## FORM N-336 FORM TABLE OF CHANGES OMB RIN 1615-0050 07-21-2011

LOCATION	CURRENT VERSION	PROPOSED VERSION
Top of the Form		Print or type all your answers fully and accurately in black ink. Write "N/A" if an item is not applicable. Write "None" if the answer is none. Failure to answer all of the questions may delay your Form N-336.
For USCIS Only	For USCIS Only	For USCIS Only
	Decision:	DELETE
	Grant [text box]	DELETE
	Denial [text box]	DELETE
	Fee: [text box]	DELETE
First Page (similar to N-400)	[new section]	Bar Code [text box]
First Page (similar to N-400)	[new section]	Date Stamp [text box]
First Page (similar to N-400)	[new section]	Remarks [text box]
For USCIS Only	[new section]	[inside Remarks Block]
First Page		Concur with Form N-400 Denial.
		Do Not Concur with Form N-400 Denial.
1. In the Matter of:	1. In the Matter of:	DELETE
	(Name of Naturalization Applicant)	
File Number:	File Number:	Your A-Number: [box next to
	<b>A-</b>	Part 1. box] A
2. I am filing a	2. I am filing a request for	DELETE

request for hearing on the decision	hearing on the decision date:	
date:		
3. Please check the one block that applies:	3. Please check the one block that applies:	DELETE
аррисэ.	<b>a.</b> I am <b>not submitting</b> a separate brief, statement, or evidence. [text box]	
	<b>b.</b> I <b>am submitting</b> a separate brief, statement, and/or evidence with this form.  [text box]	
	c. I needdays to submit a brief, statement, and/or evidence to the USCIS. (May be granted only for good cause show. Explain in a separate letter.) [text box]	
4. Person filing request	4. Person filing request:	Part 1. Information About You, the Naturalization Applicant
-	Name (Type or print in black ink.)	
	Address (Street Number and Name)	1. Current Legal Name (do not provide a nickname)
	(Apt. Number)	Family Name (last name) [text box]
	(City)	Given Name (first name) [text box]
	(State)	Middle Name ( <i>if applicable</i> )
	(Zip Code)	[text box]
	Signature	2. Date of Birth (mm/dd/yyyy) [text box]
	Date (mm/dd/yyyy)	3. Home Address
	I am an attorney or representative and I represent the applicant requesting a hearing on a naturalization proceeding. [You must attach Form G-28, Notice of	Street Number and Name (do not write a P.O. Box in this space unless it is your ONLY address.) [text box]

T = :	I
Entry of Appearance as Attorney or	
Representative, if you are an	Apartment Number
attorney or representative and did	[text box]
not previously submit such a form.]	
	City
(Person for whom you are	[text box]
	[text box]
appearing)	Constant
	County
	[text box]
	State
	[text box]
	ZIP Code
	[text box]
	Province (foreign address only)
	[text box]
	Country (foreign address only)
	[text box]
	Postal Code (foreign address only)
	[text box]
	4. Mailing Address
	<b>3 3 3 3 3 3 3 3 3 3</b>
	C/O (in care of name)
	[text box]
	[text box]
	Ctroot Name have and Name
	Street Number and Name
	[text box]
	Apartment Number
	[text box]
	City
	[text box]
	State
	[text box]
	[text ook]
	ZID Code
	ZIP Code
	[text box]
	Province (foreign address only)

		[text box]
		Country (foreign address only) [text box]
		Postal Code (foreign address only) [text box]
		5. Daytime Phone Number [text box]
		Work Phone Number (if any) [text box]
		<b>Evening Phone Number</b> [text box]
		Mobile Phone Number (if any) [text box]
		6. E-Mail Address (if any) [text box]
[new section]	[new section]	Part 2. Information About Form N-400 (Application for Naturalization) for Which You Are Requesting a Hearing
		1. Form N-400 Receipt Number [text box]
		2. Date of Form N-400 Denial Notice (mm/dd/yyyy) [text box]
		3. USCIS Office That Issued Form N-400 Denial Notice [text box]
5. Briefly state the reason(s) for this request for a	5. Briefly state the reason(s) for this request for a hearing:	Part 3. Reason You Are Requesting a Hearing
hearing:	[text box]	Provide the reason(s) you are requesting a hearing on your

	denied Form N-400. If extra space is needed to provide an explanation, attach an additional sheet(s) of paper. You must write your A-Number, date, the question number, and sign the top of each additional sheet(s).  NOTE: Refer to the Form N-336 Instructions, Page 1, Document Submission, for documents to submit with your Form N-336.
[new section]	[large text box]  Part 4. Accommodations for Individuals With Disabilities and/or Impairments
	Are you requesting an accommodation for the Form N-336 hearing because of a disability and/or impairment? (see Part 4, Specific Form Instructions, in the Form N-336 instructions for some examples of accommodations)
	[text box] Yes [text box] No
	If you checked "Yes," check the box(es) below that applies:
	[text box] I am deaf or hearing impaired and need a sign language interpreter who uses the following language (e.g., American Sign Language (ASL)):
	[text box] I use a wheelchair.  [text box]

		I am blind or gight impaired
		I am blind or sight impaired.
		[text box]
		I will need another type of
		accommodation.
		Explain:
[new section]	[new section]	Part 5. Your Signature (USCIS
		will reject your Form N-336 if it is
		not signed.)
		I certify, under penalty of perjury
		under the laws of the United States,
		that this request, and the evidence
		submitted with it, is all true and
		correct. I authorize the release of
		any information that U.S.
		Citizenship and Immigration
		Services needs to determine
		eligibility for naturalization.
		Your Signature
		[text box]
		Date (mm/dd/yyyy)
		[text box]
[new section]	[new section]	Part 6. Signature of Person Who
[		Prepared This Form N-336 For
		You (if applicable)
		I dealars that I proposed Form N
		I declare that I prepared Form N-336 at the request of the above
		person. The answers provided are
		based on information of which I
		have personal knowledge or were
		provided to me by the above-
		named person in response to the
		questions contained on this form.
		Propagar's Printed Name
		Preparer's Printed Name [text box]
		[WALOON]
		<b>Preparer's Signature</b>
		[text box]
		Date (mm/dd/yyyy)

[text box]
Preparer's Firm or Organization Name ( <i>if applicable</i> ) [text box]
Preparer's Daytime Phone Number [text box]
Preparer's Address
Street Number and Name [text box]
City [text box]
State [text box]
ZIP Code [text box]
Province (foreign address only) [text box]
Country (foreign address only) [text box]
Postal Code (foreign address only) [text box]
Preparer's E-Mail Address [text box]
Preparer's Fax Number [text box]