

Table of Changes
Form I-751
OMB No. 1615-0038
Expires 1/31/13
10 Oct 12 ca

Page No.	Old Text	New Text
		All changes highlighted
Page 1	<p>For USCIS Use Only box down right hand margin of form</p> <p>Returned Date Date Resubmitted Date Date</p> <p>Receipt</p> <p>Petitioner interviewed on</p> <p>Action Block</p> <p>Remarks</p> <p>To be completed by Attorney or Representative, if any (insert check box) Fill in box if Form G-28 is attached to represent the applicant</p> <p>ATTY State License #</p>	<p>Move box For USCIS Use Only to top margin of form.</p> <p>Reloc Sent Date Date Reloc Rec'd Date Date</p> <p>No change</p> <p>No change</p> <p>(insert check box) Approved under INA 216(c)(4)(C) Battered Spouse/Child</p> <p>Move attorney section above START HERE in petition information section</p> <p>To be completed by Attorney or Representative, if any (insert check box) Check box if Form G-28 is attached to represent the applicant</p> <p>ATTY State License #</p>
Page 1, Part 1. Information About You	<p>Part 1. Information About You</p> <p>Family Name (Last Name)</p> <p>Given Name (First Name)</p> <p>Full Middle Name</p>	<p>Part 1. Information About You, the Conditional Resident (insert screened box)</p> <p>(Insert a box for each numbered field.) 1.a. Family Name <i>(Last Name)</i> 1.b. Given Name <i>(First Name)</i> 1.c. Middle Name</p>

<p>Page 1, Part 1. Information About You cont'd</p>	<p>Address:</p> <p>Street Number and Name Apt. # C/O: (In care of) City State/Province Country Zip/Postal Code</p> <p>Mailing Address, if different than above (Street Number and Name) Apt. # C/O: (In care of) City State/Province Country Zip/Postal Code</p> <p>Date of Birth (mm/dd/yyyy) Country of Birth Country of Citizenship Alien Registration Number (A- Number)</p> <p>Social Security # (if any)</p> <p>Conditional Residence Expires on (mm/dd/yyyy)</p> <p>Daytime Phone # (Area/Country Code)</p>	<p>Moved to Page 2 of new form</p> <p><i>Physical Address</i> (in screened box)</p> <p>16.a. In Care of Name (if applicable) 16.b. Street Number and Name 16.c. Apt (small box) Ste. (small box) Flr (small box) 16.d. City or Town 16.e. State 16.f. Zip Code</p> <p><i>Mailing Address (If different than Physical Address)</i> (In screened box)</p> <p>17.a. In Care of Name (if applicable) 17.b. Street Number and Name 17.c. Apt (small box) Ste. (small box) Flr (small box) 17.d. City or Town 17.e. State 17.f. Zip Code</p> <p>On page 1 of new form, continuous numbering</p> <p><i>Other Information</i> (insert in screened box)</p> <p>4. Date of Birth (mm/dd/yyyy) 5. Country of Birth 6. Country of citizenship 7. Alien Registration Number (A- number) (insert 9-character picket fence box) 8. U.S. Social Security Number (if any) (insert 9-character picket fence box)</p> <p>Moved to follow Marital Status on Page 1 of new form</p> <p>Moved to follow Other Information on Page 1 of new form</p>
--	--	---

	<p>cruelty, by my U.S. citizen or permanent resident spouse or parent.</p> <p>f. I am a conditional resident child who was battered by, or was subjected to extreme cruelty, by my U.S. citizen or conditional resident paren(s)t.</p> <p>g. The termination of my status and removal from the United States would result in an extreme hardship.</p>	<p>faith, and, during the marriage, I was battered, or was the subject of extreme cruelty, by my U.S. citizen or permanent resident spouse.</p> <p>1.f. <input type="checkbox"/> my parent entered the marriage in good faith and, during the marriage, I was battered, or was subjected to extreme cruelty, by my parent's U.S. citizen or permanent resident spouse or by my conditional resident parent.</p> <p>1.g. <input type="checkbox"/> the termination of my status and removal from the United States would result in an extreme hardship.</p>
<p>Page 2</p> <p>Part 3.</p> <p>Additional Information About You</p>	<p>Part 3. Additional Information About You</p> <p>1. Other Names Used (including Maiden Name)</p> <p>2. Date of Marriage</p> <p>3. Place of Marriage</p> <p>4. If your spouse is deceased, give the date of death (mm/dd/yyyy)</p>	<p>Relocated to Page 1 of the new form, following current name, fields renumbered.</p> <p>Other Names Used (including maiden name) (insert in screened box)</p> <p>2.a. Family Name (Last Name)</p> <p>2.b. Given Name (First Name)</p> <p>2.c. Middle Name</p> <p>3.a. Family Name</p> <p>3.b. Given Name (First Name)</p> <p>3.c. Middle Name</p> <p>Information relocated to Page 1 of the new form following new Marital Status data collection.</p> <p>New Information Collection on Page 1 of new form</p> <p>11. Marital Status (insert small check boxes)</p> <p>Married</p> <p>Single</p> <p>Divorced</p> <p>Widowed</p> <p>12. Date of Marriage</p> <p>13. Place of Marriage</p> <p>14. If the marriage through which you</p>

<p>Page 2 Part 3. Additional Information About You (cont'd)</p>	<p>5. Are you in removal, deportation, or rescission proceedings? Yes No</p> <p>6. Was a fee paid to anyone other than an attorney in connection with this petition? Yes No</p> <p>7. Have you ever been arrested, detained, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance (excluding traffic regulations), or committed any crime for which you were not arrested in the United States or abroad? Yes No</p> <p>8. If you are married, is this a different marriage than the one through which conditional residence status was obtained? (insert check boxes) Yes No</p> <p>9. Have you resided at any other address since you became a permanent resident? <i>(If Yes, attach a list of all addresses and dates)</i> (insert check boxes) Yes No</p> <p>10. Is your spouse or parent's spouse currently serving with or employed by the U.S. Government and serving outside the United States?</p> <p>If you answered "Yes" to any of the above, provide a detailed explanation on a separate sheet of paper and refer to "What Initial Evidence Is Required?" to determine what criminal history</p>	<p>gained conditional residence has ended, give the date it ended (date of divorce or date of death) (mm/dd/yyyy)</p> <p>15. Conditional Residence Expires on (mm/dd/yyyy)</p> <p>Located on Page 2 of new form following Mailing Address, renumbered</p> <p>18. Are you in removal, deportation, or rescission proceedings? (insert check boxes) Yes No</p> <p>19. Was a fee paid to anyone other than an attorney in connection with this petition? (insert check boxes) Yes No</p> <p>20. Have you ever been arrested, detained, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance (excluding traffic regulations), or committed any crime for which you were not arrested in the United States or abroad? (insert check boxes) Yes No</p> <p>21. If you are married, is this a different marriage than the one through which conditional residence status was obtained? (insert check boxes) Yes No</p> <p>22. Have you resided at any other address since you became a permanent resident? <i>(If Yes, attach a list of all addresses and dates)</i> (insert check boxes) Yes No</p> <p>23. Is your spouse or parent's spouse currently serving with or employed by the U.S. Government and serving outside the United States?</p> <p>If you answered "Yes" to question 20., provide a detailed explanation on a separate sheet of paper and refer to "What Initial Evidence Is Required?" to determine what criminal history</p>
--	--	--

<p>Page 2 Part 3. Additional Information About You (cont'd)</p>	<p>document to include with your petition. Place your name and A-Number at the top of each sheet and give the number of the item that refers to your response.</p>	<p>document to include with your petition.</p>
<p>Page 2 Part 4.</p>	<p>Part 4. Information About the Spouse or Parent Through Whom You Gained Your Conditional Residence</p> <p>Family Name First Name Middle Name Address Date of Birth (mm/dd/yyyy) Social Security # (if any) A-Number (if any)</p>	<p>Part 4. Information About the Petitioning Spouse or, If Filing as a Child Separately, Information About the U.S. Citizen or LPR Stepparent through Whom You Gained Your Conditional Residence (Insert Title in Screened Box)</p> <p><i>Relocated to Page 3 of the new form</i></p> <p>1. Relationship (insert small check boxes) Spouse or Former Spouse Parent's Spouse or Parent's Former Spouse</p> <p>2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name 3. Date of Birth (mm/dd/yyyy) 4. U.S. Social Security Number (if any) (insert 9-character picket fence box) 5. Alien Registration Number (A- number) (insert 9-character picket fence box)</p> <p>6.a Street Number and Name 6.b. Apt (small box) Ste. (small box) Flr (small box) 6.c. City or Town 6.d. State 6.e. Zip Code 6.f. Postal Code 6.g. Province 6.h. Country</p>

<p>Page 2 Part 5.</p>	<p>Part 5. Information About Your Children - List All Your Children (Attach other sheets if necessary)</p> <p>Name (First/Middle/Last) Date of Birth (mm/dd/yyyy) A-Number (if any) If in U.S., give address/immigration status Living with you? Yes No</p>	<p>Part 5. Information About Your Children (insert in screened box)</p> <p><i>Relocated to Page 3 of the new form</i> List All Your Children (Attach other sheets if necessary)</p> <p>Child 1</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name 2. Date of Birth (mm/dd/yyyy) 3. Alien Registration Number (A-number) (if any) (insert 9-character picket fence box) 4.a Street Number and Name 4.b. Apt (small box) Ste. (small box) Flr (small box) 4.c. City or Town 4.d. State or Province 4.e. Zip Code or Postal Code 5. Is child living with you? (insert small boxes for Yes and No response) 6. Is this child applying with you? (insert small boxes for Yes and No response)</p> <p>Child 2</p> <p>7.a. Family Name (Last Name) 7.b. Given Name (First Name) 7.c. Middle Name 8. Date of Birth (mm/dd/yyyy) 9. Alien Registration Number (A-number) (if any) (insert 9-character picket fence box) 10.a Street Number and Name 10.b. Apt (small box) Ste. (small box) Flr (small box) 10.c. City or Town 10.d. State or Province 10.e. Zip Code or Postal Code 11. Is child living with you? (insert small boxes for Yes and No response) 12. Is this child applying with you?</p>
---	--	--

(insert small boxes for Yes and No response)

Child 3

13.a. Family Name
(Last Name)

13.b. Given Name
(First Name)

13.c. Middle Name

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

15. Alien Registration Number (A-number) (if any)

(insert 9-character picket fence box)

16.a Street Number and Name

16.b. Apt (small box) Ste. (small box)
Flr (small box)

16.c. City or Town

16.d. State or Province

16.e. Zip Code or Postal Code

17. Is child living with you? (insert small boxes for Yes and No response)

18. Is this child applying with you?
(insert small boxes for Yes and No response)

Child 4

19.a. Family Name
(Last Name)

19.b. Given Name
(First Name)

19.c. Middle Name

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

21. Alien Registration Number (A-number) (if any)

(insert 9-character picket fence box)

22.a Street Number and Name

22.b. Apt (small box) Ste. (small box)
Flr (small box)

22.c. City or Town

22.d. State or Province

22.e. Zip Code or Postal Code

23. Is child living with you? (insert small boxes for Yes and No response)

24. Is this child applying with you?
(insert small boxes for Yes and No response)

<p>Page 2 Part 5. (cont'd)</p>		<p>Child 5 25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name 26. Date of Birth (mm/dd/yyyy) 27. Alien Registration Number (A-number) (if any) (insert 9-character picket fence box) 28.a Street Number and Name 28.b. Apt (small box) Ste. (small box) Flr (small box) 28.c. City or Town 28.d. State or Province 28.e. Zip Code or Postal Code 29. Is child living with you? (insert small boxes for Yes and No response) 30. Is this child applying with you? (insert small boxes for Yes and No response)</p>
<p>Page 2 Part 6. Accommodations for Individuals With Disabilities and Impairments</p>	<p>Part 6. Accommodations for Individuals With Disabilities and Impairments <i>(Read the information in the instructions before completing this section.)</i></p>	<p>Relocated to Page 4 of the new form</p> <p>Part 6. Accommodations for Individuals With Disabilities and Impairments <i>(Read the information in the instructions before completing this section.)</i> (insert in screened box)</p> <p>I am requesting an accommodation:</p> <p>1., 2., and 3., no changes to information or numbering</p> <p>New numbering, no change to information: If you answered yes, check any ...</p> <p>4.a. Deaf or hard of hearing... 4.b. Blind or sight-impaired... 4.c. Other type of disability...</p>
<p>Page 3</p>	<p>Part 7. Signature <i>(Read the information on penalties on Page xx of the instructions before completing this section. If you checked Block 1.a. in Part 2, your spouse must also sign</i></p>	<p>Relocated to Page 5 of the new form</p> <p>Part 7. Signature <i>(Read the information on penalties on Page 6 of the instructions before completing this</i></p>

<p>Page 3 (cont'd)</p>	<p><i>below)</i></p> <p>I certify, under penalty of perjury...</p>	<p><i>section. If you checked Block 1.a. in Part 2, your spouse must also sign below. Signature of a conditional resident child under the age of 14 is not required; a parent may sign for the child). (Insert in screened box)</i></p> <p>I certify under penalty of perjury... (no change)</p> <p>Signature of Conditional Resident (Insert in screened box)</p> <p>1.a. Signature 1.b. Printed Name 2. Date of Signature (mm/dd/yyyy)</p> <p>Signature of Spouse or Individual Listed in Part 4 (if applicable) (insert in screened box)</p> <p>4.a. Signature of Spouse 4.b. Printed Name of Spouse 5. Date of Signature (mm/dd/yyyy)</p> <p>No change</p> <p>Part 8. Signature of Person Preparing Form, If Other Than Above (Insert in screened box)</p> <p>Retain declaration</p> <p>1. Signature of Preparer 2. Date of Signature (mm/dd/yyyy)</p> <p>Preparer's Full Name (in screened box)</p> <p>3.a. Preparer's Family Name (Last Name) 3.b. Preparer's Given Name (First Name) 4. Preparer's Business or Organization Name</p> <p>Preparer's Mailing Address (in screened box)</p>
-------------------------------	--	--

Page 3 (cont'd)		<p> 5.a. Street Number and Name 5.b. Apt (small box) Ste. (small box) Flr (small box) (number box) 5.c. City or Town 5.d. State 5.e. Zip Code </p> <p> <i>Preparer's Contact Information</i> (in screened box) </p> <p> 6. Daytime Phone Number (three boxes for area code, prefix and last 4) </p> <p> 7. E-mail Address (<i>if any</i>) </p>
------------------------	--	--