

TABLE OF CHANGES- FORM
FORM I-290B, Notice of Appeal or Motion
OMB No. 1615-0095
02/26/2013

Reason For Revision: To make the form clearer, more concise, more user-friendly, and to reduce the rate of error in filings.

Current Section and Page Number	Current Text	Proposed Text
Page 1		New Instruction (inserted beneath For USCIS Use Only box) Please see the USCIS Web site at www.uscis.gov to view appeal and/or motion eligibility by form type.
Page 1, Top of Page	In the Matter of : File Number: A-	Moved to Part 2
Page 1, Part 1, Information About Petitioner/ Applicant	Information About Petitioner/Applicant <i>(Individual/Business/Organization/Attorney/Representative filing appeal or motion)</i> Family Name Given Name Middle Name Name of Business/Organization <i>(if applicable)</i> Mailing Address - Street Number and Name Apt. # C/O <i>(in care of)</i> City State or Province	Part 1. Information About Petitioner/Applicant Full Name 1.a. Family Name <i>(Last Name)</i> 1.b. Given Name <i>(First Name)</i> 1.c. Middle Name 2. Complete Name of Business/Organization, if applicable 3. Alien Registration Number (A-Number <i>,if applicable</i>) 4. Receipt Number

	<p> Zip/Postal Code Country Daytime Phone # (<i>Area/Country Code</i>) Fax # (<i>Area/Country Code</i>) E-mail Address (if any) </p> <p> <input type="checkbox"/> I am an attorney or representative. If you check this box, you must provide the following information about the person or organization for whom you are appearing. (NOTE: You must attach a Form G-28, Notice of Entry of Appearance as Attorney or Representative.) </p> <p> Family Name Given Name Middle Name Complete Name of Business/Organization/School (<i>if applicable</i>) A# (<i>if any</i>) Daytime Phone # (<i>Area/Country Code</i>) Fax # (<i>Area/Country Code</i>) E-mail Address (if any) </p>	<p>5. USCIS Electronic Immigration System Account Identifier Number (ELIS Number, if applicable)</p> <p><i>Mailing Address</i> (<i>or Military APO/FPO Address, if applicable</i>)</p> <p> 6.a. In Care Of Name 6.b. Street Number and Name 6.c. Apt __ Ste. __ Flr. __ 6.d. City or Town 6.e. State 6.f. Zip Code 6.g. Postal Code 6.h. Province 6.i. Country </p> <p>Part 1. (continued)</p> <p><i>Contact Information</i></p> <p> 7. Daytime Telephone Number (<i>Area/Country Code</i>) Extension 8. Mobile Telephone Number (<i>if any</i>) 9. E-mail Address (<i>if any</i>) 10. Fax Number (<i>if any</i>) </p>
<p>Page 1, Part 2, Information About</p>	<p>Part 2. Information About the Appeal or Motion (<i>Check one box below that best describes your request</i>)</p>	<p>Part 2. Information About Person/Organization Filing Appeal or Motion on Behalf of The Petitioner/Applicant</p>

Appeal or Motion	<p>NOTE: If you indicate that you are filing an appeal, it may be considered by USCIS as a motion before it is forwarded to the AAO.</p> <p>A. <input type="checkbox"/> I am filing an appeal. My brief and/or additional evidence is attached.</p> <p>B. <input type="checkbox"/> I am filing an appeal. My brief and/or additional evidence will be submitted to the AAO within 30 days.</p> <p>C. <input type="checkbox"/> I am filing an appeal. No supplemental brief and/or additional evidence will be submitted</p> <p>D. <input type="checkbox"/> I am filing a motion to reopen a decision. My brief and/or additional evidence is attached.</p> <p>E. <input type="checkbox"/> I am filing a motion to reconsider a decision. My brief is attached.</p> <p>F. <input type="checkbox"/> I am filing a motion to reopen and a motion to reconsider a decision. My brief and/or additional evidence is attached.</p>	<p>(Attorney or Board of Immigration Appeals (BIA) Accredited Representative filing appeal or motion on behalf of the petitioner/applicant)</p> <p>If you are the petitioner or applicant filing an appeal or motion without an attorney or representative accredited by the BIA, skip this part, and proceed to Part 3.</p> <p>1. <input type="checkbox"/> I am an attorney or representative accredited by the BIA. If you check this box, you must attach a new Form G-28, Notice of Entry of Appearance as Attorney or Representative.</p> <p>2.a. Family Name (<i>Last Name</i>)</p> <p>2.b. Given Name (<i>First Name</i>)</p> <p>2.c. Middle Name</p> <p>3. Complete Name of Business/ Organization (<i>if applicable</i>)</p> <p>4. Daytime Telephone Number Extension</p> <p>5. Mobile Telephone Number (<i>if any</i>)</p> <p>6. E-mail Address (<i>if any</i>)</p> <p>7. Fax Number (<i>if any</i>)</p>
Page 2, In the Matter of:	In the Matter of: File Number: A-	
Page 2, Part 2, Information About Appeal or Motion	Information on the relating application/ petition. Application/Petition Form # _____ Receipt # _____	<p>Part 3. Information About the Appeal or Motion (New instruction)</p> <p>You must check only one box indicating that you are filing an appeal or a motion, not both. If more than one box is</p>

	<p>Date of Denial (<i>mm/dd/yyyy</i>) _____</p> <p>USCIS Office Where Decision Issued _____</p>	<p>selected, your filing will be rejected.</p> <p>(DO NOT use this form if you are filing an appeal of a denial or a revocation of an approved I-130 (Petition for Alien Relative), or a Petition for Widow(er) filed on an I-360. Those appeals must be filed with the Board of Immigration Appeals (BIA) using Form EOIR-29.</p> <p>1. Appeal</p> <p>a. ___ I am filing an appeal to the Administrative Appeals Office (AAO). My brief and/or additional evidence is attached.</p> <p>b. ___ I am filing an appeal to the AAO. My brief and/or additional evidence will be submitted to the AAO within 30 calendar days of filing the appeal.</p> <p>c. ___ I am filing an appeal to the AAO. No supplemental brief and/or additional evidence will be submitted.</p> <p>2. Motions</p> <p>d. ___ I am filing a motion to reopen a decision. My brief and/or additional evidence is attached.</p> <p>e. ___ I am filing a motion to reconsider a decision. My brief is attached.</p>
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<p>Page 2, Part 3, Basis for the Appeal or Motion</p>	<p>Motion to Reopen: The motion must state new facts and must be supported by affidavits and/or documentary evidence.</p> <p>Motion to Reconsider: The motion must be supported by citations to appropriate statutes, regulations, or precedent decisions.</p> <p>Appeal: Provide a statement explaining any erroneous conclusion of law or fact in the decision being appealed.</p>	<p>Part 4. Basis for the Appeal or Motion</p> <p>On a separate sheet of paper, you must provide a statement regarding the basis for the appeal or motion. You must include your name and A-Number or ELIS Number on the top of each sheet.</p> <p>Appeal: Provide a statement clearly explaining any erroneous conclusion of law or fact in the decision being appealed.</p> <p>Motion to Reopen: The motion must state new facts and must be supported by affidavits and/or documentary evidence that establish eligibility at the time the underlying petition or application that was filed.</p> <p>Motion to Reconsider: The motion must be supported by</p>

		<p>citations to appropriate statutes, regulations, or precedent decisions and must establish that the decision was based on an incorrect application of law or policy, and that the decision was incorrect based on the evidence of record at the time of decision.</p>
<p>Page 2, Part 4. Signature of the Person Filing the Appeal/ Motion or His or Her Authorized Representative</p>	<p>Signature of Person Filing the Appeal/Motion or His or Her Authorized Representative</p> <p>Signature_____</p> <p>Printed Name_</p> <p>Date (mm/dd/yyyy)_____</p>	<p>Part 5. Signature of Person Filing the Appeal/Motion or His or Her Authorized Representative</p> <p>By signing below, I certify under penalty of perjury under the laws of the United States of America that the information provided on this form, and the documents submitted in support are true and correct.</p> <p>1.a. Signature 1.b. Family Name (<i>Last Name</i>) 1.c. Given Name (<i>First Name</i>) 1.d. Date of Signature (mm/dd/yyyy)</p>
		<p>NOTE: Make sure your appeal or motion is complete before filing.</p>