that are asserted with merit;
- I will agree to reasonable requests for extensions of time and for waiver of procedural formalities when the legitimate interests of my client will not be adversely affected;
- I will try to consult with my adversary before scheduling depositions, meetings, or hearings, and I will cooperate with her when schedule changes are requested;
- When scheduled meetings, hearings, or depositions have to be canceled, I will notify my adversary and, if appropriate, the Court (or other tribunal) as early as possible and enlist their involvement in rescheduling; and
- I will not serve motions and pleadings at such time or in such manner as will unfairly limit the other party’s opportunity to respond.

Honesty:

Honesty and truthfulness are critical to the integrity of the legal profession – they are core values that must be observed at all times and they go hand in hand with my fiduciary duty. As such,

- I will not knowingly make untrue statements of fact or of law to my client, adversary or the Court;
- I will honor my word;
- I will not maintain or assist in maintaining any cause of action or advancing any position that is false or unlawful;
I will withdraw voluntarily claims, defenses, or arguments when it becomes apparent that they do not have merit or are superfluous;
I will not file frivolous motions or advance frivolous positions;
When engaged in a transaction, I will make sure all involved are aware of changes I make to documents and not conceal changes.

**Competency:**

Having the necessary ability, knowledge, and skill to effectively advise and advocate for a client’s interests is critical to the lawyer’s function in their community. As such,

- I will keep myself current in the areas in which I practice, and, will associate with, or refer my client to, counsel knowledgeable in another field of practice when necessary;
- I will maintain proficiency in those technological advances that are necessary for me to competently represent my clients;
- I will seek mentoring and guidance throughout my career in order to ensure that I act with diligence and competency.

**Responsibility:**

I recognize that my client’s interests and the administration of justice in general are best served when I work responsibly, effectively, and cooperatively with those with whom I interact. As such,

- Before dates for hearings or trials are set, or if that is not feasible, immediately after such dates have been set, I will attempt to verify the availability of key participants and witnesses so that I can promptly notify the Court (or other tribunal) and my adversary of any likely problem;
- I will make every effort to agree with my adversary, as early as possible, on a voluntary exchange of information and on a plan for discovery;
- I will attempt to resolve, by agreement, my objections to matters contained in my opponent’s pleadings and discovery requests;
- I will be punctual in attending Court hearings, conferences, meetings, and depositions;
- I will refrain from excessive and abusive discovery, and I will comply with all reasonable discovery requests;
- In civil matters, I will stipulate to facts as to which there is no genuine dispute;
- I will refrain from causing unreasonable delays;
- Where consistent with my client’s interests, I will communicate with my adversary in an effort to avoid needless controversial litigation and to resolve litigation that has actually commenced;
- While I must consider my client’s decision concerning the objectives of the representation, I nevertheless will counsel my client that a willingness to initiate or engage in settlement discussions is consistent with zealous and effective representation.
Mentoring:
I owe a duty to the legal profession to counsel less experienced lawyers on the practice of the law and these Principles, and to seek mentoring myself. As such:

- I will exemplify through my behavior and teach through my words the importance of collegiality and ethical and civil behavior;
- I will emphasize the importance of providing clients with a high standard of representation through competency and the exercise of sound judgment;
- I will stress the role of our profession as a public service, to building and fostering the rule of law;
- I will welcome requests for guidance and advice.

Honor:
I recognize the honor of the legal profession and will always act in a manner consistent with the respect, courtesy, and weight that it deserves. As such,

- I will be guided by what is best for my client and the interests of justice, not what advances my own financial interests;
- I will be a vigorous and zealous advocate on behalf of my client, but I recognize that, as an officer of the Court, excessive zeal may be detrimental to the interests of a properly functioning system of justice;
- I will remember that, in addition to commitment to my client's cause, my responsibilities as a lawyer include a devotion to the public good;
- I will, as a member of a self-regulating profession, report violations of the Rules of Professional Conduct as required by those rules;
- I will protect the image of the legal profession in my daily activities and in the ways I communicate with the public;
- I will be mindful that the law is a learned profession and that among its desirable goals are devotion to public service, improvement of administration of justice, and the contribution of uncompensated time and civic influence on behalf of those persons who cannot afford adequate legal assistance; and
- I will support and advocate for fair and equal treatment under the law for all persons, regardless of race, color, ancestry, sex, pregnancy, religion, national origin, ethnicity, disability, status as a veteran, age, gender identity, gender expression or marital status, sexual orientation, or creed and will always conduct myself in such a way as to promote equality and justice for all.

Nothing in these Principles shall supersede, supplement, or in any way amend the Rules of Professional Conduct, alter existing standards of conduct against which a lawyer’s conduct might be judged, or become a basis for the imposition of any civil, criminal, or professional liability.
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AMENDED AGENDA

9:00- 9:15 Introduction & Review of Terminology

9:15- 10:15 Family Petitions & Marriage Petitions

10:15-10:20 Break

10:20 – 11:00 Adjustment of Status

11:00-11:15 Consular Processing

11:15-11:30 Waivers

11:30-11:45 Public Charge Requirement

11:45-12:15 Hypothetical Exercise & Questions
BIO

Attorney Erin O’Neil-Baker is a Connecticut attorney that focuses her practice on immigration law. She has been an attorney for 2 decades and is the founding partner of Hartford Legal Group, LLC. In 2008 the firm moved to Hartford and serves the immigration community for the entire state of Connecticut. O’Neil-Baker’s practice focuses on pursuing legal permanent status and citizenship for foreign nationals and defending individuals in removal/deportation proceedings in Connecticut and Massachusetts. She represents high profile clients in publicized deportation defense cases such as Marco Reyes, who took sanctuary in a New Haven church for four months and was the subject of national and international media reports; Joel Colindres, who is the subject of the documentary The Deported currently showing on You Tube Originals; Luis Barrios, who was the recipient of a “Private Bill” submitted by Senator Richard Blumenthal; and Wayzaro Walton, whose case received national attention due to her pardon she received from the State of Connecticut.

Erin is a member of the national and state chapter of the American Immigration Law Association. She is admitted to the U.S. District Court, District of Connecticut, U.S. Court of Appeals for the Second Circuit and the Fifth Circuit, and Superior Court of Connecticut. She was selected as the Hartford Business Journal - Women in Business Honoree in 2014 and has been a presenter for the Windham Women and Girls Fund, the American Association of University Women, CT Coalition for Domestic Violence and the United Labor Agency and works with C4D, Students for a Dream group presenting “Know Your Rights” trainings for undocumented individuals across the state.
The Details of Pursuing Permanent Residency:
Obtaining Permanent Residency Through A Family Based Petition

Connecticut Bar Association
October 22, 2020

Presented by Erin O’Neil-Baker
O’Neil Baker Law. LLC
LEGAL PERMANENT RESIDENT

- Green card
- Can travel in and out of the US
- Status is permanent
- Can work legally
- Can become a USC
- Can Petition for Spouse or child
LEGAL PERMANENT RESIDENCY

PATHS TO PERMANENT RESIDENCY

- RELATIVE
- JOB
- ASYLUM, VICTIM, LOTTERY

LEGAL PERMANENT RESIDENCY
<table>
<thead>
<tr>
<th>INA</th>
<th>8 C.F.R.</th>
<th>22 C.F.R.</th>
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<tbody>
<tr>
<td>§201 Selection system</td>
<td>§ 103 Filing req.</td>
<td>§40.1 Definitions</td>
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<tr>
<td>§202 Numerical limitations</td>
<td>§ 204 Procedures for filing</td>
<td>§42 Documentary requirements</td>
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<tr>
<td>§203 Family based preferences and order</td>
<td>§ 204.1 Immediate relative documentary</td>
<td>SubpartB Classifications and chargeability</td>
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<tr>
<td>§ 204 Procedure for granting</td>
<td>requirements</td>
<td>Subpart C – Immediate</td>
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<tr>
<td>immigration status</td>
<td>§ 204.2 Elements to prove family relationship.</td>
<td>relative definition</td>
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<tr>
<td>§212 Eligibility for visas,</td>
<td>§ 205 Revoked petitions</td>
<td>Subpart D – Family based preferences</td>
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<td>including admissibility</td>
<td>§213 Affidavit of support</td>
<td>Subpart E- Effect of approved petitions</td>
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<td>§213 Affidavit of support</td>
<td>§216, 1216 Conditional permanent residency</td>
<td>Subpart E- Allocation of Visa numbers,</td>
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<td>§216 Conditional permanent residency</td>
<td>§237 Deportability for marriage fraud</td>
<td>reporting requirements on visa numbers and</td>
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<td>§237 Deportability for marriage</td>
<td>§245 Adjustment of status</td>
<td>priority dates</td>
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<td>§245 Adjustment of status</td>
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RELATIVES WHO CAN PETITION

CITIZEN
- SPOUSE
- CHILD*
- SIBLING
- PARENT

LEGAL PERMANENT RESIDENT
- SPOUSE
- CHILD*
2 METHODS FOR PERMANENT RESIDENCY

Consular Processing
- Out of US
- Interview at US Consulate outside of US

Adjustment of Status
- Already in US
- Interview in US
- Don’t have to leave US
- Must be eligible pursuant to INA 245: in status/ immediate relative/ 245i
  - April 30, 2001 priority date
I-130 Petition Steps

1) Determine whether there is a Valid Relative/Relationship
2) Determine who is the Petitioner and who is the Beneficiary
3) Gather information, evidence & documents from client(s)
4) Draft Form I-130, I-130A, G-28 & Assemble Submission
5) Submit Packet- Original signatures, filing fee, copies of evidence. Determine proper address for filing. Filing fee: $535.00
6) Receive I-797 Notice of Action (receipt of I-130 payment) with Priority Date
7) Receive Request for Further Evidence or Approval
8) Next step: Adjustment of Status / Consular Processing
## PETITIONER v. BENEFICIARY

### PETITIONER
- The relative (USC or LPR) who petitions for the non-citizen
- Self-petitioners: widows of USC, battered spouses, children

### BENEFICIARY
- The relative that is seeking permanent residency – has a direct relationship with the petitioner
- “primary beneficiary”

### DERIVATIVE BENEFICIARY
- Spouse or child of a principal beneficiary
- Visa is available only once the primary beneficiary visa is granted.
- Immediate relatives do not have derivative beneficiaries
- Only for preference categories
2 Categories of Relatives Who Can Petition

Immediate Relative
- Spouse of USC
- Minor (under 21) unmarried child
- Parent of USC-if child is over 21
- Spouse of deceased USC (filed within 2 years of death and were married at least 2 years)

Preference Categories
- 1st: Unmarried child over 21 of a USC
- 2nd: Spouse of minor child of LPR & Unmarried child of LPR
- 3rd: Married child (over 21) of USC
- 4th: Sibling of USC
Priority Date

A priority date is established on the date that the I-130 is accepted for processing by USCIS. Immigrant visas are issued to preference applicants in chronological order according to the priority dates.
Definition of “Child”

INA Section 101(b): an unmarried person under 21 who is a:

- Child born in wedlock;
- Stepchild: if the child was under 18 years at the time the marriage creating the status of stepchild occurred;
- Legitimated child: if legitimation occurs before the child turns 18 and the child is in parents the legal custody;
- Child born out of wedlock: natural mother or father if father has a bona fide parent-child relationship;
- Adopted child: under 16 if the child has been in the legal custody of the adopting parent for at least two years;
- Orphan child: under 16 at the time a petition is filed as immediate relative, who is an orphan; who has been adopted abroad by a USC at least 25, who personally saw and observed the child prior to or during the adoption proceedings
Definition of “parent”

The inverse of the definitions of “child”:

- Parent of a child born in wedlock;
- Step parent of a child that was under 18 years at the time the marriage creating the status of stepchild occurred;
- Parent of a legitimated child: if legitimation occurs before the child turns 18 and the child is in parents the legal custody;
- Parent of a child born out of wedlock: natural mother or father if father has a bona fide parent-child relationship;
- Parent of an adopted child: under 16 if the child has been in the legal custody of the adopting parent for at least two years;
- Parent of Orphan child: under 16 at the time a petition is filed as immediate relative, who is an orphan; who has been adopted abroad by a USC at least 25, who personally saw and observed the child prior to or during the adoption proceedings.
Definition of “Spouse”

- No statutory definition
- INA Section 101(a)(35) – marriage ceremony must be in person
- Must be a valid marriage
- Homosexual marriage – Recognized
- Polygamous marriage – not recognized
- Common law - not recognized
- Sham marriage – “sole purpose of obtaining an immigration benefit” is not valid – beneficiary of such marriage is barred from future immigration benefits
Definition of “brother/sister”

- No statutory definition
- Petitioner and beneficiary are the children of at least one common parent
- Birth certificates of each sibling
- Passport/birth certificate of parent
- Marriage certificate between parents if creating a step relationship
Immediate Relative

- No Numerical Limitations – No limit on visas allocated in any fiscal year.

- INA Section 201(b)(2)(A) (i) Immediate relatives: “...children, spouses and parents of a citizen of the United States, except that, in the case of parents, such citizens shall be at least 21 years of age. In the case of an alien who was the spouse of a citizen of the United States and was not legally separated from the citizen at the time of the citizen's death, the alien (and each child of the alien) shall be considered, for purposes of this subsection, to remain an immediate relative after the date of the citizen's death but only if the spouse files a petition under section 204(a)(1)(A)(ii) within 2 years after such date and only until the date the spouse remarries. For purposes of this clause, an alien who has filed a petition under clause (iii) or (iv) of section 204(a)(1)(A) of this Act remains an immediate relative in the event that the United States citizen spouse or parent loses United States citizenship on account of the abuse.
VISA BULLETIN-PRIORITY DATES

On the chart below, the listing of a date for any class indicates that the class is oversubscribed (see paragraph 1); "C" means current, i.e., numbers are authorized for issuance to all qualified applicants; and "U" means unauthorized, i.e., numbers are not authorized for issuance. (NOTE: Numbers are authorized for issuance only for applicants whose priority date is earlier than the final action date listed below.)

<table>
<thead>
<tr>
<th></th>
<th>ALL OTHER COUNTRIES</th>
<th>CHINA</th>
<th>INDIA</th>
<th>MEXICO</th>
<th>PHILIPPINES</th>
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<tbody>
<tr>
<td>2A</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
</tr>
</tbody>
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Checklist for I-130 Petition

Forms and Fee:
Filing Fee for I-130 Petition $535.00;
Notice of Entry of Appearance Form (G-28);
Original Petition For Family Relative (I-130); and
Original Petition For Family Relative (I-130A)

Identifying Documents & Evidence of Qualifying Relationship:
Birth Certificate of Beneficiary with Translation;
Copy of Passport Biographic page of Petitioner;
Copy of Citizenship Certificate of Petitioner;
Passport of Beneficiary; and
Four (4) Passport Photos of Petitioner & Beneficiary.
Marriage Certificates
Death Certificates
Divorce Certificates
THE MARRIAGE PETITION

I-130 Based Upon Marriage to USC or LPR
# Checklist for Marriage Petition

## QUALIFYING RELATIONSHIP DOCUMENTS
- □ Original petitioner’s naturalization certificate, U.S. passport or certified copy of birth certificate if born in the United States, or green card (Form I-551).
- □ Certified copy of marriage certificate with translation
- □ Certified copy of all divorce orders or death certificates – re: prior marriages of either spouse
- □ Beneficiary: _______
- □ Petitioner: _______

## EVIDENCE OF BONA FIDE MARRIAGE
- □ Wedding pictures, photos of the couple with family/friends, family photos
- □ Bank accounts, & property in both names
- □ Insurance policies (medical, life, auto, etc.) both names
- □ Letters from family regarding knowledge of marriage (include envelopes with postmarks)
- □ Lease or mortgage showing joint signatures/tenants
- □ Receipts for items purchased together
- □ Affidavits from friends, relatives, business people with knowledge of bona fides of marriage
- □ Certified copies of children’s birth certificates if born in the United States;
- □ Cards written to/from petitioner and spouse (e.g. holiday, birthday, anniversary)
- □ Miscellaneous: regarding bona fide marriage
Preparing for Marriage Interview

- Client must bring original documents: passport, license, birth certificates, marriage certificates, divorce certificates, work authorization card
- Meet with clients: review applications, identify corrections, review potential marriage questions
- Get updated employment letter and paystubs from petition and co-sponsor
RED FLAGS FOR SHAM MARRIAGE

- Age difference
- Confusion at interview
- Interaction between couple is forced
- Disinterest by petitioner
- Discrepancy between income (someone who could benefit financially from being involved in sham marriage)
- One spouse (beneficiary) is more cooperative and organized
- Answers aren’t consistent
Consequences of Sham Marriage

- Denial of petition
- Finding of Fraud
- Bar from Beneficiary being an I-130 Beneficiary in future with other petitions
- Removal Proceedings
Adjustment of Status IN the United States
STEPS TOWARD APPROVAL

- File Appropriate Form and Fees
- Review of Eligibility through paperwork
- Interview
- Request for Further Information
ELIGIBILITY TO ADJUST STATUS

1. Physical Presence in the United States
2. Immigration Petition has been approved
3. Immigrant Visa must be available
4. Must have entered the United States legally
   - Determine whether client qualifies for 245(i)
5. Must NOT be statutorily barred
   - Need a waiver
ABILITY TO ADJUST STATUS UNDER 245i

- Section 245i of the LIFE ACT allows certain persons who entered the United States illegally to adjust status if they pay $1,000 penalty.

- Eligibility for 245i
  - Be the beneficiary of an immigration petition or a labor certification filed on or before April 30, 2001; AND
  - Be physically present in the United States on December 21, 2000, if the petition was filed after January 14, 1998.
### PREPARATION OF THE I-485 PACKET

#### FORMS AND FEES
- Original Form G-28 Appearance as Attorney
- Original Form I-485 Application to Register Permanent Resident
  - Supplement A to Form I-485, Adjustment of Status
- Original Form I-864, Affidavit of Support
- Original Form I-693 Medical Exam for Beneficiary

#### IDENTIFYING DOCUMENTS
- Birth Certificate of Beneficiary with Translation;
- Copy of Passport Biographic page of Beneficiary;
- Four (4) Passport Photos of Beneficiary.

#### FINANCIAL SUPPORT
- Copy of Petitioner’s Tax Returns with W2s
- Copy of Petitioner’s Pay Stubs
- Employment Letter from Petitioner’s Current Employment

#### PROOF OF 245i ELIGIBILITY
- Previously filed petition or labor certification
- Proof of living in the United States prior to December 21, 2000
WAIVERS – I-601

- **Form I-601** – Application for a Waiver of Grounds of Inadmissibility
  - Fee - $585
  - Must meet a Hardship Standard

- **Examples of Grounds of Inadmissibility**
  - Health-related grounds (INA section 212(a)(1))
  - Certain criminal grounds (INA section 212(a)(2))
  - Immigration fraud or misrepresentation (INA section 212(a)(6)(C) **except** that a waiver under INA section 212(i) is not available, if you are inadmissible based on a false claim to be a U.S. citizen (INA section 212(a)(6)(C)(ii)), and if you made your false claim on or after September 30, 1996;
  - The 3-year or 10-year bar (INA section 212(a)(9)(B))
TYPES OF DECISIONS

**Conditional Permanent Residency**
- A conditional permanent resident receives a green card valid for 2 years.
- In order to remain a permanent resident, a conditional permanent resident must file a petition to remove the condition during the 90 days before the card expires.
- Form I-751 – Petition to Remove the Conditions of Residence

**Permanent Residency**
- Current green cards are valid for 10 years
- Can be used to prove employment eligibility
- A green card is valid for readmission to the United States after a trip abroad if you do not leave for longer than 1 year
Consular Processing
# NATIONAL VISA CENTER PROCESSING

## FORMS AND FEES:
- Form, DS-260
- Form I-864, Affidavit of Support
- G-28, Notice of Entry of Appearance as Attorney

## FINANCIAL SUPPORT:
- Copy of Petitioner’s Tax Returns with W2s
- Copy of Petitioner’s Pay Stubs
- Employment Letter from Petitioner’s Current Employment

## REQUIRED DOCUMENTS:
- Original Birth Certificate with Translation
- Court Prison Record
- Deportation Documents
- Original Marriage Certificate
- Marriage Termination Documentation
- Military Records
- Petitioner’s Documents
- Photocopy of Valid Passport Biographic Data Page
- Police Certificate
- Four (4) Passport Photos
- Custody Documentation
Immigrant Visa Process

After The I-130 Petition is Approved

Step 1
Email from NVC

Step 2
Pay Fees: $445

Step 3
Affidavit of Support with Financial Documents

Step 4
Online Application DS-260
Scan & Submit Documents

Step 5
INTERVIEW AT CONSULATE
Consular Electronic Application Center

- [https://ceac.state.gov/ceac/](https://ceac.state.gov/ceac/)
  On this website, you can apply for a U.S. Nonimmigrant Visa; apply to renew an A, G, or NATO Visa; apply for an Immigrant Visa; or check the status of your visa application. On this website, you can also pay certain fees associated with your Immigrant Visa application.

- Please note that, in most situations, submitting your application is just one of the steps in the application process. Please select the appropriate application for more information.
Sign in Page to CEAC
Visa Status Check

Welcome! On this website, you can check your U.S. visa application status.

[Form fields for Visa Application Type, Case Number, and CAPTCHA code]

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https://travel.state.gov/visa/checkstatus/VisaStatusCheckAppIV
Current case review time: As of 5-OCT-2020, we are reviewing documents submitted to us on 27-JUL-2020.

Before the National Visa Center reviews your case, you must pay all fees and submit all required documents, such as:

- Petitioner’s Affidavit of Support;
- Supporting financial documents;
- Applicant’s DS-260, and
- Applicant’s civil documents.
Civil Documents

- After you complete your DS-260(s), you and each family member immigrating with you MUST collect the civil documents required to support your visa application.
- Your civil documents MUST be issued by the official issuing authority in your country. Please refer to the Document Finder to learn about the civil document requirements for each country.
- Please note that all documents not written in English, or in the official language of the country from which you are applying, must be accompanied by certified translations. The translation must include a statement signed by the translator stating that:
  - The translation is accurate, and
  - The translator is competent to translate.
Civil Documents FAQ

- **What documents do I have to upload?**
  All visa applicants must submit documents showing their eligibility for a visa class, and identifying information. That includes a birth certificate, marriage and divorce certificates, and police certificates. You can learn more about the required civil documents evidence on our [website](#).

- **Where can I get the required civil documents?**
  For immigration purposes, the Department of State requires documents that are issued by specific government authorities or agencies in each country. We’ve created a [Document Finder Tool](#) – also called the Reciprocity Table – to help you collect the right documents. Use this tool to get information on where to find the documents that you must submit to us.

- **Do I need to submit translations separately?**
  No. You can upload only a few documents, log out of CEAC, and return at a later date to finish uploading the required items. If the document’s status shows as “uploaded,” that means it is saved to CEAC. Remember, however, that you cannot submit your documents for NVC’s review until all required items for every visa applicant on the case have been uploaded.

- **Do I need to submit translations separately?**
  If you have a certified translation of your document, include a scan of the translation with the original (i.e. foreign language) document in a single file. Put the native-language document first, followed by the English translation.

- **I can’t get one of the required civil documents. What should I do?**
  In general, if a required document is unavailable per the country-specific guidelines in the online [Reciprocity Table](#) or [Document Finder Tool](#), you do not need to submit it to NVC. However, if you cannot obtain a required document for another reason, you must submit a detailed explanation to NVC when you submit your other documents. Choose the “Not available” option by the name of the required document. A box will appear asking you for a Statement of Non-availability. Type your explanation in this box. The consular officer will then determine at the time of the visa interview whether you must obtain the missing document before a visa can be issued. As a general rule, any document that is listed as available on the Reciprocity Table must be reviewed by a consular officer.
Current Travel Restrictions

- Please note, as result of April 22, 2020 Presidential Proclamation, we are reviewing documents for cases not subject to the travel restrictions first.
**Termination of Registration:**

- Immigration and Nationality Act (INA) section 203(g) provides that the “Secretary of State shall terminate the registration (petition) of any alien who fails to apply for an immigrant visa within one year” of notice of visa availability.

- The petition may be reinstated if, within two years of notice of visa availability, the alien establishes that the “failure to apply was for reasons beyond the alien’s control.” Therefore, if you do not respond to notices from NVC within one year you risk termination of your petition under this section of law and would lose the benefits of that petition, such as your priority date.
Waivers to Inadmissibility

- When your client faces a bar to adjustment of status or admission to the U.S.

- If you are inadmissible (or ineligible) to immigrate to the United States with an immigrant visa or adjust status to a permanent resident, you may be eligible for a waiver to “waive” that ground of inadmissibility and therefore assist you in receiving lawful permanent residency or green card status.
There are many different grounds of inadmissibility, some of which are waivable and some that aren’t. If you are inadmissible for a certain reason and a waiver is available, chances are that you would file Form I-601, Application for Waiver of Grounds of Inadmissibility, to waive that ground of inadmissibility. In certain circumstances however, you may qualify under form I-601A, Application for Provisional Unlawful Presence Waiver.

**I-601A ProvisionalWaiver**

- The I-601A or the provisional waiver only waives one ground of inadmissibility: *unlawful presence*.
- If you have been unlawfully present in the United States for more than 6 months but less than a year, or unlawfully present for more than a year and you leave the U.S., you will trigger either a 3-year or 10-year bar preventing you from returning to the U.S. and applying for permanent residency.
- The unlawful presence ground of inadmissibility is the reason that many immigrants already living in the United States may not leave the country to apply for an immigrant visa or lawful permanent residency, because they cannot risk leaving their families for 3 or 10 years while they wait out their bar.

**I-601 Waiver for Various Bars**

- Health-related grounds of inadmissibility
- Certain Criminal Grounds of Inadmissibility or Immigration Fraud or Misrepresentation
- Inadmissibility Because of Immigrant Membership in a Totalitarian Party
- Inadmissibility Because of Immigrant Smuggling
- Inadmissibility Because of the 3-Year or 10-Year Unlawful Presence Bar
- Aliens Previously Removed (NACARA and HRIFA)
- Unlawfully Present After Previous Immigration Violations (NACARA, HRIFA, and VAWA)
WAIVERS – I-212

• **Form I-212** - Application for Permission to Reapply for Admission into the United States After Deportation or Removal
  - Fee - $585
  - Must meet a Hardship Standard

• INA section 212(a)(9)(A) makes individuals who seek admission to the United States after having been removed from the United States, inadmissible.

**NOTE** – In some cases you may have to file Form I-601 with a Form I-212
On Feb. 24, 2020, USCIS implemented the Inadmissibility on Public Charge Grounds final rule nationwide, including in Illinois. USCIS will apply the final rule to all applications and petitions postmarked (or, if applicable, submitted electronically) on or after that date. For applications and petitions sent by commercial courier (for example, UPS, FedEx, or DHL), the postmark date is the date reflected on the courier receipt. USCIS will reject any affected application or petition that does not adhere to the final rule, including those submitted by or on behalf of aliens living in Illinois, if postmarked on or after Feb. 24, 2020.

On Sept. 11, 2020, the U.S. Court of Appeals for the Second Circuit issued a decision that allows DHS to resume implementing the Public Charge Ground of Inadmissibility final rule nationwide, including in New York, Connecticut and Vermont. The decision stays the July 29, 2020, injunction, issued during the coronavirus (COVID-19) pandemic, that prevented DHS from enforcing the public charge final rule during a national health emergency.

Therefore, USCIS will apply the public charge final rule and related guidance in the USCIS Policy Manual, Volumes 2, 8 and 12, to all applications and petitions postmarked (or submitted electronically) on or after Feb. 24, 2020. If you send your application or petition by commercial courier (for example, UPS, FedEx, or DHL), we will use the date on the courier receipt as the postmark date.
Public Charge Benefits Considered

- DHS will only consider public benefits as listed in the rule:
  - Any federal, state, local or tribal cash assistance for income maintenance
    - Supplemental Security Income
    - Temporary Assistance for Needy Families
    - Federal, State, local, or tribal cash benefit programs for income maintenance (often called General Assistance in the state context, but which may exist under other names)
  - Supplemental Nutrition Assistance Program (formerly called Food Stamps)
  - Section 8 Housing Assistance under the Housing Choice Voucher Program
  - Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
  - Public Housing under section 9 the Housing Act of 1937, 42 U.S.C. 1437 et seq.
  - Most forms of federally funded Medicaid (with certain exclusions)
Public Charge Rules

- This rule also clarifies that DHS will not consider the receipt of designated public benefits by an alien who, at the time of receipt, or at the time of filing or adjudication of the application for admission, adjustment of status, extension of stay, or change of status, is enlisted in the U.S. armed forces or is serving in active duty or in any of the Ready Reserve components of the U.S. armed forces. DHS also will not consider the receipt of public benefits by the spouse and children of such service members.

- The rule further provides that DHS will not consider public benefits received by children, including adopted children, who will acquire U.S. citizenship under section 320 of the INA, 8 U.S.C. 1431 or section 322 of the INA, 8 U.S.C. 1433.

- DHS also will not consider:
  - The receipt of Medicaid for the treatment of an emergency medical condition;
  - Services or benefits funded by Medicaid but provided under the Individuals with Disabilities Education Act;
  - School-based services or benefits provided to individuals who are at or below the oldest age eligible for secondary education as determined under state or local law;
  - Medicaid benefits received by an alien under 21 years of age; or
  - Medicaid benefits received by a woman during pregnancy and during the 60-day period beginning on the last day of the pregnancy.

- The final rule also clarifies that DHS will only consider public benefits received directly by the applicant for the applicant’s own benefit, or where the applicant is a listed beneficiary of the public benefit. DHS will not consider public benefits received on behalf of another as a legal guardian or under power of attorney for such a person. DHS will also not attribute receipt of a public benefit by one or more members of the applicant’s household to the applicant, unless the applicant is also a listed beneficiary of the public benefit.
Public Charge Benefits NOT Considered

- The list of public benefits in the rule is exhaustive with respect to non-cash benefits. However, cash benefits for income maintenance may include a variety of general purpose means-tested cash benefits provided by federal, state, local or tribal benefit granting agencies. Any non-cash benefits not listed in the rule are excluded from consideration.
- The rule does not include consideration of emergency medical assistance, disaster relief, national school lunch programs, foster care and adoption, student and mortgage loans, energy assistance, food pantries and homeless shelters and Head Start.
- In addition, DHS will not consider, as part of a public charge inadmissibility determination, or as part of applications and petitions for extension of stay and change of status, public benefits received by members of the U.S. armed forces serving in active duty or in any of the Ready Reserve components, and by the service member’s spouse and the service member’s children.
- Similarly, DHS will not consider:
  - The receipt of Medicaid for the treatment of an emergency medical condition;
  - Services or benefits funded by Medicaid but provided under the Individuals with Disabilities Education Act;
  - School-based services or benefits provided to individuals who are at or below the oldest age eligible for secondary education as determined under state or local law;
  - Medicaid benefits received by an alien under 21 years of age; or
  - Medicaid benefits received by a woman during pregnancy and during the 60-day period beginning on the last day of the pregnancy.
Petition for Alien Relative
Department of Homeland Security
U.S. Citizenship and Immigration Services

<table>
<thead>
<tr>
<th>For USCIS Use Only</th>
<th>Fee Stamp</th>
<th>Action Stamp</th>
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</thead>
<tbody>
<tr>
<td>A-</td>
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Initial Receipt
Resubmitted

<table>
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<tr>
<th>Relocated</th>
<th>Section of Law/Visa Category</th>
<th>Action Stamp</th>
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<tr>
<td>Received</td>
<td>201(b) Spouse - IR-1/CR-1</td>
<td>203(a)(1) Unm. S/D - F-1-1</td>
</tr>
<tr>
<td>Sent</td>
<td>201(b) Child - IR-2/CR-2</td>
<td>203(a)(2)(A) Spouse - F-2-1</td>
</tr>
<tr>
<td>Completed</td>
<td>201(b) Parent - IR-5</td>
<td>203(a)(3) Married S/D - F-3-1</td>
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<tr>
<td>Approved</td>
<td>Field Investigation</td>
<td>Personal Interview</td>
</tr>
<tr>
<td>Returned</td>
<td>Petition was filed on (Priority Date mm/dd/yyyy):</td>
<td>204(a)(2)(A) Resolves</td>
</tr>
<tr>
<td></td>
<td>Previously Forwarded</td>
<td>Pet. A-File Reviewed</td>
</tr>
<tr>
<td></td>
<td>203(a)(2)(A) Child - F-2-2</td>
<td>1-485 Filed Simultaneously</td>
</tr>
<tr>
<td>Remarks</td>
<td>Remarks</td>
<td>Ben. A-File Reviewed</td>
</tr>
</tbody>
</table>

At which USCIS office (e.g., NBC, VSC, LOS, CRO) was Form I-130 adjudicated? __________

To be completed by an attorney or accredited representative (if any).

☐ Select this box if Form G-28 is attached.

<table>
<thead>
<tr>
<th>Volag Number (if any)</th>
<th>Attorney State Bar Number (if applicable)</th>
<th>Attorney or Accredited Representative UScis Online Account Number (if any)</th>
</tr>
</thead>
</table>

START HERE - Type or print in black ink.

If you need extra space to complete any section of this petition, use the space provided in Part 9. Additional Information. Complete and submit as many copies of Part 9., as necessary, with your petition.

Part 1. Relationship (You are the Petitioner. Your relative is the Beneficiary)

1. I am filing this petition for my (Select only one box):
   ☐ Spouse ☐ Parent ☐ Brother/Sister ☐ Child

2. If you are filing this petition for your child or parent, select the box that describes your relationship (Select only one box):
   ☐ Child was born to parents who were married to each other at the time of the child's birth
   ☐ Stepchild/Stepparent
   ☐ Child was born to parents who were not married to each other at the time of the child's birth
   ☐ Child was adopted (not an Orphan or Hague Convention adoptee)

3. If the beneficiary is your brother/sister, are you related by adoption? ☐ Yes ☐ No

4. Did you gain lawful permanent resident status or citizenship through adoption? ☐ Yes ☐ No

Part 2. Information About You (Petitioner)

1. Alien Registration Number (A-Number) (if any)
   ➤ A-

2. USCIS Online Account Number (if any)
   ➤ 

3. U.S. Social Security Number (if any)
   ➤ 

Your Full Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name
Part 2. Information About You (Petitioner) (continued)

Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames.

5.a. Family Name (Last Name)
5.b. Given Name (First Name)
5.c. Middle Name

Other Information

6. City/Town/Village of Birth

7. Country of Birth

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

9. Sex  □ Male  □ Female

Mailing Address

10.a. In Care Of Name

10.b. Street Number and Name


10.d. City or Town

10.e. State  ▼ 10.f. ZIP Code

10.g. Province

10.h. Postal Code

10.i. Country

11. Is your current mailing address the same as your physical address?  □ Yes  □ No

If you answered "No" to Item Number 11., provide information on your physical address in Item Numbers 12.a. - 13.b.

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in Item Numbers 10.a. - 10.f.

Physical Address 1

12.a. Street Number and Name


12.c. City or Town

12.d. State  ▼ 12.e. ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

13.a. Date From (mm/dd/yyyy)

13.b. Date To (mm/dd/yyyy)

Physical Address 2

14.a. Street Number and Name


14.c. City or Town


14.f. Province

14.g. Postal Code

14.h. Country

15.a. Date From (mm/dd/yyyy)

15.b. Date To (mm/dd/yyyy)

Your Marital Information

16. How many times have you been married? ▶

17. Current Marital Status

□ Single, Never Married  □ Married  □ Divorced

□ Widowed  □ Separated  □ Annulled
Part 2. Information About You (Petitioner) (continued)

18. Date of Current Marriage (if currently married) (mm/dd/yyyy)

Place of Your Current Marriage (if married)

19.a. City or Town

19.b. State

19.c. Province

19.d. Country

Names of All Your Spouses (if any)

Provide information on your current spouse (if currently married) first and then list all your prior spouses (if any).

Spouse 1

20.a. Family Name (Last Name)

20.b. Given Name (First Name)

20.c. Middle Name

21. Date Marriage Ended (mm/dd/yyyy)

Spouse 2

22.a. Family Name (Last Name)

22.b. Given Name (First Name)

22.c. Middle Name

23. Date Marriage Ended (mm/dd/yyyy)

Information About Your Parents

Parent 1’s Information

24.a. Family Name (Last Name)

24.b. Given Name (First Name)

24.c. Middle Name

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

26. Sex □ Male □ Female

27. Country of Birth

28. City/Town/Village of Residence

29. Country of Residence

Parent 2’s Information

Full Name of Parent 2

30.a. Family Name (Last Name)

30.b. Given Name (First Name)

30.c. Middle Name

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

32. Sex □ Male □ Female

33. Country of Birth

34. City/Town/Village of Residence

35. Country of Residence

Additional Information About You (Petitioner)

36. I am a (Select only one box):

□ U.S. Citizen  □ Lawful Permanent Resident

If you are a U.S. citizen, complete Item Number 37.

37. My citizenship was acquired through (Select only one box):

□ Birth in the United States

□ Naturalization

□ Parents

38. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship? □ Yes □ No

If you answered "Yes" to Item Number 38, complete the following:

39.a. Certificate Number

39.b. Place of Issuance

39.c. Date of Issuance (mm/dd/yyyy)
Part 2. Information About You (Petitioner) (continued)

If you are a lawful permanent resident, complete Item Numbers 40.a. - 41.

40.a. Class of Admission

40.b. Date of Admission (mm/dd/yyyy) 

Place of Admission

40.c. City or Town

40.d. State 

41. Did you gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident?  

   Yes  No

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in Item Number 42.

Employer 1

42. Name of Employer/Company 

43.a. Street Number and Name


43.c. City or Town

43.d. State  43.e. ZIP Code

43.f. Province

43.g. Postal Code

43.h. Country

44. Your Occupation

45.a. Date From (mm/dd/yyyy) 

45.b. Date To (mm/dd/yyyy) 

Employer 2

46. Name of Employer/Company 

47.a. Street Number and Name


47.c. City or Town

47.d. State  47.e. ZIP Code

47.f. Province

47.g. Postal Code

47.h. Country

48. Your Occupation

49.a. Date From (mm/dd/yyyy) 

49.b. Date To (mm/dd/yyyy) 

Part 3. Biographic Information

NOTE: Provide the biographic information about you, the petitioner.

1. Ethnicity (Select only one box)

   Hispanic or Latino
   Not Hispanic or Latino

2. Race (Select all applicable boxes)

   White
   Asian
   Black or African American
   American Indian or Alaska Native
   Native Hawaiian or Other Pacific Islander

3. Height  Feet  Inches 

4. Weight

5. Eye Color (Select only one box)

   Black  Blue  Brown
   Gray  Green  Hazel
   Maroon  Pink  Unknown/Other
**Part 3. Biographic Information (continued)**

6. Hair Color (Select only one box)

- Bald (No hair)
- Black
- Blond
- Brown
- Gray
- Red
- Sandy
- White
- Unknown/Other

**Part 4. Information About Beneficiary**

1. Alien Registration Number (A-Number) (if any)
   - A-

2. USCIS Online Account Number (if any)

3. U.S. Social Security Number (if any)

**Beneficiary's Full Name**

4.a. Family Name
    (Last Name)

4.b. Given Name
    (First Name)

4.c. Middle Name

**Other Names Used (if any)**

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames.

5.a. Family Name
    (Last Name)

5.b. Given Name
    (First Name)

5.c. Middle Name

**Other Information About Beneficiary**

6. City/Town/Village of Birth

7. Country of Birth

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

9. Sex
   - Male
   - Female

10. Has anyone else ever filed a petition for the beneficiary?
    - Yes
    - No
    - Unknown

**Beneficiary's Physical Address**

If the beneficiary lives outside the United States in a home without a street number or name, leave Item Numbers 11.a. and 11.b. blank.

11.a. Street Number and Name


11.c. City or Town

11.d. State ▼ 11.e. ZIP Code

11.f. Province

11.g. Postal Code

11.h. Country

**Other Address and Contact Information**

Provide the address in the United States where the beneficiary intends to live, if different from Item Numbers 11.a. - 11.h. If the address is the same, type or print "SAME" in Item Number 12.a.

12.a. Street Number and Name


12.c. City or Town

12.d. State ▼ 12.e. ZIP Code

Provide the beneficiary's address outside the United States, if different from Item Numbers 11.a. - 11.h. If the address is the same, type or print "SAME" in Item Number 13.a.

13.a. Street Number and Name


13.c. City or Town

13.d. Province

13.e. Postal Code

13.f. Country

14. Daytime Telephone Number (if any)
### Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any) 

16. Email Address (if any) 

### Beneficiary's Marital Information

17. How many times has the beneficiary been married? 

18. Current Marital Status 
   - [ ] Single, Never Married 
   - [ ] Married 
   - [ ] Divorced 
   - [ ] Widowed 
   - [ ] Separated 
   - [ ] Annulled 

19. Date of Current Marriage (if currently married) (mm/dd/yyyy) 

### Place of Beneficiary's Current Marriage (if married)

20.a. City or Town 

20.b. State 

20.c. Province 

20.d. Country 

### Names of Beneficiary's Spouses (if any)

Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).

#### Spouse 1

21.a. Family Name (Last Name) 

21.b. Given Name (First Name) 

21.c. Middle Name 

22. Date Marriage Ended (mm/dd/yyyy) 

#### Spouse 2

23.a. Family Name (Last Name) 

23.b. Given Name (First Name) 

23.c. Middle Name 

24. Date Marriage Ended (mm/dd/yyyy) 

### Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

#### Person 1

25.a. Family Name (Last Name) 

25.b. Given Name (First Name) 

25.c. Middle Name 

26. Relationship 

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

28. Country of Birth 

#### Person 2

29.a. Family Name (Last Name) 

29.b. Given Name (First Name) 

29.c. Middle Name 

30. Relationship 

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

32. Country of Birth 

#### Person 3

33.a. Family Name (Last Name) 

33.b. Given Name (First Name) 

33.c. Middle Name 

34. Relationship 

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

36. Country of Birth 

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Form I-130  02/13/19  Page 6 of 12
### Part 4. Information About Beneficiary (continued)

#### Person 4

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<table>
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<tr>
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<tbody>
<tr>
<td>37.a. Family Name (Last Name)</td>
<td></td>
</tr>
<tr>
<td>37.b. Given Name (First Name)</td>
<td></td>
</tr>
<tr>
<td>37.c. Middle Name</td>
<td></td>
</tr>
<tr>
<td>38. Relationship</td>
<td></td>
</tr>
<tr>
<td>39. Date of Birth (mm/dd/yyyy)</td>
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<td>40. Country of Birth</td>
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#### Person 5

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<tbody>
<tr>
<td>41.a. Family Name (Last Name)</td>
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<tr>
<td>41.b. Given Name (First Name)</td>
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<tr>
<td>41.c. Middle Name</td>
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<tr>
<td>42. Relationship</td>
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<tr>
<td>43. Date of Birth (mm/dd/yyyy)</td>
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<td>44. Country of Birth</td>
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#### Beneficiary's Entry Information

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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>45. Was the beneficiary EVER in the United States?</td>
<td>Yes □  No □</td>
</tr>
</tbody>
</table>

If the beneficiary is currently in the United States, complete Items Numbers 46.a. - 46.d.

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>46.a. He or she arrived as a (Class of Admission):</td>
<td></td>
</tr>
<tr>
<td>46.b. Form I-94 Arrival-Departure Record Number</td>
<td></td>
</tr>
<tr>
<td>46.c. Date of Arrival (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>46.d. Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print &quot;D/S&quot; for Duration of Status</td>
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<td>47. Passport Number</td>
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</tr>
<tr>
<td>48. Travel Document Number</td>
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<tr>
<td>49. Country of Issuance for Passport or Travel Document</td>
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</tr>
<tr>
<td>50. Expiration Date for Passport or Travel Document (mm/dd/yyyy)</td>
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</table>

#### Beneficiary's Employment Information

Provide the beneficiary's current employment information (if applicable), even if they are employed outside of the United States. If the beneficiary is currently unemployed, type or print "Unemployed" in Item Number 51.a.

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<table>
<thead>
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<tbody>
<tr>
<td>51.a. Name of Current Employer (if applicable)</td>
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<td>51.b. Street Number and Name</td>
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</tr>
<tr>
<td>51.d. City or Town</td>
<td></td>
</tr>
<tr>
<td>51.e. State ▼ 51.f. ZIP Code</td>
<td></td>
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<tr>
<td>51.g. Province</td>
<td></td>
</tr>
<tr>
<td>51.h. Postal Code</td>
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<tr>
<td>51.i. Country</td>
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<tbody>
<tr>
<td>52. Date Employment Began (mm/dd/yyyy)</td>
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</table>

#### Additional Information About Beneficiary

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>53. Was the beneficiary EVER in immigration proceedings?</td>
<td>Yes □  No □</td>
</tr>
<tr>
<td>54. If you answered &quot;Yes,&quot; select the type of proceedings and provide the location and date of the proceedings.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Removal □ Exclusion/Deportation □ Rescission □ Other Judicial Proceedings</td>
<td></td>
</tr>
<tr>
<td>55.a. City or Town</td>
<td></td>
</tr>
<tr>
<td>55.b. State ▼</td>
<td></td>
</tr>
<tr>
<td>56. Date (mm/dd/yyyy)</td>
<td></td>
</tr>
</tbody>
</table>
Part 4. Information About Beneficiary (continued)

If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign address in their native written language.

<table>
<thead>
<tr>
<th>Item</th>
<th>Content</th>
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<tr>
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<td>Family Name (Last Name)</td>
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<tr>
<td>57.b</td>
<td>Given Name (First Name)</td>
</tr>
<tr>
<td>57.c</td>
<td>Middle Name</td>
</tr>
<tr>
<td>58.a</td>
<td>Street Number and Name</td>
</tr>
<tr>
<td>58.c</td>
<td>City or Town</td>
</tr>
<tr>
<td>58.d</td>
<td>Province</td>
</tr>
<tr>
<td>58.e</td>
<td>Postal Code</td>
</tr>
<tr>
<td>58.f</td>
<td>Country</td>
</tr>
</tbody>
</table>

If filing for your spouse, provide the last address at which you physically lived together. If you never lived together, type or print, "Never lived together" in Item Number 59.a.

<table>
<thead>
<tr>
<th>Item</th>
<th>Content</th>
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</thead>
<tbody>
<tr>
<td>59.a</td>
<td>Street Number and Name</td>
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<tr>
<td>59.c</td>
<td>City or Town</td>
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<tr>
<td>59.d</td>
<td>State □ 59.e</td>
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<tr>
<td>59.f</td>
<td>Province</td>
</tr>
<tr>
<td>59.g</td>
<td>Postal Code</td>
</tr>
<tr>
<td>59.h</td>
<td>Country</td>
</tr>
</tbody>
</table>

60.a. Date From (mm/dd/yyyy) 60.b. Date To (mm/dd/yyyy)

The beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS) office in:

<table>
<thead>
<tr>
<th>Item</th>
<th>Content</th>
</tr>
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<tr>
<td>61.a</td>
<td>City or Town</td>
</tr>
<tr>
<td>61.b</td>
<td>State</td>
</tr>
</tbody>
</table>

The beneficiary will not apply for adjustment of status in the United States, but he or she will apply for an immigrant visa abroad at the U.S. Embassy or U.S. Consulate in:

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<th>Item</th>
<th>Content</th>
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<tbody>
<tr>
<td>62.a</td>
<td>City or Town</td>
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<tr>
<td>62.b</td>
<td>Province</td>
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<tr>
<td>62.c</td>
<td>Country</td>
</tr>
</tbody>
</table>

NOTE: Choosing a U.S. Embassy or U.S. Consulate outside the country of the beneficiary's last residence does not guarantee that it will accept the beneficiary's case for processing. In these situations, the designated U.S. Embassy or U.S. Consulate has discretion over whether or not to accept the beneficiary's case.

Part 5. Other Information

1. Have you EVER previously filed a petition for this beneficiary or any other alien? □ Yes □ No

If you answered "Yes," provide the name, place, date of filing, and the result.

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<th>Item</th>
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<tbody>
<tr>
<td>2.a</td>
<td>Family Name (Last Name)</td>
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<tr>
<td>2.b</td>
<td>Given Name (First Name)</td>
</tr>
<tr>
<td>2.c</td>
<td>Middle Name</td>
</tr>
<tr>
<td>3.a</td>
<td>City or Town</td>
</tr>
<tr>
<td>3.b</td>
<td>State</td>
</tr>
<tr>
<td>4.</td>
<td>Date Filed (mm/dd/yyyy)</td>
</tr>
<tr>
<td>5.</td>
<td>Result (for example, approved, denied, withdrawn)</td>
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</tbody>
</table>

If you are also submitting separate petitions for other relatives, provide the names of and your relationship to each relative.

Relative 1

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<th>Item</th>
<th>Content</th>
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<tbody>
<tr>
<td>6.a</td>
<td>Family Name (Last Name)</td>
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<tr>
<td>6.b</td>
<td>Given Name (First Name)</td>
</tr>
<tr>
<td>6.c</td>
<td>Middle Name</td>
</tr>
<tr>
<td>7.</td>
<td>Relationship</td>
</tr>
</tbody>
</table>
Part 5. Other Information (continued)

Relative 2

8.a. Family Name (Last Name) 

8.b. Given Name (First Name) 

8.c. Middle Name 

9. Relationship 

WARNING: USCIS investigates the claimed relationships and verifies the validity of documents you submit. If you falsely a family relationship to obtain a visa, USCIS may seek to have you criminally prosecuted.

PENALTIES: By law, you may be imprisoned for up to 5 years or fined $250,000, or both, for entering into a marriage contract in order to evade any U.S. immigration law. In addition, you may be fined up to $10,000 and imprisoned for up to 5 years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

Part 6. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the Penalties section of the Form I-130 instructions before completing this part.

Petitioner'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 petition and my answer to every question.

1.b. □ The interpreter named in Part 7, read to me every question and instruction on this petition and my answer to every question in a language in which I am fluent. I understood all of this information as interpreted.

2. □ At my request, the preparer named in Part 8, prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number 

4. Petitioner's Mobile Telephone Number (if any) 

5. Petitioner's Email Address (if any) 

Petitioner'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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

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

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 provided or authorized all of the information contained in, and submitted with, my petition;

2) I reviewed and understood all of the information in, and submitted with, my petition; and

3) 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 petition 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 petition, and that all of this information is complete, true, and correct.

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink) 

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

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.
Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter if you used one.

**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)

**Interpreter's Mailing Address**

3.a. Street Number and Name


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 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ ▢
Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

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)

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.

7.b. ☐ I am an attorney or accredited representative and my representation of the petitioner in this case ☐ extends ☐ does not extend beyond the preparation of this petition.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Preparer's Certification

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

Preparer's Signature

8.a. Preparer's Signature (sign in ink)

8.b. Date of Signature (mm/dd/yyyy)
**Part 9. Additional Information**

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

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<tr>
<td>1.a. Family Name (Last Name)</td>
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<td>1.b. Given Name (First Name)</td>
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<td>1.c. Middle Name</td>
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<td>2. A-Number (if any)</td>
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<td>3.c. Item Number</td>
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<td>7.b. Part Number</td>
<td>7.c. Item Number</td>
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<td>8.b. Part Number</td>
<td>8.c. Item Number</td>
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Form I-130 02/13/19

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Page 68 of 133
Supplemental Information for Spouse Beneficiary

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

To be completed by an attorney or accredited representative (if any).

- Select this box if Form G-28 is attached.

<table>
<thead>
<tr>
<th>Volag Number (if any)</th>
<th>Attorney State Bar Number (if applicable)</th>
<th>Attorney or Accredited Representative USCIS Online Account Number (if any)</th>
</tr>
</thead>
</table>

**START HERE - Type or print in black ink.**

The purpose of this form is to collect additional information for a spouse beneficiary of Form I-130, Petition for Alien Relative. If your spouse is a U.S. citizen, lawful permanent resident, or non-citizen U.S. national who is filing Form I-130 on your behalf, you must complete and sign Form I-130A, Supplemental Information for Spouse Beneficiary, and submit it with the Form I-130 filed by your spouse. If you reside overseas, you still must complete Form I-130A, but you do not need to sign the form.

### Part 1. Information About You (Spouse Beneficiary)

1. Alien Registration Number (A-Number) (if any)

   ▶ A-

2. USCIS Online Account Number (if any)

### Your Full Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

### Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in Part 7. Additional Information.

#### Physical Address 1

4.a. Street Number and Name


4.c. City or Town

4.d. State ▼ 4.e. ZIP Code

4.f. Province

4.g. Postal Code

4.h. Country

#### Physical Address 2

5.a. Date From (mm/dd/yyyy)

5.b. Date To (mm/dd/yyyy)

#### Last Physical Address Outside the United States

Provide your last address outside the United States of more than one year (even if listed above).

8.a. Street Number and Name


8.c. City or Town

8.d. Province

8.e. Postal Code

8.f. Country
**Part 1. Information About You (The Spouse Beneficiary)**

9.a. Date From (mm/dd/yyyy)  
9.b. Date To (mm/dd/yyyy)

**Information About Parent 1**

10.a. Family Name  
(Maiden Name)  
10.b. Given Name  
(First Name)  
10.c. Middle Name  
11. Date of Birth (mm/dd/yyyy)  
12. Sex  
   □ Male  □ Female  
13. City/Town/Village of Birth  
14. Country of Birth  
15. City/Town/Village of Residence  
16. Country of Residence

**Information About Parent 2**

17.a. Family Name  
(Last Name)  
17.b. Given Name  
(First Name)  
17.c. Middle Name  
18. Date of Birth (mm/dd/yyyy)  
19. Sex  
   □ Male  □ Female  
20. City/Town/Village of Birth  
21. Country of Birth  
22. City/Town/Village of Residence  
23. Country of Residence

**Part 2. Information About Your Employment**

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 1**, below. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

**Employment History**

Employer 1

1. Name of Employer/Company  
2.a. Street Number  
2.c. City or Town  
2.d. State ▼ 2.e. ZIP Code  
2.f. Province  
2.g. Postal Code  
2.h. Country  
3. Your Occupation

Employer 2

5. Name of Employer/Company  
6.a. Street Number  
6.c. City or Town  
6.d. State ▼ 6.e. ZIP Code  
6.f. Province  
6.g. Postal Code  
6.h. Country
Part 2. Information About Your Employment (continued)

7. Your Occupation

8.a. Date From (mm/dd/yyyy)

8.b. Date To (mm/dd/yyyy)

Part 3. Information About Your Employment Outside the United States

Provide your last occupation outside the United States if not shown above. If you never worked outside the United States, provide this information in the space provided in Part 7.

Additional Information.

1. Name of Employer/Company

2.a. Street Number
   and Name


2.c. City or Town

2.d. State ☐ 2.e. ZIP Code

2.f. Province

2.g. Postal Code

2.h. Country

3. Your Occupation

4.a. Date From (mm/dd/yyyy)

4.b. Date To (mm/dd/yyyy)

Part 4. Spouse Beneficiary's Statement, Contact Information, Certification, and Signature

NOTE: Read the Penalties section of the Form I-130 and Form I-130A Instructions before completing this part.

Spouse Beneficiary'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 form and my answer to every question in

☐ a language in which I am fluent, and I understood everything.

2. ☐ At my request, the preparer name in Part 6,

preparing this form for me based only upon information I provided or authorized.

Spouse Beneficiary's Contact Information

3. Spouse Beneficiary's Daytime Telephone Number

4. Spouse Beneficiary's Mobile Telephone Number (if any)

5. Spouse Beneficiary's Email Address (if any)

Spouse Beneficiary's 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 of my records that USCIS may need to determine my eligibility for the immigration benefits I seek.

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

I certify, under penalty of perjury, that I provided or authorized all of the information in this form, I understand all of the information contained in, and submitted with, my form, and that all of this information is complete, true, and correct.

Spouse Beneficiary's Signature

6.a. Spouse Beneficiary's Signature (sign in ink)

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

NOTE TO ALL SPOUSE BENEFICIARIES: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the Form I-130 filed on your behalf.
Part 5. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter you used to complete Form I-130A if he or she is different from the interpreter used to complete the Form I-130 filed on your behalf.

**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)

**Interpreter's Mailing Address**

3.a. Street Number and Name


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 provided in **Part 4, Item Number 1.b.**, and I have read to this spouse beneficiary in the identified language every question and instruction on this form and his or her answer to every question. The spouse beneficiary informed me that he or she understands every instruction, question, and answer on the form, including the **Spouse Beneficiary's Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

7.a. Interpreter's Signature (sign in ink)

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

---

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary

Provide the following information about the preparer you used to complete Form I-130A if he or she is different from the preparer used to complete the Form I-130 filed on your behalf.

**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.c. City or Town

3.d. State ☐ 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country
Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary (continued)

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)

Preparer's Statement

7.a. □ I am not an attorney or accredited representative but have prepared this form on behalf of the spouse beneficiary and with the spouse beneficiary's consent.

7.b. □ I am an attorney or accredited representative and my representation of the spouse beneficiary in this case □ extends □ does not extend beyond the preparation of this form.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this form, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

Preparer's Certification

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

Preparer's Signature

8.a. Preparer's Signature (sign in ink)

8.b. Date of Signature (mm/dd/yyyy)
## Part 7. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.

### 1.a. Family Name (Last Name)

### 1.b. Given Name (First Name)

### 1.c. Middle Name

### 2. A-Number (if any) ➤ A-

### 3.a. Page Number

### 3.b. Part Number

### 3.c. Item Number

### 3.d.

### 4.a. Page Number

### 4.b. Part Number

### 4.c. Item Number

### 4.d.

### 5.a. Page Number

### 5.b. Part Number

### 5.c. Item Number

### 5.d.

### 6.a. Page Number

### 6.b. Part Number

### 6.c. Item Number

### 6.d.

### 7.a. Page Number

### 7.b. Part Number

### 7.c. Item Number

### 7.d.
# Application to Register Permanent Residence or Adjust Status

**For USCIS Use Only**

<table>
<thead>
<tr>
<th>Preference Category:</th>
<th>Receipt</th>
<th>Action Block</th>
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<tbody>
<tr>
<td>Country Chargeable:</td>
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<td>Priority Date:</td>
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<tr>
<td>Date Form 1-693 Received:</td>
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</table>

- **Section of Law**
  - INA 209(a)
  - INA 249
  - INA 209(b)
  - Sec. 13, Act of 9/11/57
  - INA 245(a)
  - Cuban Adjustment Act
  - INA 245(i)
  - Other: ______________
  - INA 245(m)

**To be completed by an attorney or accredited representative (if any).**

- **Select this box if Form G-28 is attached.**
- **Volag Number (if any):**
- **Attorney State Bar Number (if applicable):**
- **Attorney or Accredited Representative USCIS Online Account Number (if any):**

---

**START HERE - Type or print in black ink.**

**A-Number**

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may deny your application.

## Part 1. Information About You (individual applying for lawful permanent residence)

### Your Current Legal Name (do not provide a nickname)

1.a. **Family Name (Last Name):**

1.b. **Given Name (First Name):**

1.c. **Middle Name:**

### Other Names You Have Used Since Birth (if applicable)

**NOTE:** Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**.

2.a. **Family Name (Last Name):**

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:**

## Other Information About You

5. **Date of Birth (mm/dd/yyyy):**

**NOTE:** In addition to providing your actual date of birth, include any other dates of birth you have used in connection with any legal names or non-legal names in the space provided in **Part 14. Additional Information**.

6. **Gender**
   - [ ] Male
   - [ ] Female

7. **City or Town of Birth:**

---

Form I-485 Edition 10/15/19
**Part 1. Information About You** (Person applying for lawful permanent residence) (continued)

8. Country of Birth

9. Country of Citizenship or Nationality

10. Alien Registration Number (A-Number) (if any)

   ![A-]

   **NOTE:** If you have EVER used other A-Numbers, include the additional A-Numbers in the space provided in Part 14. Additional Information.

11. USCIS Online Account Number (if any)

12. U.S. Social Security Number (if any)

**U.S. Mailing Address**

13.a. In Care Of Name (if any)

13.b. Street Number and Name


13.d. City or Town

13.e. State [ ]

13.f. ZIP Code

**Alternate and/or Safe Mailing Address**

If you are applying based on the Violence Against Women Act (VAWA) or as a special immigrant juvenile, human trafficking victim (T nonimmigrant), or victim of qualifying criminal activity (U nonimmigrant) and you do not want USCIS to send notices about this application to your home, you may provide an alternative and/or safe mailing address.

14.a. In Care Of Name (if any)

14.b. Street Number and Name


14.d. City or Town

14.e. State [ ]

14.f. ZIP Code

**Recent Immigration History**

Provide the information for Item Numbers 15. - 19. if you last entered the United States using a passport or travel document.

15. Passport Number Used at Last Arrival

16. Travel Document Number Used at Last Arrival

17. Expiration Date of this Passport or Travel Document (mm/dd/yyyy)

18. Country that Issued this Passport or Travel Document

19. Nonimmigrant Visa Number from this Passport (if any)

Place of Last Arrival into the United States

20.a. City or Town

20.b. State

21. Date of Last Arrival (mm/dd/yyyy)

When I last arrived in the United States, I:

22.a. ☐ Was inspected at a port of entry and admitted as (for example, exchange visitor; visitor, waived through; temporary worker; student):

22.b. ☐ Was inspected at a port of entry and paroled as (for example, humanitarian parole, Cuban parole):

22.c. ☐ Came into the United States without admission or parole.

22.d. ☐ Other:

If you were issued a Form I-94 Arrival-Departure Record Number:

23.a. Form I-94 Arrival-Departure Record Number

23.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy)

23.c. Status on Form I-94 (for example, class of admission, or paroled, if paroled)
Part 1. Information About You (Person applying for lawful permanent residence) (continued)

24. What is your current immigration status (if it has changed since your arrival)?

Provide your name exactly as it appears on your Form I-94 (if any)

25.a. Family Name (Last Name)
25.b. Given Name (First Name)
25.c. Middle Name

Part 2. Application Type or Filing Category

1. I am filing this Form I-485 as a (select only one box):
   - □ Principal applicant
   - □ Derivative applicant

NOTE: Attach a copy of the Form I-797 receipt or approval notice for the underlying petition or application, as appropriate.

I am applying as a principal or derivative applicant to register lawful permanent residence or adjust status to that of a lawful permanent resident based on the following immigrant category (select only one category). (See the Form I-485 Instructions for more information, including any Additional Instructions that relate to the immigrant category you select):

Family-based

2.a. □ Immediate relative spouse of a U.S. citizen, parent of a U.S. citizen if the U.S. citizen is 21 years of age or older, and unmarried child under 21 years of age of a U.S. citizen, Form I-130

2.b. □ Other relative of a U.S. citizen or relative of a lawful permanent resident under the family-based preference categories, Form I-130

2.c. □ Individual admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen, Form I-129F (K-1/K-2 Nonimmigrant)

2.d. □ Widow or widower of a U.S. citizen, Form I-360

2.e. □ VAWA self-petitioner, Form I-360

2.f. □ Spouse, child, or parent of a deceased U.S. active duty service member in the armed forces under the National Defense Authorization Act (NDAA), Form I-130 or Form I-360

Employment-based

3.a. □ Alien worker, Form I-140 (if you select this box, you must answer Item Number 9.a.)

3.b. □ Alien entrepreneur, Form I-526

Special Immigrant

4.a. □ Religious worker, Form I-360

4.b. □ Special immigrant juvenile, Form I-360

4.c. □ Certain Afghan or Iraqi national, Form I-360

4.d. □ Certain international broadcaster, Form I-360

4.e. □ Certain G-4 international organization or family member or NATO-6 employee or family member, Form I-360

4.f. □ Certain U.S. armed forces members (also known as the Six and Six program), Form I-360

4.g. □ Panama Canal Zone employees, Form I-360

4.h. □ Certain Physicians, Form I-360

4.i. □ Certain employee or former employee of the U.S. Government abroad, Form I-360

Asylee or Refugee

5.a. □ Asylum status (INA section 208), Form I-589 or Form I-730

5.b. □ Refugee status (INA section 207), Form I-590 or Form I-730

Human Trafficking Victim or Victim of Qualifying Criminal Activity

6.a. □ Human trafficking victim (T Nonimmigrant), Form I-914 or derivative family member, Form I-914A

6.b. □ Victim of Qualifying Criminal Activity (U Nonimmigrant), Form I-918, derivative family member, Form I-918A, or qualifying family member, Form I-929

Form I-485 Edition 10/15/19
Part 2. Application Type or Filing Category (continued)

Special Programs Based on Certain Public Laws

7.a. □ Applicant adjusting under the Cuban Adjustment Act
7.b. □ Applicant adjusting under the Cuban Adjustment Act for battered spouses and children
7.c. □ Applicant adjusting based on dependent status under the Haitian Refugee Immigrant Fairness Act
7.d. □ Applicant adjusting based on dependent status under the Haitian Refugee Immigrant Fairness Act for battered spouses and children
7.e. □ Lautenberg Parolees
7.f. □ Diplomats or high ranking officials unable to return home (Section 13 of the Act of September 11, 1957)
7.g. □ Applicant adjusting under the Indochinese Parole Adjustment Act of 2000
7.h. □ Applicant adjusting under the Amerasian Act (October 22, 1982), Form I-360

Additional Options

8.a. □ Diversity Visa program
8.b. □ Continuous residence in the United States since before January 1, 1972 ("Registry")
8.c. □ Individual born in the United States under diplomatic status
8.d. □ S nonimmigrants and qualifying family members (only law enforcement agencies can file Form I-485 for someone in this category.)
8.e. □ Other eligibility (see the Form I-485 Instructions, Who May Form I-485, Item Number 3. Other Immigrant Categories for examples)

Additional Alien Worker Information

Answer Item Number 9.a. only if you selected Item Number 3.a. “Alien worker, Form I-140.”

9.a. Did a relative file the associated Form I-140 for you or does a relative have a significant ownership interest (five percent or more) in the business that filed Form I-140 for you? (The relative must be your husband, wife, father, mother, child, adult son, adult daughter, brother, or sister.)

         □ Yes □ No

If you answered "Yes" to Item Number 9.a., answer Item Numbers 9.b. - 9.e. If you answered "No," skip to Item Number 10.

9.b. How is your relative related to you?

         □ Brother or sister
         □ Husband, wife, father, mother, child, adult son, or adult daughter

9.e. This relative is a:

         □ U.S. citizen
         □ U.S. national
         □ Lawful permanent resident
         □ None of the above

10. Regardless of the immigrant category you are adjusting under, do you hold:

       VAWA self-petitioner status □ Yes □ No

       Victim of Qualifying Criminal Activity (U nonimmigrant) status □ Yes □ No

       Human trafficking victim (T nonimmigrant) status □ Yes □ No

INA Section 245(i)

11. Are you applying for adjustment based on the Immigration and Nationality Act (INA) section 245(i)?

         □ Yes □ No

NOTE: If you answered "Yes" to Item Number 11., you must have selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in Item Numbers 2.a. - 8.e. as the basis for your application for adjustment of status. Fill out the rest of this application AND Supplement A to Form I-485, Adjustment of Status Under Section 245(i) (Supplement A). For detailed filing instructions, read the Form I-485 Instructions (including any Additional Instructions that relate to the immigrant category that you selected in Item Numbers 2.a. - 8.e.) and Supplement A Instructions.

Information About Your Immigrant Category

If you are the principal applicant, provide the following information.

12. Receipt Number of Underlying Petition (if any)

13. Priority Date from Underlying Petition (if any) (mm/dd/yyyy)
Part 2. Application Type or Filing Category (continued)

If you are a derivative applicant (the spouse or unmarried child under 21 years of age of a principal applicant), provide the following information for the principal applicant.

Principal Applicant's Name

14.a. Family Name (Last Name)

14.b. Given Name (First Name)

14.c. Middle Name

15. Principal Applicant's A-Number (if any)

16. Principal Applicant's Date of Birth (mm/dd/yyyy)

17. Receipt Number of Principal's Underlying Petition (if any)

18. Priority Date of Principal Applicant's Underlying Petition (if any) (mm/dd/yyyy)

Part 3. Additional Information About You

1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? □ Yes □ No

If you answered "Yes" to Item Number 1., complete Item Numbers 2.a. - 4. below. If you need extra space to complete this section, use the space provided in Part 14. Additional Information.

Location of U.S. Embassy or U.S. Consulate

2.a. City

2.b. Country

3. Decision (for example, approved, refused, denied, withdrawn)

4. Date of Decision (mm/dd/yyyy)

Address History

Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in Part 14. Additional Information.

Physical Address 1 (current address)

5.a. Street Number and Name


5.c. City or Town

5.d. State ▼ 5.e. ZIP Code

5.f. Province

5.g. Postal Code

5.h. Country

Dates of Residence

6.a. From (mm/dd/yyyy)

6.b. To (mm/dd/yyyy)

Physical Address 2

7.a. Street Number and Name


7.c. City or Town

7.d. State ▼ 7.e. ZIP Code

7.f. Province

7.g. Postal Code

7.h. Country
Part 3. Additional Information About You
(continued)

Dates of Residence
8.a. From (mm/dd/yyyy) 

8.b. To (mm/dd/yyyy) 

Provide your most recent address outside the United States where you lived for more than one year (if not already listed above).
9.a. Street Number and Name


9.e. City or Town 


9.f. Province 

9.g. Postal Code 

9.h. Country 

Dates of Residence
10.a. From (mm/dd/yyyy) 

10.b. To (mm/dd/yyyy) 

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in Part 14. Additional Information.

Employer 1 (current or most recent)
11. Name of Employer or Company

12.a. Street Number and Name


12.e. ZIP Code 

12.d. State ▼ 

12.f. Province 

12.g. Postal Code 

12.h. Country 

13. Your Occupation 

Dates of Employment
14.a. From (mm/dd/yyyy) 

14.b. To (mm/dd/yyyy) 

Employer 2
15. Name of Employer or Company

16.a. Street Number and Name


16.e. ZIP Code 

16.d. State ▼ 

16.f. Province 

16.g. Postal Code 

16.h. Country 

17. Your Occupation 

Dates of Employment
18.a. From (mm/dd/yyyy) 

18.b. To (mm/dd/yyyy)
Part 3. Additional Information About You (continued)

Provide your most recent employment outside of the United States (if not already listed above).

19. Name of Employer or Company

Address of Employer or Company

20.a. Street Number and Name


20.c. City or Town

20.d. State □ 20.e. ZIP Code

20.f. Province

20.g. Postal Code

20.h. Country

21. Your Occupation

Dates of Employment

22.a. From (mm/dd/yyyy)

22.b. To (mm/dd/yyyy)

Part 4. Information About Your Parents

Information About Your Parent 1

Parent 1’s Legal Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Parent 1’s Name at Birth (if different than above)

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

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

4. Gender □ Male □ Female

5. City or Town of Birth

6. Country of Birth

7. Current City or Town of Residence (if living)

8. Current Country of Residence (if living)

Information About Your Parent 2

Parent 2’s Legal Name

9.a. Family Name (Last Name)

9.b. Given Name (First Name)

9.c. Middle Name

Parent 2’s Name at Birth (if different than above)

10.a. Family Name (Last Name)

10.b. Given Name (First Name)

10.c. Middle Name

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

12. Gender □ Male □ Female

13. City or Town of Birth

14. Country of Birth

15. Current City or Town of Residence (if living)

16. Current Country of Residence (if living)
Part 5. Information About Your Marital History

1. What is your current marital status?
   - Single, Never Married
   - Married
   - Divorced
   - Widowed
   - Marriage Annulled
   - Legally Separated

2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard?
   - N/A
   - Yes
   - No

3. How many times have you been married (including annulled marriages and marriages to the same individual)?

Information About Your Current Marriage (including if you are legally separated)

If you are currently married, provide the following information about your current spouse.

Current Spouse's Legal Name

4.a. Family Name (Last Name)
4.b. Given Name (First Name)
4.c. Middle Name

5. A-Number (if any)

6. Current Spouse's Date of Birth (mm/dd/yyyy)

7. Date of Marriage to Current Spouse (mm/dd/yyyy)

Current Spouse's Place of Birth

8.a. City or Town
8.b. State or Province
8.c. Country

Place of Marriage to Current Spouse

9.a. City or Town
9.b. State or Province
9.c. Country

10. Is your current spouse applying with you?
    - Yes
    - No

Information About Prior Marriages (if any)

If you have been married before, whether in the United States or in any other country, provide the following information about your prior spouse. If you have had more than one previous marriage, use the space provided in Part 14. Additional Information to provide the information below.

Prior Spouse's Legal Name (provide family name before marriage)

11.a. Family Name (Last Name)
11.b. Given Name (First Name)
11.c. Middle Name

12. Prior Spouse's Date of Birth (mm/dd/yyyy)

13. Date of Marriage to Prior Spouse (mm/dd/yyyy)

Place of Marriage to Prior Spouse

14.a. City or Town
14.b. State or Province
14.c. Country

15. Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)
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<th>Part 5. Information About Your Marital History (continued)</th>
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<tbody>
<tr>
<td>Place Where Marriage with Prior Spouse Legally Ended</td>
</tr>
<tr>
<td>16.a. City or Town</td>
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<td></td>
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<tr>
<td>16.b. State or Province</td>
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<td>16.c. Country</td>
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<thead>
<tr>
<th>Part 6. Information About Your Children</th>
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<tbody>
<tr>
<td>1. Indicate the total number of ALL living children</td>
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<td>(including adult sons and daughters) that you have.</td>
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<td>NOTE: The term “children” includes all biological or</td>
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<td>legally adopted children, as well as current stepchildren,</td>
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<tr>
<td>of any age, whether born in the United States or other</td>
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<tr>
<td>countries, married or unmarried, living with you or</td>
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<tr>
<td>elsewhere and includes any missing children and those</td>
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<tr>
<td>born to you outside of marriage.</td>
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<td></td>
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<tr>
<td>Provide the following information for each of your</td>
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<tr>
<td>children. If you have more than three children, use the</td>
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<tr>
<td>space provided in Part 14. Additional Information.</td>
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<td>2.b. Given Name (First Name)</td>
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<tr>
<td>2.c. Middle Name</td>
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<td>3. A-Number (if any)</td>
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<td></td>
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<td>4. Date of Birth (mm/dd/yyyy)</td>
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<td>5. Country of Birth</td>
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<td>6. Is this child applying with you?</td>
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<td>7.a. Family Name (Last Name)</td>
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<td>7.b. Given Name (First Name)</td>
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<td></td>
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<tr>
<td>7.c. Middle Name</td>
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<td></td>
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<tr>
<td>8. A-Number (if any)</td>
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<tr>
<td></td>
</tr>
<tr>
<td>9. Date of Birth (mm/dd/yyyy)</td>
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<td>Current Legal Name</td>
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<td></td>
</tr>
<tr>
<td>12.a. Family Name (Last Name)</td>
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<td></td>
</tr>
<tr>
<td>12.b. Given Name (First Name)</td>
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<tr>
<td></td>
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<tr>
<td>12.c. Middle Name</td>
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<td></td>
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<tr>
<td>13. A-Number (if any)</td>
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<td></td>
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<tr>
<td>14. Date of Birth (mm/dd/yyyy)</td>
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<td>15. Country of Birth</td>
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<td></td>
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<tr>
<td>16. Is this child applying with you?</td>
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<thead>
<tr>
<th>Part 7. Biographic Information</th>
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<tbody>
<tr>
<td>1. Ethnicity (Select only one box)</td>
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<tr>
<td></td>
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<tr>
<td>☐ Hispanic or Latino</td>
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<tr>
<td>☐ Not Hispanic or Latino</td>
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<tr>
<td>2. Race (Select all applicable boxes)</td>
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<tr>
<td>☐ White</td>
</tr>
<tr>
<td>☐ Asian</td>
</tr>
<tr>
<td>☐ Black or African American</td>
</tr>
<tr>
<td>☐ American Indian or Alaska Native</td>
</tr>
<tr>
<td>☐ Native Hawaiian or Other Pacific Islander</td>
</tr>
</tbody>
</table>
Part 7. Biographic Information (continued)

3. Height
   Feet ☐ Inches ☐

4. Weight
   Pounds ☐ ☐ ☐

5. Eye Color (Select only one box)
   ☐ Black   ☐ Blue   ☐ Brown
   ☐ Gray    ☐ Green  ☐ Hazel
   ☐ Maroon  ☐ Pink   ☐ Unknown/Other

6. Hair Color (Select only one box)
   ☐ Bald (No hair) ☐ Black    ☐ Blond
   ☐ Brown       ☐ Gray     ☐ Red
   ☐ Sandy       ☐ White    ☐ Unknown/Other

Part 8. General Eligibility and Inadmissibility Grounds

1. Have you EVER been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world including any military service? ☐ Yes ☐ No

If you answered "Yes" to Item Number 1., complete Item Numbers 2. - 13.b. below. If you need extra space to complete this section, use the space provided in Part 14. Additional Information. If you answered "No," but are unsure of your answer, provide an explanation of the events and circumstances in the space provided in Part 14. Additional Information.

Organization 1

2. Name of Organization

3.a. City or Town

3.b. State or Province

3.c. Country

4. Nature of Group

Dates of Membership or Dates of Involvement

5.a. From (mm/dd/yyyy)

5.b. To (mm/dd/yyyy)

Organization 2

6. Name of Organization

7.a. City or Town

7.b. State or Province

7.c. Country

8. Nature of Group

Dates of Membership or Dates of Involvement

9.a. From (mm/dd/yyyy)

9.b. To (mm/dd/yyyy)

Organization 3

10. Name of Organization

11.a. City or Town

11.b. State or Province

11.c. Country

12. Nature of Group

Dates of Membership or Dates of Involvement

13.a. From (mm/dd/yyyy)

13.b. To (mm/dd/yyyy)
Part 8. General Eligibility and Inadmissibility Grounds (continued)

Answer Item Numbers 14. - 80.b. Choose the answer that you think is correct. If you answer "Yes" to any questions (or if you answer "No," but are unsure of your answer), provide an explanation of the events and circumstances in the space provided in Part 14. Additional Information.

14. Have you EVER been denied admission to the United States?  □ Yes  □ No

15. Have you EVER been denied a visa to the United States?  □ Yes  □ No

16. Have you EVER worked in the United States without authorization?  □ Yes  □ No

17. Have you EVER violated the terms or conditions of your nonimmigrant status?  □ Yes  □ No

18. Are you presently or have you EVER been in removal, exclusion, rescission, or deportation proceedings?  □ Yes  □ No

19. Have you EVER been issued a final order of exclusion, deportation, or removal?  □ Yes  □ No

20. Have you EVER had a prior final order of exclusion, deportation, or removal reinstated?  □ Yes  □ No

21. Have you EVER held lawful permanent resident status which was later rescinded?  □ Yes  □ No

22. Have you EVER been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time?  □ Yes  □ No

23. Have you EVER applied for any kind of relief or protection from removal, exclusion, or deportation?  □ Yes  □ No

24.a. Have you EVER been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement?  □ Yes  □ No

If you answered "Yes" to Item Number 24.a., complete Item Numbers 24.b. - 24.c. If you answered "No" to Item Number 24.a., skip to Item Number 25.

24.b. Have you complied with the foreign residence requirement?  □ Yes  □ No

24.c. Have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you?  □ Yes  □ No

Criminal Acts and Violations

For Item Numbers 25. - 45., you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to Item Numbers 25. - 45., use the space provided in Part 14. Additional Information to provide an explanation that includes why you were arrested, cited, detained, or charged; where you were arrested, cited, detained, or charged; when (date) the event occurred; and the outcome or disposition (for example, no charges filed, charges dismissed, jail, probation, community service).

25. Have you EVER been arrested, cited, charged, or detained for any reason by any law enforcement official (including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard)?  □ Yes  □ No

26. Have you EVER committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime)?  □ Yes  □ No

27. Have you EVER pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)?  □ Yes  □ No

NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

28. Have you EVER been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)?  □ Yes  □ No

29. Have you EVER been a defendant or the accused in a criminal proceeding (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication)?  □ Yes  □ No

30. Have you EVER violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country?  □ Yes  □ No
Part 8. General Eligibility and Inadmissibility Grounds (continued)

31. Have you EVER been convicted of two or more offenses (other than purely political offenses) for which the combined sentences to confinement were five years or more?  
   □ Yes  □ No

32. Have you EVER illicitly (illegally) trafficked or benefited from the trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics?  
   □ Yes  □ No

33. Have you EVER knowingly aided, abetted, assisted, conspired, or colluded in the illicit trafficking of any illegal narcotic or other controlled substances?  
   □ Yes  □ No

34. Are you the spouse, son, or daughter of a foreign national who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last five years, any financial or other benefit from the illegal activity of your spouse or parent, although you knew or reasonably should have known that the financial or other benefit resulted from the illicit activity of your spouse or parent?  
   □ Yes  □ No

35. Have you EVER engaged in prostitution or are you coming to the United States to engage in prostitution?  
   □ Yes  □ No

36. Have you EVER directly or indirectly procured (or attempted to procure) or imported prostitutes or persons for the purpose of prostitution?  
   □ Yes  □ No

37. Have you EVER received any proceeds or money from prostitution?  
   □ Yes  □ No

38. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States?  
   □ Yes  □ No

39. Have you EVER exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States?  
   □ Yes  □ No

40. Have you EVER, while serving as a foreign government official, been responsible for or directly carried out violations of religious freedoms?  
   □ Yes  □ No

41. Have you EVER induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of persons for commercial sex acts?  
   □ Yes  □ No

42. Have you EVER trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion.  
   □ Yes  □ No

43. Have you EVER knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery?  
   □ Yes  □ No

44. Are you the spouse, son or daughter of a foreign national who engaged in the trafficking of persons and have received or obtained, within the last five years, any financial or other benefit from the illicit activity of your spouse or your parent, although you knew or reasonably should have known that this benefit resulted from the illicit activity of your spouse or parent?  
   □ Yes  □ No

45. Have you EVER engaged in money laundering or have you EVER knowingly aided, assisted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity?  
   □ Yes  □ No

Security and Related

Do you intend to:

46.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States?  
   □ Yes  □ No

46.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information?  
   □ Yes  □ No

46.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States?  
   □ Yes  □ No

46.d. Engage in any activity that could endanger the welfare, safety, or security of the United States?  
   □ Yes  □ No

46.e. Engage in any other unlawful activity?  
   □ Yes  □ No

47. Are you engaged in or, upon your entry into the United States, do you intend to engage in any activity that could have potentially serious adverse foreign policy consequences for the United States?  
   □ Yes  □ No
Part 8. General Eligibility and Inadmissibility Grounds (continued)

Have you EVER:

48.a. Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated, planned, or prepared any of the following: hijacking, sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property? □ Yes □ No

48.b. Participated in, or been a member of, a group or organization that did any of the activities described in Item Number 48.a.? □ Yes □ No

48.c. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in Item Number 48.a.? □ Yes □ No

48.d. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in Item Number 48.a.? □ Yes □ No

48.e. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in Item Number 48.a.? □ Yes □ No

49. Have you EVER received any type of military, paramilitary, or weapons training? □ Yes □ No

50. Do you intend to engage in any of the activities listed in any part of Item Numbers 48.a. - 49.? □ Yes □ No

NOTE: If you answered “Yes” to any part of Item Numbers 46.a. - 50., explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in Part 14. Additional Information.

Are you the spouse or child of an individual who EVER:

51.a. Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated, planned, or prepared any of the following: hijacking, sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property? □ Yes □ No

51.b. Participated in, or been a member of a group or organization that did any of the activities described in Item Number 51.a.? □ Yes □ No

51.c. Recruited members, or asked for money or things of value, for a group or organization that did any of the activities described in Item Number 51.a.? □ Yes □ No

51.d. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in Item Number 51.a.? □ Yes □ No

51.e. Provided money, a thing of value, services or labor, or any other assistance or support to an individual, group, or organization who did any of the activities described in Item Number 51.a.? □ Yes □ No

51.f. Received any type of military, paramilitary, or weapons training from a group or organization that did any of the activities described in Item Number 51.a.? □ Yes □ No

NOTE: If you answered “Yes” to any part of Item Number 51., explain the relationship and what occurred, including the dates and location of the circumstances, in the space provided in Part 14. Additional Information.

52. Have you EVER assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person? □ Yes □ No

53. Have you EVER worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? □ Yes □ No

54. Have you EVER been a member of, assisted, 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? □ Yes □ No

55. Have you EVER served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, insurgent organization, or any other armed group? □ Yes □ No

56. Have you EVER been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party (in the United States or abroad)? □ Yes □ No

57. During the period from March 23, 1933 to May 8, 1945, did you ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion, in association with either the Nazi government of Germany or any organization or government associated or allied with the Nazi government of Germany? □ Yes □ No
Part 8. General Eligibility and Inadmissibility Grounds (continued)

Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

58.a. Acts involving torture or genocide?  □ Yes □ No

58.b. Killing any person?  □ Yes □ No

58.c. Intentionally and severely injuring any person?  □ Yes □ No

58.d. Engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened?  □ Yes □ No

58.e. Limiting or denying any person's ability to exercise religious beliefs?  □ Yes □ No

59. Have you EVER recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group?  □ Yes □ No

60. Have you EVER used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?  □ Yes □ No

NOTE: If you answered “Yes” to any part of Item Numbers 52 - 60, explain what occurred, including the dates and location of the circumstances, in the space provided in Part 14. Additional Information.

Public Charge

Those who are subject to the public charge ground of inadmissibility under INA section 212(a)(4) must complete Form I-944, Declaration of Self-Sufficiency, and may also have to submit Form I-864, Affidavit of Support Under Section 213A of the INA. Answer the questions below to determine whether you need to submit these forms together with this Form I-485.

Declaration of Self-Sufficiency (Form I-944)

61. Are you exempt from the public charge ground of inadmissibility?  □ Yes □ No

To determine if you are exempt from the public charge ground of inadmissibility, and therefore exempt from filing Form I-944, read the Form I-485 Instructions, What Evidence Must You Submit, Item Number 9. Public Charge: Declaration of Self-Sufficiency (Form I-944) and Affidavit of Support Under Section 213A of the INA (Form I-864). If you answered “Yes” to Item Number 61, proceed to Item Number 63a. If you answered “No,” complete Form I-944 and include it with your Form I-485 filing, and proceed to Item Number 62a.

Affidavit of Support Under Section 213A of the INA (Form I-864)

You may need to file Form I-864. For more information, read the Form I-485 Instructions, What Evidence Must You Submit, Item Number 9. Public Charge: Declaration of Self-Sufficiency (Form I-944) and Affidavit of Support Under INA section 213A (Form I-864).

I am EXEMPT from filing Form I-864 because:

62.a. □ I have earned or can receive credit for 40 qualifying quarters (credits) of work in the United States (as defined by the Social Security Act (SSA). (Attach your SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit).

62.b. □ I am under 18 years of age, unmarried, immigrating as the child of a U.S. citizen, and will automatically become a U.S. citizen under the Child Citizenship Act of 2000 upon my admission to the United States.

62.c. □ I am applying under the widow or widower of a U.S. citizen (Form I-360) immigrant category.

62.d. □ I am applying under an alien worker (Form I-140) employment-based preference immigrant category and both of the following apply:

(1) I am not a relative of the Form I-140 petitioner; and

(2) I do not have a relative with a significant ownership interest (at least five percent) in the business that filed Form I-140.

62.e. □ I am applying under the alien entrepreneur (Form I-526) immigrant category.

62.f. □ I am applying under the human trafficking victim (T nonimmigrant) immigrant category (INA section 245(l)).

62.g. □ I am applying under a category other than the human trafficking victim (T nonimmigrant) category (INA section 245(l)), or as an alien worker under the employment-based preference categories where a relative filed Form I-140 for me or has a five percent or more ownership interest in the business that filed Form I-140, and I either have a pending application for T nonimmigrant status or I am an individual who is in valid T nonimmigrant status.

NOTE: If, when USCIS adjudicates your adjustment application, your Form I-914 is no longer pending a decision or you are no longer in valid T nonimmigrant status, you may have to submit a Form I-944 and Form I-864.

62.h. □ I am applying under the victim of qualifying criminal activity (U nonimmigrant) immigrant category (INA section 245(m)).
### Part 8. General Eligibility and Inadmissibility Grounds (continued)

62.i. ☐ I am applying under a category other than the victim of qualifying criminal activity (U nonimmigrant) category under INA section 245(m) or as an alien worker under the employment-based preference categories where a relative filed Form I-140 for me or has a five percent or more ownership interest in the business that filed Form I-140, but I either have a pending petition for U nonimmigrant status or I am an individual who is granted U nonimmigrant status.

**NOTE:** If, at the time of the adjudication of the Form I-485, your Form I-918 is no longer pending a decision or you are no longer in valid U nonimmigrant status, you may be required to submit Form I-944 and Form I-864.

62.j. ☐ I am applying under the diplomat or high ranking official unable to return home (Section 13 of the Act of September 11, 1957) immigrant category.

62.k. ☐ I am a law enforcement officer filing this Form I-485 for an S nonimmigrant immigrant (or a qualifying family member).

62.l. ☐ I am applying under the Diversity Visa program immigrant category.

62.m. ☐ I am applying under one of the following special immigrant categories (select one):

- ☐ Armed forces (also known as the Six and Six program)
- ☐ Panama Canal Zone
- ☐ Certain broadcasters
- ☐ G-4 or NATO-6 employees and their family members
- ☐ International employees of the U.S. Government abroad
- ☐ Religious workers
- ☐ Certain physicians
- ☐ Employed by or on behalf of the U.S. Government

62.n. ☐ I am applying under the Amerasian Act (October 22, 1982)

### Illegal Entries and Other Immigration Violations

63.a. Have you EVER failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? ☐ Yes ☐ No

63.b. If your answer to Item Number 63.a. is "Yes," do you believe you had reasonable cause? ☐ Yes ☐ No

63.c. If your answer to Item Number 63.b. is "Yes," attach a written statement explaining why you had reasonable cause.

64. Have you EVER submitted fraudulent or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? ☐ Yes ☐ No

65. Have you EVER lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? ☐ Yes ☐ No

66. Have you EVER falsely claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☐ No

67. Have you EVER been a stowaway on a vessel or aircraft arriving in the United States? ☐ Yes ☐ No

68. Have you EVER knowingly encouraged, induced, assisted, abetted, or aided any foreign national to enter or try to enter the United States illegally (alien smuggling)? ☐ Yes ☐ No

69. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? ☐ Yes ☐ No

### Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

70. Have you EVER been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? ☐ Yes ☐ No

71. Have you EVER entered the United States without being inspected and admitted or paroled? ☐ Yes ☐ No

Since April 1, 1997, have you been unlawfully present in the United States:

72.a. For more than 180 days but less than a year, and then departed the United States? ☐ Yes ☐ No

72.b. For one year or more and then departed the United States? ☐ Yes ☐ No

**NOTE:** You were unlawfully present in the United States if you entered the United States without being inspected and admitted or inspected and paroled, or if you legally entered the United States but you stayed longer than permitted.
Part 8. General Eligibility and Inadmissibility Grounds (continued)

Since April 1, 1997, have you EVER reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

73.a. Having been unlawfully present in the United States for more than one year in the aggregate? ☐ Yes ☐ No

73.b. Having been deported, excluded, or removed from the United States? ☐ Yes ☐ No

Miscellaneous Conduct

74. Do you plan to practice polygamy in the United States? ☐ Yes ☐ No

75. Are you accompanying another foreign national who requires your protection or guardianship but who is inadmissible after being certified by a medical officer as being helpless from sickness, physical or mental disability, or infancy, as described in INA section 232(c)? ☐ Yes ☐ No

76. Have you EVER assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a U.S. citizen who has been granted custody of the child? ☐ Yes ☐ No

77. Have you EVER voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? ☐ Yes ☐ No

78. Have you EVER renounced U.S. citizenship to avoid being taxed by the United States? ☐ Yes ☐ No

Have you EVER:

79.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are a foreign national? ☐ Yes ☐ No

79.b. Been relieved or discharged from such training or service on the ground that you are a foreign national? ☐ Yes ☐ No

79.c. Been convicted of desertion from the U.S. armed forces? ☐ Yes ☐ No

80.a. Have you EVER left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? ☐ Yes ☐ No

80.b. If your answer to Item Number 80.a. is “Yes,” what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

Part 9. Accommodations for Individuals With Disabilities and/or Impairments

NOTE: Read the information in the Form I-485 instructions before completing this part.

1. Are you requesting an accommodation because of your disabilities and/or impairments? ☐ Yes ☐ No

If you answered "Yes" to Item Number 1., select any applicable box in Item Numbers 2.a. - 2.c. and provide an answer.

2.a. ☐ I am deaf or hard of hearing and request the following accommodation. (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).):

2.b. ☐ I am blind or have low vision and request the following accommodation:

2.c. ☐ I have another type of disability and/or impairment. (Describe the nature of your disability and/or impairment and the accommodation you are requesting.)

Part 10. Applicant’s Statement, Contact Information, Certification, and Signature

NOTE: Read the Penalties section of the Form I-485 Instructions before completing this part. You must file Form I-485 while in the United States.
Part 10. Applicant's Statement, Contact Information, Certification, and Signature (continued)

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 11. read to me every question and instruction on this application and my answer to every question in

[language]

a language in which I am fluent, and I understood everything.

2. ☐ At my request, the preparer named in Part 12., 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)

Applicant's 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 understand that if I am a male who is 18 to 26 years of age, submitting this application will automatically register me with the Selective Service System as required by the Military Selective Service Act.

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.

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

6.a. Applicant's Signature (sign in ink)

6.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 11. 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)
**Part 11. Interpreter's Contact Information, Certification, and Signature (continued)**

**Interpreter's Mailing Address**

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<thead>
<tr>
<th>3.a.</th>
<th>Street Number and Name</th>
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<tr>
<td>3.c.</td>
<td>City or Town</td>
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<td>3.d.</td>
<td>State □ 3.e. ZIP Code</td>
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<td>3.f.</td>
<td>Province</td>
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<td>Postal Code</td>
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<td>3.h.</td>
<td>Country</td>
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**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 [language], which is the same language specified in **Part 10, 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 Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

7.a. Interpreter's Signature (sign in ink)

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

---

**Part 12. 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.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)
Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

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 may be obliged 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 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 (sign in ink)

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

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjut Status, subscribed by me, including the corrections made to this application, numbered through , are complete, true, and correct. All additional pages submitted by me with this Form I-485, on numbered pages through are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)
# Part 14. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.

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Form I-485  Edition 10/15/19
## Application for Provisional Unlawful Presence Waiver

### Part 1. Information About You

Provide the following information about yourself.

1. **Alien Registration Number (A-Number) (if any)**
   - A-

2. **U.S. Social Security Number (if any)**
   - 

3. **USCIS Online Account Number (if any)**
   - 

### Your Full Name

- **Family Name (Last Name)**
- **Given Name (First Name)**
- **Middle Name**

### Other Names Used (if any)

- **Family Name (Last Name)**
- **Given Name (First Name)**
- **Middle Name**

### Your U.S. Mailing Address

- **In Care Of Name**
- **Street Number and Name**
- **Apt. Ste. Flr.**
- **City or Town**
- **State**
- **ZIP Code**

8. **Is your current physical address the same as your mailing address?**
   - Yes
   - No

   If you answered "No" to **Item Number 8., provide your physical address in Item Numbers 9.a. - 9.e.**

### Your U.S. Physical Address

- **Street Number and Name**
- **Apt. Ste. Flr.**
- **City or Town**
- **State**
- **ZIP Code**

### Other Information

- **Gender**
  - Male
  - Female
- **Date of Birth (mm/dd/yyyy)**

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Form I-601A 10/20/19

Page 95 of 133
### Part 1. Information About You (continued)

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| 12. | City or Town of Birth  
|     |  
| 13. | Country of Birth  
|     |  
| 14. | Country of Citizenship or Nationality  
|     |  
| 15.a. | Mother's Family Name (Last Name)  
|     |  
| 15.b. | Mother's Given Name (First Name)  
|     |  
| 16.a. | Father's Family Name (Last Name)  
|     |  
| 16.b. | Father's Given Name (First Name)  
|     |  

#### Your Last Entry Into the United States

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| 17. | Date of Entry (On or about mm/dd/yyyy)  
|     |  
| 18.a. | Place or Port-of-Entry (Actual or approximate city or town)  
|     |  
| 18.b. | State  
|     |  
| 19. | Immigration Status (At the time of entry)  
|     |  

#### Your Previous Entries Into the United States

You were previously in the United States as follows:

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| 20.a. | Place or Port-of-Entry (Actual or approximate city or town)  
|     |  
| 20.b. | State  
|     |  
| 21.a. | From (On or about mm/dd/yyyy)  
|     |  
| 21.b. | To (On or about mm/dd/yyyy)  
|     |  
| 22. | Immigration Status (At the time of entry)  
|     |  

### 23.a. Place or Port-of-Entry (Actual or approximate city or town)  
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### 23.b. State  
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### 24.a. From (On or about mm/dd/yyyy)  
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### 24.b. To (On or about mm/dd/yyyy)  
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### 25. Immigration Status (At the time of entry)  
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### 26. Are there other previous entries?  
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If you answered "Yes" to Item Number 26., include the place of entry, dates, and your immigration status at the time of entry for any other prior entries in the space provided in Part 9. Additional Information.

### Your Immigration or Criminal History

#### 27. Are you currently in removal, exclusion, or deportation proceedings in which there is no final order issued by the immigration judge, the Board of Immigration Appeals, a DHS officer, or a Federal court yet? (This includes proceedings under INA section 239, an exclusion or deportation proceeding initiated before April 1, 1997, a Visa Waiver Program removal proceeding under INA section 217, expedited removal under INA 235, and a request for a judicial removal order under INA section 238(c))?  
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If you answered “No” to Item Number 27., go to Item Number 29.a. If you answered “Yes” to Item Number 27., select the statement below (either Item Number 28.a. or 28.b.) that most accurately describes your current situation.

#### 28.a.  
- I am in removal, exclusion, or deportation proceedings that are administratively closed and, at the time of filing my Form I-601A, have not been placed back on EOIR's calendar to continue my removal, exclusion, or deportation proceedings.
  
**NOTE:** You may be eligible for a provisional unlawful presence waiver. Provide a copy of the administrative closure order. Also, if U.S. Citizenship and Immigration Services (USCIS) approves your provisional unlawful presence waiver, it is important that you resolve your removal, exclusion, or deportation proceedings before you depart the United States for your immigrant visa interview.
31. Are you currently subject to a grant of voluntary departure that has not expired and that was granted to you by the immigration judge or the Board of Immigration Appeals during removal, exclusion, or deportation proceedings? □ Yes □ No

NOTE: If you answered "Yes" to Item Number 31, you are ineligible for a provisional unlawful presence waiver. If you were granted voluntary departure in the past, but then you withdrew your voluntary departure request or otherwise terminated voluntary departure you should not select "Yes" to Item Number 31. In this case you may be in removal proceedings or you may be the subject of a final order of removal, deportation, or exclusion. You should select the statements that apply to you in Item Numbers 27. - 28.b. or Item Number 29.a. If you filed a motion to withdraw your voluntary departure request, please submit a copy of your Form I-601A.

Answer Item Numbers 32. - 38. If you answer "Yes" to any question in Item Numbers 32. - 38., your application for a provisional unlawful presence waiver may be denied as a matter of discretion. For each "Yes" response for Item Numbers 32. - 38., provide the location and date of the event and a brief description in Part 9. Additional Information. For Item Number 34., if you were arrested but not charged with any crime or offense, provide a statement or other documentation from the arresting authority, prosecutor's office, or court to show that you were not charged with any crime or offense. If you answer "Yes" to Item Number 35., you must provide all related court dispositions.

32. Have you EVER knowingly and willfully given false or misleading information to a U.S. Government official while applying for an immigration benefit or to gain entry or admission into the United States? □ Yes □ No

33. Have you EVER been engaged in alien smuggling? □ Yes □ No

34. Have you EVER been arrested, cited, or detained by a law enforcement officer (including immigration and military officers) in the United States, your home country, and/or any other country for any reason other than traffic violations? □ Yes □ No

35. Have you EVER been charged, indicted, convicted, imprisoned, or jailed in the United States, your home country, and/or any other country for any crime or offense? □ Yes □ No

36. Have you EVER trafficked in or are you NOW trafficking in any controlled substance? □ Yes □ No
Part 1. Information About You (continued)

37. Are you NOW or have you EVER knowingly assisted, abetted, conspired, or colluded with others in the unlawful trafficking of any controlled substance?

☐ Yes ☐ No

38. Are you NOW or have you EVER been engaged in prostitution?

☐ Yes ☐ No

Answer Item Numbers 39.a. - 45. If you answer "Yes" to any question in Item Numbers 39.a. - 45., your application for a provisional unlawful presence waiver may be denied as a matter of discretion. For each "Yes" response for Item Numbers 39.a. - 45., provide a complete explanation in Part 9. Additional Information.

Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

39.a. Acts involving torture or genocide? ☐ Yes ☐ No

39.b. Killing any person?

☐ Yes ☐ No

39.c. Intentionally and severely injuring any person?

☐ Yes ☐ No

39.d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?

☐ Yes ☐ No

39.e. Limiting or denying any person's ability to exercise religious beliefs?

☐ Yes ☐ No

Have you EVER:

40.a. 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, guerilla group, militia, or insurgent organization?

☐ Yes ☐ No

40.b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?

☐ Yes ☐ No

41. 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?

☐ Yes ☐ No

42. 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 knowledge used them against another person?

☐ Yes ☐ No

43. Have you EVER received any type of military, paramilitary, or weapons training?

☐ Yes ☐ No

44. Have you EVER recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group?

☐ Yes ☐ No

45. Have you EVER used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?

☐ Yes ☐ No

Part 2. Biographic Information

1. Ethnicity (Select only one box)

☐ Hispanic or Latino

☐ Not Hispanic or Latino

2. Race (Select all applicable boxes)

☐ White

☐ Asian

☐ Black or African American

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

3. Height

Feet ☐ Inches ☐

4. Weight

Pounds ☐

5. Eye Color (Select only one box)

☐ Black ☐ Blue ☐ Brown

☐ Gray ☐ Green ☐ Hazel

☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair Color (Select only one box)

☐ Bald (No hair) ☐ Black ☐ Blond

☐ Brown ☐ Gray ☐ Red

☐ Sandy ☐ White ☐ Unknown/Other
### Part 3. Information About Your Immigrant Visa Case

Provide the basis on which you are immigrating to the United States using the check boxes below. (Select only one box)

1.a. □ Diversity Visa Program Selectee or Derivative
1.b. □ Immediate Relative Petition (Form I-130)
1.c. □ Preference-Based Family Petition (Form I-130), including Derivatives
1.d. □ Employment-Based Petition (Form I-140), including Derivatives
1.e. □ Special Immigrant/Widow Petition (Form I-360), including Derivatives

If you selected Item Number 1.a. because you are a Diversity Visa (DV) Program selectee or derivative, provide information about your (or your spouse's or parent's) DV case:

2.a. DOS DV Case Number (KCC Case Number)

DV Program Selectee's Full Name (If you are a derivative and your parent or spouse is the DV Program Selectee)

2.b. Family Name (Last Name)
2.c. Given Name (First Name)
2.d. Middle Name

If you selected Item Numbers 1.b., 1.c., 1.d., or 1.e. provide the following information about the approved immigrant visa petition (Form I-130, Form I-140, or Form I-360) that was filed on your (or your spouse's or parent's) behalf, or that you used to self-petition on your behalf, that is your basis to immigrate and the related Department of State (DOS) immigrant visa application.

3.a. USCIS Receipt Number

3.b. DOS Consular Case Number (NVC Case Number)

**Petitioner Name** (Provide the full name of the family member or the company who petitioned for you (or your spouse or parent).)

3.c. Family Name (Last Name)
3.d. Given Name (First Name)
3.e. Middle Name
3.f. Company or Organization Name

### Part 4. Information About Your Qualifying Relative

Provide the following information about the qualifying relative (the U.S. citizen or Lawful Permanent Resident (LPR) spouse or parent) who would experience extreme hardship if you were refused admission to the United States.

#### Your Qualifying Relative's Full Name and Relationship to You

1.a. Family Name (Last Name)
1.b. Given Name (First Name)
1.c. Middle Name

2.a. □ U.S. Citizen Spouse
2.b. □ U.S. Citizen Parent
2.c. □ LPR Spouse
2.d. □ LPR Parent

#### Your Other Qualifying Relative

3. Do you have more than one qualifying relative (U.S. citizen or LPR spouse or parent)? □ Yes □ No

If you answered "Yes" to Item Number 3., provide the other qualifying relative's name and your relationship to the qualifying relative in Item Numbers 4.a. - 5.d. Also provide evidence of the U.S. citizenship or LPR status of the other qualifying relative with your application. See the What Evidence Must I Submit With Form I-601A section of the Instructions.

#### Additional Qualifying Relative's Full Name and Relationship to You

4.a. Family Name (Last Name)
4.b. Given Name (First Name)
4.c. Middle Name

5.a. □ U.S. Citizen Spouse
5.b. □ U.S. Citizen Parent
5.c. □ LPR Spouse
5.d. □ LPR Parent
Part 5. Statement From Applicant

In the space provided, explain in detail why you believe USCIS should approve your application for a provisional unlawful presence waiver as a matter of discretion. Provide all of the reasons you believe support your application for this waiver, including information about the extreme hardship your qualifying relatives would experience if you were refused admission to the United States. If you need extra space to complete your statement, use the space provided in Part 9. Additional Information.

Part 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the Penalties section of the Form I-601A Instructions before completing this section. You must file Form I-601A 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 7, 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 8, , 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)

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 laws.
Part 6. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature (continued)

I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, 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**

6.a. Applicant’s Signature

6.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 7. 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)

**Interpreter’s Mailing Address**

3.a. Street Number and Name


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 6, 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 8. 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.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)

#### 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 may 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)
Part 9. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.


6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.
START HERE - Type or print in black ink.

Part 1. Information About You

1. Alien Registration Number (A-Number) (if any)
   ➤ A-

2. USCIS Online Account Number (if any)
   ➤ 

Your Full Name

3.a. Family Name (Last Name)
3.b. Given Name (First Name)
3.c. Middle Name

Other Names Used

List all other names you have ever used, including maiden names, aliases, and nicknames. If you need extra space to complete this section, use the space provided in Part 10. Additional Information.

4.a. Family Name (Last Name)
4.b. Given Name (First Name)
4.c. Middle Name

Mailing Address

NOTE: If you are outside of the United States, provide a U.S. mailing address if available. If a U.S. mailing address is not available, provide your mailing address outside the United States.

5.a. In Care Of Name

5.b. Street Number
5.d. City or Town
5.e. State [ ] ☐ 5.f. ZIP Code
5.g. Province
5.h. Postal Code
5.i. Country

6. Is your current physical address the same as your mailing address? ☐ Yes ☐ No

If you answered "No" to Item Number 6., provide your physical address in Item Numbers 7.a. - 7.h.
Part 1. Information About You (continued)

Physical Address
7.a. Street Number and Name
7.c. City or Town
7.d. State □ 7.e. ZIP Code
7.f. Province
7.g. Postal Code
7.h. Country

Other Information
8. U.S. Social Security Number (if any)
9. Gender □ Male □ Female
10. Date of Birth (mm/dd/yyyy)
11. City or Town of Birth
12. Province of Birth (if applicable)
13. Country of Birth
14. Country of Citizenship or Nationality

If you seek a visa and you were already interviewed by a U.S. Department of State (DOS) consular officer at a U.S. Embassy or U.S. Consulate, provide the information requested in Item Numbers 15.a. - 15.b.

15.a. DOS Consular Case Number (if available)
15.b. The location of the U.S. Embassy or U.S. Consulate where your visa application is being or will be made
City
Country

16.a. Are you filing this application after you have already filed Form I-485, Application to Register Permanent Residence or Adjust Status? □ Yes □ No
16.b. If you answered "Yes" to Item Number 16.a., provide the USCIS Receipt Number for your Form I-485.

17.a. Are you filing this application after you have already filed Form I-821, Application for Temporary Protected Status? □ Yes □ No
17.b. If you answered "Yes" to Item Number 17.a., provide the USCIS Receipt Number for your Form I-821, if any.

18.a. Have you previously filed Form I-212, Application for Permission to Reapply for Admission into the United States After Deportation or Removal? □ Yes □ No
18.b. If you answered "Yes" to Item Number 18.a., provide the USCIS Receipt Number for your Form I-212, if any.

18.c. Where did you file your application (for example, USCIS Office, U.S. Port-of-Entry, Immigration Court)?
18.d. Date Filed (mm/dd/yyyy)
19. Are you submitting Form I-212 along with this application? □ Yes □ No

Part 2. U.S. Entry Information

Provide information for your previous periods of stay in the United States, beginning with your most recent arrival date.
NOTE: If you need extra space to complete this section, use the space provided in Part 10. Additional Information.

1.a. Date You Entered the U.S. (mm/dd/yyyy)
1.b. Immigration Status At the Time of Your Entry Into the U.S.
1.c. Location at Which You Entered the U.S.
1.d. U.S. City or Town Where You Lived

2.a. Date You Entered the U.S. (mm/dd/yyyy)
Part 2. U.S. Entry Information (continued)

2.b. Date You Departed the U.S. (mm/dd/yyyy)

2.c. Immigration Status At the Time of Your Reentry Into the U.S.

2.d Location at Which You Entered the U.S.

2.e. U.S. City or Town Where You Lived

Part 3. Biographic Information (for USCIS Applicant only)

1. Ethnicity (Select only one box)
   - Hispanic or Latino
   - Not Hispanic or Latino

2. Race (Select all applicable boxes)
   - White
   - Asian
   - Black or African American
   - American Indian or Alaska Native
   - Native Hawaiian or Other Pacific Islander

3. Height Feet [ ] Inches [ ]

4. Weight Pounds [ ]

5. Eye Color (Select only one box)
   - Black
   - Blue
   - Brown
   - Gray
   - Green
   - Hazel
   - Maroon
   - Pink
   - Unknown/Other

6. Hair Color (Select only one box)
   - Bald (No hair)
   - Black
   - Blond
   - Brown
   - Gray
   - Red
   - Sandy
   - White
   - Unknown/Other

Part 4. Reasons for Inadmissibility

Select all of the following grounds that you believe, according to the best of your knowledge, or that you were told, apply to you. Only select the applicable grounds listed under the immigration benefit you are seeking.

If you were ever arrested or convicted, provide the disposition (outcome) for all arrests or convictions (for example, dismissed from the appropriate authority). You also will be required to provide certified court records or dispositions for all convictions.

If you are seeking a waiver of inadmissibility because you have a Class A Tuberculosis condition (as defined by U.S. Department of Health and Human Services (HHS) regulations), you must complete Part 11 of this application.

If you are seeking a waiver of inadmissibility because you have a history of physical or mental disorders, you must attach the information requested in the instructions.

Section A

I am an applicant for an immigrant visa or adjustment of status (other than based on T nonimmigrant status or based on classification as a Special Immigrant Juvenile, see Section B below), or for K or V nonimmigrant status, and I believe or I was told that I am inadmissible because (review Form I-601 Instructions for a detailed explanation of the individual grounds of inadmissibility listed below):

Select all grounds that you believe apply to you.

1. [ ] I have a communicable disease of public health significance. (A list of communicable diseases of public health significance can be found in the Specific Instructions section of Form I-601 Instructions.)

2. [ ] I seek an exemption from the vaccination requirement because vaccinations are against my religious beliefs or moral convictions.

3. [ ] I have or had a physical or mental disorder and behavior (or 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 myself or others.

4. [ ] I have been involved in a crime of moral turpitude (other than a purely political offense).

5. [ ] I have been involved in a controlled substance violation according to the laws and regulations of any state, the United States, or a foreign country related to a single offense of simple possession of 30 grams or less of marijuana.

6. [ ] I have been convicted of two or more offenses (other than purely political offenses), for which the combined sentences to confinement were five years or more.

7. [ ] I am coming to the U.S. to engage in prostitution or, in the past 10 years, I have engaged in prostitution (including receiving the proceeds of, in full or in part), procurement of prostitution, or I continue to engage in prostitution or procurement of prostitution.

8. [ ] In the past 10 years, I have (either directly or indirectly) procured, attempted to procure, or to import prostitutes or persons for the purpose of prostitution.
Part 4. Reasons for Inadmissibility (continued)

9. ☐ I came to the United States or I am coming to the United States to engage in any other unlawful commercialized vice whether or not it is related to prostitution.

10. ☐ I have been involved in serious criminal activity and have asserted immunity from prosecution.

11. ☐ I am or I have been a member of or affiliated with the Communist or any other totalitarian party (or subdivision or affiliate of the party,) domestic or foreign.

12. ☐ I have sought to procure an immigration benefit by fraud or by concealing or misrepresenting a material fact (immigration fraud or misrepresentation.)

13. ☐ I have been engaged in alien smuggling.

14. ☐ I am subject to a civil penalty because I was the subject of a final order for violation of the Immigration and Nationality Act (INA) section 274C.

15. ☐ I am subject to the 3-year or the 10-year bar to admissibility because I was previously unlawfully present in the United States in excess of either 180 days or one year or more, respectively, and subsequently departed the United States.

16. ☐ I was previously removed from the United States. (See instructions for Nicaraguan Adjustment and Central American Relief Act (NACARA) and Haitian Refugee Immigration Fairness Act (HRIFA) applicants only. All other applicants file Form I-212.)

17. ☐ I have been ordered removed or I have been unlawfully present in the United States for more than one year, in the aggregate, and I subsequently reentered or attempted to reenter without being admitted. (See instructions for NACARA, HRIFA, and the instructions for approved Violence Against Women Act (VAWA) self-petitioners only. Other applicants file Form I-212.)

18. ☐ Other (specify):

Section B

I am applying for adjustment of status based on a valid T nonimmigrant status or based on classification as a Special Immigrant Juvenile and I believe or I was told that I am inadmissible because:

19. ☐ Specify (Review Form I-601 Instructions for a detailed explanation of the individual grounds of inadmissibility related to your Form I-601.)

Section C

I am applying for TPS and I believe or I was told that I am inadmissible because:

Select all grounds that you believe, according to the best of your knowledge, or that you were told apply to you.

20. ☐ I have a communicable disease of public health significance. (A list of communicable diseases of public health significance can be found in the Specific Instructions section of Form I-601 Instructions.)

21. ☐ I have or 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 myself or others.

22. ☐ I am or have been a drug abuser or drug addict as described in U.S. Department of Health and Human Services (HHS) Regulations. See 42 CFR 34.

23. ☐ I have been involved in a controlled substance violation according to the laws and regulations of any state, the United States, or a foreign country related to a single offense of simple possession of 30 grams or less of marijuana.

24. ☐ I am coming to the U.S. to engage in prostitution or, in the past 10 years, I have engaged in prostitution (including receiving the proceeds of, in full or in part,) procurement of prostitution, or I continue to engage in prostitution or procurement of prostitution.

25. ☐ In the past 10 years, I have (either directly or indirectly,) procured, attempted to procure, or to import prostitutes or persons for the purpose of prostitution.

26. ☐ I came to the United States or I am coming to the United States to engage in any other unlawful commercialized vice, whether or not it is related to prostitution.

27. ☐ I have been involved in serious criminal activity and have asserted immunity from prosecution.

28. ☐ I did not attend or did not remain at a removal proceeding to determine my inadmissibility or deportability.
Part 4. Reasons for Inadmissibility (continued)

29. ☐ I have sought to procure an immigration benefit by fraud or by concealing or misrepresenting a material fact (immigration fraud or misrepresentation).

30. ☐ I falsely represented myself as a U.S. citizen.

31. ☐ I have been engaged in alien smuggling.

32. ☐ I am subject to a civil penalty because I have been the subject of a final order for violation of INA section 274C.

33. ☐ I am ineligible for U.S. citizenship because I departed from or remained outside the United States to avoid or evade training or service in the armed forces in a time of war or national emergency.

34. ☐ I have practiced polygamy since I entered the United States or I intend to practice polygamy in the United States.

35. ☐ I am accompanying another alien who is inadmissible after being certificed to be helpless under INA section 232(e) and I am inadmissible because that other alien requires my protection or guardianship.

36. ☐ I have detained, retained, or withheld the custody of a child having a lawful claim to U.S. citizenship, outside the United States, from a person granted custody.

37. ☐ I was an unlawful voter who voted in violation of a Federal, state, or local constitutional provision, statute, ordinance, or regulation.

38. ☐ I am a former U.S. citizen who renounced my citizenship in order to avoid taxation by the United States.

39. ☐ Other (specify):

Your Inadmissibility Statement

In the space provided in Item Number 40., provide a statement and a full explanation of the acts, convictions, and/or medical conditions that you believe or you were told make you inadmissible.

Your statement must indicate when you engaged in the acts that you believe make you inadmissible, the date of all convictions, or the date of any medical diagnosis. You must provide this information even if the information is also in the documents that you submit with your application.

If you need extra space to complete your statement, use the space provided in Part 10. Additional Information or attach a separate letter. If you include a separate letter, indicate in Item Number 39. that you are attaching a letter.
Part 5. Information About Your Qualifying Relatives

Provide information for your U.S. citizen or lawful permanent resident through whom you are eligible to submit this application. In Item Number 9., provide a statement explaining the extreme hardship that you or your qualifying relative (U.S. citizen, lawful permanent resident, or other qualified parent or child) has or will experience if you are refused the immigration benefit you are seeking. It is not necessary for an SIJ to complete Part 5. of the application.

☐ Select here if you are a VAWA self-petitioner and would like to claim extreme hardship for yourself. (If you are only claiming extreme hardship for yourself, you can skip to Item Number 9. If you have additional qualifying relatives to whom you would like to claim extreme hardship, provide their information below.)

Relative's Full Name

1.a. Family Name
   (Last Name) 

1.b. Given Name
   (First Name) 

1.c. Middle Name 

Physical Address

2.a. Street Number
and Name 


2.c. City or Town 

2.d. State ☐ 2.e. ZIP Code 

2.f. Province 

2.g. Postal Code 

2.h. Country 

Contact Information

3. Daytime Telephone Number (if any) 

4. Email Address (if any) 

Other Information

5. What is your relative's relationship to you? 

6. What is your relative's immigration status? 

7. Relative's A-Number (if any) 

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

☐ Select this box if you have additional relatives through whom you claim eligibility and use the space provided in Part 10. Additional Information to provide the same information as requested in Part 5., Item Numbers 1.a. - 8.

Statement From Applicant (Extreme Hardship)

In the space provided below, explain the extreme hardship that your qualifying relative (or yourself if you are a VAWA self-petitioner) would experience if you are refused the immigration benefit you are seeking. For more information on extreme hardship, see Form I-601 Instructions. If you need extra space to complete your statement, use the space provided in Part 10. Additional Information or attach a separate letter. Indicate in Item Number 9., if you are attaching a separate letter. The letter must be submitted at the same time as your Form I-601 application.

9. 

Part 6. Information About Your Other Relatives With Ties to the United States

Provide information for any other U.S. citizen, lawful permanent resident, or any other family members you would like considered in deciding your case. In the space provided in Item Number 9., include a statement explaining why you believe your application should be approved as a matter of discretion, with the favorable factors outweighing the unfavorable factors in your case.

Relative's Full Name

1.a. Family Name
   (Last Name) 

1.b. Given Name
   (First Name) 

1.c. Middle Name 

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### Part 6. Information About Your Other Relatives With Ties to the United States (continued)

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<tr>
<th>Physical Address</th>
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<tr>
<td>2.a. Street Number and Name</td>
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<td>2.c. City or Town</td>
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<td>2.d. State □ 2.e. ZIP Code</td>
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<td>2.f. Province</td>
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<td>2.g. Postal Code</td>
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<th>Contact Information</th>
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<td>3. Daytime Telephone Number (if any)</td>
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<td>4. Email Address (if any)</td>
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<tr>
<th>Other Information</th>
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<tr>
<td>5. What is your relative's relationship to you?</td>
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<tr>
<td>6. What is your relative's immigration status?</td>
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<tr>
<td>7. Relative's A-Number (if any)</td>
</tr>
<tr>
<td>8. Date of Birth (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

☐ Select this box if you have any other relatives with ties to the United States and use the space provided in Part 10. Additional Information to provide the same information as requested in Part 6. Item Numbers 1.a. - 8.

---

### Statement From Applicant (Discretion)

In the space provided below, explain why you believe your application should be approved as a matter of discretion, with the favorable outweighing the unfavorable factors in your case. For more information on discretion, see Form I-601 Instructions. If you need extra space to complete your statement, use the space provided in Part 10. Additional Information or attach a separate letter. Indicate in Item Number 9, if you are attaching a separate letter. The letter must be submitted at the same time as your Form I-601 application.

9. ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

---

### Part 7. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

Read the Penalties section of the Form I-601 Instructions before completing this part. You must file Form I-601 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 8. read to me every question and instruction on this application and my answer to every question, in

   [language]

   a language in which I am fluent, and I understood everything.

2. ☐ At my request, the preparer named in Part 9, prepared this application for me based only upon information I provided or authorized.
**Part 7. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)**

### 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)

### Applicant's 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.

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

6.a. Applicant's Signature (sign in ink)

6.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 8. 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)

### Interpreter's Mailing Address

3.a. Street Number and Name


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 7., 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.
Part 8. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

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

Part 9. 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.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)

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 may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-281, Notice of Entry of Appearance as Attorney in Matters Outside the Geographical Confiness of the United States, 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 (sign in ink)

8.b. Date of Signature (mm/dd/yyyy)
Part 10. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name) 

1.b. Given Name (First Name) 

1.c. Middle Name 

2. A-Number (if any) ▶ A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d. 

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d. 

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d. 


6.d. 

Form I-601  01/27/20
Part 11. Statement for Applicants With a Class A Tuberculosis Condition (As Defined By HHS Regulations)

To be completed for applicants with a Class A Tuberculosis Condition (as defined by HHS Regulations).

**Statement by Applicant**

Upon admission to the United States, I will go directly to the health department named in the section below; present all X-rays used in the visa medical examination to substantiate diagnosis; submit to such examinations, treatment, isolation, and medical regimen as may be required; and remain under the prescribed treatment or observation, whether on an inpatient or outpatient basis, until discharged.

1.a. Signature of Applicant (sign in ink)

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

**Statement by Local (City or County) Health Department**

NOTE: The physician at the local health department in the area where the alien plans to reside should complete this statement.

I agree to supply any treatment or observation necessary for the proper management and continued care of the alien's tuberculosis condition.

Within 30 days of the alien reporting for care, I agree to submit a summary of my initial evaluation of the alien's condition, indicate presumptive diagnosis, and provide test results and plans for future care of the alien to the State Health Department Official named in the Endorsement of State Health Department Official section and to the Division of Global Migration and Quarantine (E03), Centers for Disease Control and Prevention (CDC), Atlanta, Georgia 30333.

I also agree to report the alien if the alien has not reported within 30 days after receiving notice from the Division of Global Migration and Quarantine, CDC.

Satisfactory financial arrangements have been made. (This statement does not relieve the alien from submitting evidence, as required by a U.S. Consulate, to establish that the alien is not likely to become a public charge.)

I represent (select the appropriate box and give the complete name, address, certification, and contact information of the health department):

2.a. ☐ City Health Department

2.b. ☐ County Health Department

3. Name of Health Department

**Physical Address**

4.a. Street Number and Name


4.c. City or Town

4.d. State ☐ 4.e. ZIP Code

**Physician's Certification**

5.a. Signature of Physician (sign in ink)

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

5.c. Physician's Family Name (Last Name)

5.d. Physician's Given Name (First Name)

**Physician's Contact Information**

6. Daytime Telephone Number

7. Email Address (if any)

**Arrangement for Medical Care by the Applicant or His or Her Sponsor**

Arrange for medical care (of the applicant) and have the appropriate health departments complete Statement by Local (City or County) Health Department and Endorsement of State Health Department Official sections.

Provide the following information:

Address where you (the sponsor) or the applicant plan to reside in the United States:

8.a. Street Number and Name


8.c. City or Town

8.d. State ☐ 8.e. ZIP Code
Endorsement of State Health Department Official

NOTE: The State Health Department Official in the area where the applicant plans to reside should complete this statement.

Endorsement signifies recognition of the local health department that completed the Statement by Local (City or County) Health Department section for the purpose of providing care and treatment of the applicant's tuberculosis condition, and that the local health department is within your jurisdiction. Endorsement also signifies recognition that the applicant will be residing within your state's health jurisdiction.

Endorsed by:

9.a. Signature of State Health Department Official (sign in ink)

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

10. Name of State Health Department

Physical Address

11.a. Street Number and Name


11.c. City or Town

11.d. State □ 11.e. ZIP Code

Contact Information

12. Daytime Telephone Number

13. Email Address (if any)

NOTE to the Applicant and his or her Sponsor: If you need assistance, contact USCIS at the National Customer Service Center at 1-800-375-5283. You may also schedule an appointment online at www.uscis.gov. Select "Schedule an Appointment" and follow the screen prompts to set up your appointment. Once you finish scheduling an appointment, the system will generate an appointment notice for you.
**Declaration of Self-Sufficiency**

*Department of Homeland Security*

*U.S. Citizenship and Immigration Services*

---

**To be completed by an attorney or accredited representative (if any).**

<table>
<thead>
<tr>
<th>Select this box if Form G-28 is attached.</th>
<th>Volag Number (if any)</th>
<th>Attorney State Bar Number (if applicable)</th>
<th>Attorney or Accredited Representative USCIS Online Account Number (if any)</th>
</tr>
</thead>
</table>

▸ START HERE - Type or print in black ink.

### Part 1. Information About You

1. **Your Current Legal Name (do not provide a nickname)**
   - Family Name (Last Name)
   - Given Name (First Name)
   - Middle Name

2. **U.S. Mailing Address**
   - In Care Of Name (if any)
   - Street Number and Name
   - City or Town
   - State
   - ZIP Code

3. **Alien Registration Number (A-Number) (if any)**
   - A-

4. **USCIS Online Account Number (if any)**
   - 

5. **Date of Birth (mm/dd/yyyy)**
   - 

6. **Place of Birth**
   - City or Town of Birth
   - Country of Birth

7. **Country of Citizenship or Nationality**
   - 

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## Part 2. Family Status (Your Household)

In this Part, you will be providing information about the individuals in your household. If you need additional space to complete any Item Number in this Part, use the space provided in Part 9. Additional Information. Please see the Instructions for who is included in your household. If not already provided with your Form I-485, provide evidence of your relationship to each individual (such as a birth certificate or marriage certificate). If you do not have evidence of a relationship to one or more members of the household, please submit a signed statement from such household member(s) or his or her legal guardian, if applicable.

1. Below, list yourself and all the individuals who are part of your household.

<table>
<thead>
<tr>
<th>A. Family Name (Last Name)</th>
<th>Given Name (First Name)</th>
<th>Middle Name</th>
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</table>

- **Date of Birth (mm/dd/yyyy)**
- **Relationship to you**
- **Alien Registration Number (A-Number) (if any)**

- Does this individual live with you? [ ] Yes [ ] No
- Is this individual filing an application for an immigration benefit with you or has this individual already filed an application? [ ] Yes [ ] No

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<tr>
<th>B. Family Name (Last Name)</th>
<th>Given Name (First Name)</th>
<th>Middle Name</th>
</tr>
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</table>

- **Date of Birth (mm/dd/yyyy)**
- **Relationship to you**
- **Alien Registration Number (A-Number) (if any)**

- Does this individual live with you? [ ] Yes [ ] No
- Is this individual filing an application for an immigration benefit with you or has this individual already filed an application? [ ] Yes [ ] No

<table>
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<tr>
<th>C. Family Name (Last Name)</th>
<th>Given Name (First Name)</th>
<th>Middle Name</th>
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- **Date of Birth (mm/dd/yyyy)**
- **Relationship to you**
- **Alien Registration Number (A-Number) (if any)**

- Does this individual live with you? [ ] Yes [ ] No
- Is this individual filing an application for an immigration benefit with you or has this individual already filed an application? [ ] Yes [ ] No

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<th>D. Family Name (Last Name)</th>
<th>Given Name (First Name)</th>
<th>Middle Name</th>
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</table>

- **Date of Birth (mm/dd/yyyy)**
- **Relationship to you**
- **Alien Registration Number (A-Number) (if any)**

- Does this individual live with you? [ ] Yes [ ] No
- Is this individual filing an application for an immigration benefit with you or has this individual already filed an application? [ ] Yes [ ] No

<table>
<thead>
<tr>
<th>E. Total number of household members (including yourself):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Part 3. Your and Your Household Members' Assets, Resources, and Financial Status

In this Part, you will be providing information about your assets, resources, and financial status, as well as the assets, resources, and financial status of all other household members. If you need additional space to complete any Item Number in this Part, use the space provided in Part 9. Additional Information.

Household Income

1. List your and your household members', listed in Part 2, total income from the most recent federal income tax returns, if any. See the Instructions for additional information.

   A. Name (self or household member)

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

      Did you or your household member(s), whose income is being included, file a federal tax return?  □ Yes  □ No

      If you and your household members did not file, select the reason for not filing, and provide an explanation.

      □ Plan to file the tax return before the due date for this year.
      □ Not required to file a tax return. (Provide an explanation.)
      □ Filed for an extension.
      □ Not going to file. (Provide an explanation.)

      □ Other

      Federal Tax Year        Total income from tax return or Item 1 on W-2 "Wages, tips, other compensation" (U.S. dollars) (if applicable) $ 

      Explanation for Not Filing:


   B. Name (self or household member)

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

      Did you or your household member, whose income is being included, file a Federal Tax Return?  □ Yes  □ No

      If you and your household members did not file, select the reason for not filing, and provide an explanation.

      □ Plan to file the tax return before the due date for this year.
      □ Not required to file a tax return. (Provide an explanation.)
      □ Filed for an extension.
      □ Not going to file. (Provide an explanation.)

      □ Other

      Federal Tax Year        Total income from tax return or Item 1 on W-2 "Wages, tips, other compensation" (U.S. dollars) (if applicable) $ 

      Explanation for Not Filing:
### Part 3. Your and Your Household Member(s)'s Assets, Resources, and Financial Status (continued)

#### C. Name (self or household member)

<table>
<thead>
<tr>
<th>Family Name (Last Name)</th>
<th>Given Name (First Name)</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

Did you or your household member, whose income is being included, file a Federal Tax Return?  

- [ ] Yes  
- [ ] No

If you and your household members did not file, select the reason for not filing, and provide an explanation.

- [ ] Plan to file the tax return before the due date for this year.  
- [ ] Not required to file a tax return. (Provide an explanation.)  
- [ ] Filed for an extension.  
- [ ] Not going to file. (Provide an explanation.)  
- [ ] Other

**Federal Tax Year**

<table>
<thead>
<tr>
<th>Total income from tax return or Item 1 on W-2 “Wages, tips, other compensation” (U.S. dollars) (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

**Explanation for Not Filing:**

---

2. Does any of the income from your or your household members' federal tax return(s) come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)?  

- [ ] Yes  
- [ ] No

3. If you answered "Yes" to Item Number 2., what amount of income from your or your household members' federal tax returns is from an illegal activity?  

- $ 

4. Does any of the income from your or your household members' federal tax return(s) come from public benefits as listed in the Instructions?  

- [ ] Yes  
- [ ] No

5. If you answered "Yes" to Item Number 4., what amount of income from your or your household members' federal tax returns is from public benefits as listed in the Instructions?  

- $ 

6. If you or your household members received additional income on a continuing weekly, monthly, or annual basis during the most recent tax year, and the income is NOT listed on the tax return, provide the amount of additional income (for example, child support). Attach evidence of the additional income. In addition, if you are a child, list any additional income or support available from your parent(s), legal guardian, or other individual providing at least 50 percent of your financial support that is not listed in their tax return.

#### A. Name of recipient (You or your household member's name):

<table>
<thead>
<tr>
<th>Family Name (Last Name)</th>
<th>Given Name (First Name)</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

**Type of Additional Income**

<table>
<thead>
<tr>
<th>Annual Amount Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

**Will you or your household member continue to receive this income in the future?**  

- [ ] Yes  
- [ ] No

When do you anticipate you or your household member will stop receiving this additional income?  

(mm/dd/yyyy)

<table>
<thead>
<tr>
<th>Total annual amount of additional income received (at the time of filing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
</tbody>
</table>
### Part 3. Your and Your Household Member(s)'s Assets, Resources, and Financial Status (continued)

**B. Name of recipient (You or your household member's name):**

<table>
<thead>
<tr>
<th>Family Name (Last Name)</th>
<th>Given Name (First Name)</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Type of Additional Income**

<table>
<thead>
<tr>
<th></th>
<th>Annual Amount Received $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Will you or your household member continue to receive this income in the future?**

- [ ] Yes  
- [ ] No

If you answered “No,” when will you or your household member stop receiving this additional income?

<table>
<thead>
<tr>
<th>(mm/dd/yyyy)</th>
<th>Total annual amount of additional income received (at the time of filing) $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**C. Name of recipient (You or your household member's name):**

<table>
<thead>
<tr>
<th>Family Name (Last Name)</th>
<th>Given Name (First Name)</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Type of Additional Income**

<table>
<thead>
<tr>
<th></th>
<th>Annual Amount Received $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Will you or your household member continue to receive this income in the future?**

- [ ] Yes  
- [ ] No

If you answered “No,” when will you or your household member stop receiving this additional income?

<table>
<thead>
<tr>
<th>(mm/dd/yyyy)</th>
<th>Total annual amount of additional income received (at the time of filing) $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**D. Name of recipient (You or your household member's name):**

<table>
<thead>
<tr>
<th>Family Name (Last Name)</th>
<th>Given Name (First Name)</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

**Type of Additional Income**

<table>
<thead>
<tr>
<th></th>
<th>Annual Amount Received $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Will you or your household member continue to receive this income in the future?**

- [ ] Yes  
- [ ] No

If you answered “No,” when will you or your household member stop receiving this additional income?

<table>
<thead>
<tr>
<th>(mm/dd/yyyy)</th>
<th>Total annual amount of additional income received (at the time of filing) $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Is any of the additional income listed above from an illegal activity or source? (such as proceeds from illegal gambling or illegal drug sales)

- [ ] Yes  
- [ ] No

8. If you answered “Yes” to Item Number 7, what amount of additional annual income listed above is from an illegal activity?

$
Part 3. Your and Your Household Member(s)'s Assets, Resources, and Financial Status (continued)

Your Household’s Assets and Resources

For more information on what are considered assets and how you can demonstrate their value, please see the Form I-944 Instructions.

9. Provide the amount of assets and resources available to you and your household members in the table below. Attach evidence as provided in the Instructions.

If you are a child, provide any assets available from your parent(s), legal guardian, or other individual providing at least 50 percent of your financial support.

<table>
<thead>
<tr>
<th>Name of Asset Holder (you or your household member)</th>
<th>Type of Asset (cash value)</th>
<th>Amount (U.S. dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Current Cash Value (U.S. dollars) $

TOTAL (U.S. dollars) $

Liabilities/Debts

10. Provide a list of your liabilities and/or debts in the table below. Attach evidence showing these liabilities or debts.

<table>
<thead>
<tr>
<th>Type of Liability or Debt</th>
<th>Amount (U.S. dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgages</td>
<td>$</td>
</tr>
<tr>
<td>Car Loans</td>
<td>$</td>
</tr>
<tr>
<td>Credit Card Debt</td>
<td>$</td>
</tr>
<tr>
<td>Education Related Loans</td>
<td>$</td>
</tr>
<tr>
<td>Tax Debts</td>
<td>$</td>
</tr>
<tr>
<td>Liens</td>
<td>$</td>
</tr>
<tr>
<td>Personal Loans</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
</tbody>
</table>

TOTAL (U.S. dollars) $

Credit Report and Score

Provide the information about your credit history. Provide documentation as provided in the Instructions.

11. Do you have a U.S. credit report?

☐ Yes. Provide a U.S. credit report generated within the last 12 months prior to the date of filing.

☐ No. Provide a credit agency report that demonstrates that you do not have a credit record or score.
Part 3. Your and Your Household Member(s)'s Assets, Resources, and Financial Status (continued)

12. Do you have a U.S. credit score?  
   □ Yes  □ No  
   If you answered “Yes,” enter a credit score within the last 12 months and attach the credit score document.

13. If you have negative credit history or a low credit score in the United States reflected on your credit report, provide an explanation. For guidance on what constitutes negative credit history, please see the Instructions.

14. Have you EVER filed for bankruptcy, either in the United States or in a foreign country?  
   □ Yes  □ No  
   If you answered “Yes” to Item Number 14., provide the information about each bankruptcy filing in Item A. - C. and provide evidence of the resolution of each bankruptcy.
   
   **A. Place of Filing**
   
   City __________________________ State or Country __________________________

   Date (mm/dd/yyyy) ___________  Type of Bankruptcy □ Chapter 7  □ Chapter 11  □ Chapter 13

   **B. Place of Filing**

   City __________________________ State or Country __________________________

   Date (mm/dd/yyyy) ___________  Type of Bankruptcy □ Chapter 7  □ Chapter 11  □ Chapter 13

   **C. Place of Filing**

   City __________________________ State or Country __________________________

   Date (mm/dd/yyyy) ___________  Type of Bankruptcy □ Chapter 7  □ Chapter 11  □ Chapter 13

Health Insurance

15. Do you currently have health insurance?  
   □ Yes  □ No  
   If you answered “Yes” to Item Number 15., attach evidence of health insurance.

   If you answered "No" to Item Number 15., proceed to Item D.

   **A.** If you answered "Yes" to Item Number 15., did you receive a Premium Tax Credit or Advanced Premium Tax Credit under the Affordable Care Act, for the health insurance?  
   □ Yes  □ No

   **B.** If you answered "Yes" to Item Number 15., what is your total annual deductible or annual premium?  
   $ ___________  

   **C.** If you answered "Yes" to Item Number 15., when does your health insurance terminate or date that it must be renewed?  
   (mm/dd/yyyy) ___________
Part 3. Your and Your Household Member(s)'s Assets, Resources, and Financial Status (continued)

D. Have you enrolled or will soon enroll in health insurance but your health coverage has not started yet?
   □ Yes, I am enrolled □ I will soon enroll □ No

   If you answered “Yes,” attach a letter or other evidence from the insurance company showing that you have enrolled in or
   have a future enrollment date for health insurance and when your coverage begins.

   If you receive federally-funded Medicaid, please list those benefits in Items Numbers 15. and 16.

   If you answered “No” to Item Number 15., you may provide information on how you plan to pay for reasonably
   anticipated medical costs. If you need extra space to complete this section, use the space provided in Part 9. Additional
   Information.

Public Benefits

Provide the requested information and submit documentation, as outlined in the Instructions. If you need additional space to complete
any Item Number in this Part, use the space provided in Part 9. Additional Information.

16. Have you EVER received, or are currently certified to receive in the future any of the following public benefits? (select all that apply).
   □ Yes, I have received, or I am currently certified to receive in the future the following benefits:
      □ Any Federal, State, local or tribal cash assistance for income maintenance
      □ Supplemental Security Income (SSI)
      □ Temporary Assistance for Needy Families (TANF)
      □ General Assistance (GA)
      □ Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
      □ Section 8 Housing Assistance under the Housing Choice Voucher Program
      □ Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
      □ Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
      □ Federal-funded Medicaid
   □ No, I have not received any public benefits.
   □ No, I am not certified to receive in the future any of the above public benefits.

17. Have you disenrolled, withdrawn from, or requested to be disenrolled from the public benefit(s)? □ Yes □ No

   Expected date of disenrollment (mm/dd/yyyy) ___________________________________________
### Part 3. Your and Your Household Member(s)’s Assets, Resources, and Financial Status (continued)

18. If you selected one or more public benefits in Item Number 16., provide information about the public benefits in the space below. If you need additional space to complete any Item Number in this Part, use the space provided in Part 9. Additional Information. If a question does not apply, please enter N/A.

<table>
<thead>
<tr>
<th>A. Type of Public Benefit</th>
<th>Agency that Granted the Public Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts (mm/dd/yyyy)</td>
<td>Date Benefit or Coverage Expected to Expire (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Amount Received $</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Type of Public Benefit</th>
<th>Agency that Granted the Public Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts (mm/dd/yyyy)</td>
<td>Date Benefit or Coverage Expected to Expire (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Amount Received $</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Type of Public Benefit</th>
<th>Agency that Granted the Public Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts (mm/dd/yyyy)</td>
<td>Date Benefit or Coverage Expected to Expire (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Amount Received $</td>
<td></td>
</tr>
</tbody>
</table>

19. If you answered “Yes” to Item Number 16., do any of the following apply to you? (select all that apply) Provide the evidence listed in the Instructions if any of the following apply to you.

- [ ] I am enlisted in the U.S. Armed Forces, or am serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- [ ] I am the spouse or the child of an individual who is enlisted in the U.S. Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- [ ] At the time I received the public benefits, I (or my spouse or parent) was enlisted in the U.S. Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- [ ] At the time I received the public benefits, I was present in the United States in a status exempt from the public charge ground of inadmissibility and I received the public benefits during that time.
- [ ] At the time I received public benefits, I was present in the United States after being granted a waiver from the public charge ground of inadmissibility.
- [ ] I am the child of U.S. citizens whose lawful admission for permanent residence and subsequent residence in the legal and physical custody of my U.S. citizen parent will result in me automatically acquiring U.S. citizenship upon meeting the eligibility under INA 320.
Part 3. Your and Your Household Member(s)'s Assets, Resources, and Financial Status (continued)

☐ I am the child of U.S. citizens whose lawful admission for permanent residence will result automatically in my acquisition of citizenship upon finalization of adoption (and I satisfied the requirements applicable to adopted children under INA 101(b)(1)), in the United States by the U.S. citizen parent(s), upon meeting the eligibility criteria under INA 320.

☐ None of the above statements apply to me.

20. Have you received, applied for, or been certified to receive federally-funded Medicaid in connection with any of the following? (select all that apply)

☐ An emergency medical condition
☐ For a service under the Individuals with Disabilities Education Act (IDEA)
☐ Other school-based benefits or services available up to the oldest age eligible for secondary education under State law
☐ While you were under the age of 21
☐ While you were pregnant or during the 60-day period following the last day of pregnancy
☐ None of the above apply to me

21. Provide the applicable dates (mm/dd/yyyy) ___________ to (mm/dd/yyyy) ___________

22. Have you ever applied for any of the following public benefits and the application is currently pending or was denied?

☐ Yes  ☐ No

23. If you answered "Yes" to Item Number 22, provide the following information (select all that apply).

☐ I have a pending application for the following public benefits (select all that apply):
  ☐ Any Federal, State, local or tribal cash assistance for income maintenance
  ☐ Supplemental Security Income (SSI)
  ☐ Temporary Assistance for Needy Families (TANF)
  ☐ General Assistance (GA)
  ☐ Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
  ☐ Section 8 Housing Assistance under the Housing Choice Voucher Program
  ☐ Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
  ☐ Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
  ☐ Federally-funded Medicaid

☐ I applied for and the application was denied (select all that apply):
  ☐ Any Federal, State, local or tribal cash assistance for income maintenance
  ☐ Supplemental Security Income (SSI)
  ☐ Temporary Assistance for Needy Families (TANF)
  ☐ General Assistance (GA)
  ☐ Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
  ☐ Section 8 Housing Assistance under the Housing Choice Voucher Program
  ☐ Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
  ☐ Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
  ☐ Federally-funded Medicaid
### Part 3. Your and Your Household Member(s)'s Assets, Resources, and Financial Status (continued)

24. Date you applied for any of the above listed public benefits (mm/dd/yyyy) 

25. Did you withdraw your application(s) before being certified to receive the public benefit(s)?  
   - Yes  
   - No

26. Have you applied for or received a fee waiver when applying for an immigration benefit from USCIS?  
   - Yes  
   - No

If you answered “Yes” to Item Number 26., provide the information below. Explain the circumstances that caused you to apply for a fee waiver and if those circumstances have changed in Part 9. Additional Information.

<table>
<thead>
<tr>
<th>A.</th>
<th>Date Fee Waiver Received (If you did not receive the fee waiver, write N/A) (mm/dd/yyyy)</th>
<th>Receipt Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.</td>
<td>Date Fee Waiver Received (If you did not receive the fee waiver, write N/A) (mm/dd/yyyy)</td>
<td>Receipt Number</td>
</tr>
<tr>
<td>C.</td>
<td>Date Fee Waiver Received (If you did not receive the fee waiver, write N/A) (mm/dd/yyyy)</td>
<td>Receipt Number</td>
</tr>
</tbody>
</table>

### Part 4. Your Education and Skills

1. Do you have an approved Form I-140 as an alien worker?  
   - Yes  
   - No

   If you answered “Yes” to Item Number 1., provide the receipt number and skip to Part 5.

   Receipt Number

   If you answered “No,” proceed to Item Number 2.

Provide information about your education, occupational skills, and other related information. If you need additional space to complete any Item Number in this Part, use the space provided in Part 9. Additional Information.

2. Have you graduated high school or earned a high school equivalent diploma?  
   - Yes  
   - No

3. List your educational history below. Include all degrees attained (high school diploma, college degrees or equivalent, etc.). If you answered “No” to Item Number 2., then list the highest grade completed. Provide documentation as provided in the Instructions.

<table>
<thead>
<tr>
<th>A. Program/School Name</th>
<th>Degree/Certificate</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Field of Study (if applicable)</th>
<th>Date Started (mm/dd/yyyy)</th>
<th>Date Ended (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

   Credit Hours/Hours of Study Completed (if no degree or certificate completed)
### Part 4. Your Education and Skills (continued)

<table>
<thead>
<tr>
<th>B. Program/School Name</th>
<th>Degree/Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field of Study (if applicable)</td>
<td>Date Started (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Credit Hours/Hours of Study Completed (if no degree or certificate completed)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Program/School Name</th>
<th>Degree/Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field of Study (if applicable)</td>
<td>Date Started (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Credit Hours/Hours of Study Completed (if no degree or certificate completed)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Program/School Name</th>
<th>Degree/Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field of Study (if applicable)</td>
<td>Date Started (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Credit Hours/Hours of Study Completed (if no degree or certificate completed)</td>
<td></td>
</tr>
</tbody>
</table>

### 4. Do you have any occupational skills?

If you answered “Yes” to Item Number 4., provide the information below. If you answered “No,” skip to Item Number 5.

Provide documentation as provided in the Instructions.

<table>
<thead>
<tr>
<th>A. Certification/License Type/Occupational Skill</th>
<th>Date Obtained (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who Issued Your License or Certification? (if any)</td>
<td>License Number (if any)</td>
</tr>
<tr>
<td>Expiration/Renewal Date (mm/dd/yyyy) (if any)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Certification/License Type/Occupational Skill</th>
<th>Date Obtained (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who Issued Your License or Certification? (if any)</td>
<td>License Number (if any)</td>
</tr>
<tr>
<td>Expiration/Renewal Date (mm/dd/yyyy) (if any)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Certification/License Type/Occupational Skill</th>
<th>Date Obtained (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who Issued Your License or Certification? (if any)</td>
<td>License Number (if any)</td>
</tr>
<tr>
<td>Expiration/Renewal Date (mm/dd/yyyy) (if any)</td>
<td></td>
</tr>
</tbody>
</table>
Part 4. Your Education and Skills (continued)

5. Provide the following information about your skill with English and any other language in Item A. - C. below.
   Provide documentation as provided in the Instructions.

A. Language ____________________________ Certification/Courses Attended or Currently Attending (if any) _________
   Date Certificate Obtained or Date Course Completed (mm/dd/yyyy) ____________________________
   Who Issued the Certification? (if any) _________

B. Language ____________________________ Certification/Courses Attended or Currently Attending (if any) _________
   Date Certificate Obtained or Date Course Completed (mm/dd/yyyy) ____________________________
   Who Issued the Certification? (if any) _________

C. Language ____________________________ Certification/Courses Attended or Currently Attending (if any) _________
   Date Certificate Obtained or Date Course Completed (mm/dd/yyyy) ____________________________
   Who Issued the Certification? (if any) _________

6. Retirement
   A. Are you currently retired? □ Yes □ No
   B. If you are retired, since when have you been retired? (mm/dd/yyyy) ____________________________

7. Are you the primary caregiver, who is over the age of 18, for a child, or an elderly, ill or disabled individual in your household? □ Yes □ No

Part 5. Declarant’s Statement, Contact Information, Certification, and Signature

NOTE: Read the Penalties section of the Form I-944 Instructions before completing this section. You must file Form I-944 while in the United States.

Declarant’s Statement

NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.

1. Declarant’s Statement Regarding the Interpreter
   A. □ I can read and understand English, and I have read and understand every question and instruction on this declaration and my answer to every question.
   B. □ The interpreter named in Part 6. read to me every question and instruction on this declaration and my answer to every question in ____________________________, a language in which I am fluent, and I understood everything.

2. Declarant’s Statement Regarding the Preparer
   □ At my request, the preparer named in Part 7. ____________________________, prepared this declaration for me based only upon information I provided or authorized.
Part 5. Declarant’s Statement, Contact Information, Certification, and Signature (continued)

Declarant’s Contact Information

3. Declarant’s Daytime Telephone Number

4. Declarant’s Mobile Telephone Number (if any)

5. Declarant’s Email Address (if any)

Federal Agency Disclosure and Authorizations

I authorize, as applicable, the Social Security Administration (SSA) to verify my Social Security number (to match my name, Social Security number, and date of birth with information in SSA records and provide the results of the match) to USCIS. I authorize SSA to provide explanatory information to USCIS as necessary.

I authorize, as applicable, the SSA, U.S. Department of Agriculture (USDA), U.S. Department of Health and Human Services (HHS), U.S. Department of Housing and Urban Development (HUD), and any other government agency that has received and/or adjudicated a request for a public benefit, as defined in 8 C.F.R. 212.21(b), submitted by me or on my behalf, and/or granted one or more public benefits to me, to disclose to USCIS that I have applied for, received, or have been certified to receive, a public benefit from such agency, including the type and amount of benefit(s), date(s) of receipt and any other relevant information provided to the agency for the purpose of obtaining such public benefit, to the extent permitted by law. I also authorize SSA, USDA, HHS, HUD, and any other U.S. Government agency to provide any additional data and information to USCIS, to the extent permitted by law.

I authorize, as applicable, custodians of records and other sources of information pertaining to my request for or receipt of public benefits to release information regarding my request for and/or receipt of public benefits, upon the request of the investigator, special agent, or other duly accredited representative of any federal agency authorized above, regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the federal government, that the U.S. Government will use it only to review if I have received public benefits in regards to my eligibility for immigration benefits and to enforce immigration laws, and that the U.S. Government may disclose the information only as authorized by law.

Credit Reports and Scores Disclosure and Authorization

USCIS may require information from one or more consumer reporting agencies in order to obtain information, including credit reports and scores, in connection with a background investigation regarding your eligibility for immigration benefits.

I authorize USCIS to request, and any consumer reporting agency to provide, such reports.

NOTE: If you have a security freeze on your consumer or credit report file, we may not be able to access the information necessary to complete your investigation. To avoid any delays, you should expeditiously respond to any requests made to release the credit freeze.

Declarant’s 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 declaration, in supporting documents, and in my USCIS records, to other entities and individual where necessary for the administration and enforcement of U.S. immigration law.

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 declaration; and

2) All of this information was complete, true, and correct at the time of filing.
Part 5. Declarant’s Statement, Contact Information, Certification, and Signature (continued)

I certify, under penalty of perjury, that all of the information in my declaration 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 declaration and that all of this information is complete, true, and correct.

Declarant’s Signature

6. Declarant’s Signature

Date of Signature (mm/dd/yyyy)

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

Part 6. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)

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

Interpreter's Mailing Address

3. Street Number and Name


City or Town

State ZIP Code

Province Postal Code 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 [language] which is the same language specified in Part 5, Item B., in Item Number 1., and I have read to this declarant in the identified language every question and instruction on this declaration and his or her answer to every question. The declarant informed me that he or she understands every instruction, question, and answer on the declaration, including the Declarant's Certification, and has verified the accuracy of every answer.
Part 6. Interpreter's Contact Information, Certification, and Signature (continued)

**Interpreter's Signature**

7. Interpreter's Signature: 

   Date of Signature (mm/dd/yyyy): 

Part 7. Contact Information, Declaration, and Signature of the Individual Preparing this Declaration, if Other Than the Declarant

Provide the following information about the preparer.

**Preparer's Full Name**

1. Preparer's Family Name (Last Name): 

   Preparer's Given Name (First Name): 

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

**Preparer's Mailing Address**

3. Street Number and Name: 

   Apt.  Ste.  Flr.  Number: 

   City or Town: 

   State  ZIP Code: 

   Province: 

   Postal Code: 

   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): 

**Preparer's Statement**

7. A.  ☐ I am not an attorney or accredited representative but have prepared this declaration on behalf of the declarant and with the declarant's consent.  

   B. ☐ I am an attorney or accredited representative and my representation of the declarant in this case 

   ☐ extends  ☐ does not extend beyond the preparation of this declaration.  

   **NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this declaration.
Part 7. Contact Information, Declaration, and Signature of the Individual Preparing this Declaration, if Other Than the Declarant (continued)

Preparer's Certification

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

Preparer's Signature

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)

Part 8. Signature at Interview

NOTE: Do not complete Part 8, until the USCIS Officer instructs you to do so at the interview.

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-944, Declaration of Self-Sufficiency, subscribed by me, including the corrections made to this declaration, numbered through , are complete, true, and correct. All additional pages submitted by me with this Form I-944, on numbered pages through are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

______________________________
USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Declarant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)
### Part 9. Additional Information

If you need extra space to provide any additional information within this declaration, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this declaration or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.

1. **Family Name (Last Name)**
   
2. **Given Name (First Name)**

3. **A-Number (if any)**

4. **Page Number**
   
5. **Part Number**

6. **Item Number**

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