

**TABLE OF CHANGES – FORM
FORM I-824
Application for Action on an Approved Application or Petition
OMB Number: 1615-0044
Revision Date: 02/22/2013**

Reason for Revision: USCIS is revising the Form I-824 and instructions to better serve the customers, eliminate confusion among customers and increase customer service.

The Form I-824 is being amended to include additional information required by the Department of State (DOS) to process follow-to-join immigrant visa applications for certain dependent family members abroad. This will enhance communication with DOS and allow the following-to-join process to be more efficient.

Current Location	Current Text	Location and Proposed Text
Page 1	<p>Form is in full page format.</p> <p>For USCIS Use Only Section sits vertically down right side of page</p> <p>Bottom of page: To Be Completed by <i>Attorney or Representative</i>, if any.</p> <p>ATTY State License #</p>	<p>Page 1, Form has been reformatted to be in 2 column format, with standard design revisions.</p> <p>For USCIS Use Only Section has been revised to sit horizontally across top of page</p> <p>New insert:</p> <p>Priority Date: _____ Country of Chargeability: _____ Classification Code: _____ Date of the Previously Approved Visa Petition Was Filed (Form I-130, I-140 or I-360): _____ Date of the Previous Visa Petition Was Approved (Form I-130, I-140 or I-360): _____</p>

	<p>Part 1. Information About You <i>(Person filing this application)</i></p> <p>Family Name <i>(Last name)</i> _____</p> <p>Given Name <i>(First name)</i> _____</p> <p>Middle Name _____</p> <p>Company or Organization Name _____</p> <p>Home or Business Address- Street Number and Name _____</p> <p>Apt./Suite # _____</p> <p>City _____</p> <p>State or Province _____</p> <p>Zip/Postal Code _____</p> <p>Country _____</p> <p>Mailing Address- Street Number and Name _____</p> <p>Apt./Suite# _____</p> <p>C/O <i>(In care of)</i>: _____</p>	<p>To be completed by an attorney or BIA Accredited Representative, if any.</p> <p><input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.</p> <p>Attorney License Number: _____</p> <p>Part 1. Information About You <i>(Person filing this Application)</i></p> <p>1. I am the (select only one.): <input type="checkbox"/> Applicant <input type="checkbox"/> Petitioner on the previously approved application or petition.</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. Company or Organization Name _____</p> <p>Provide the following information about the petitioner or applicant for the previous application or petition.</p> <p>4. Current/Recent Immigration Status _____</p> <p>5. Certificate of Naturalization or Citizenship Number _____</p> <p>6. Alien Registration Number (A-Number) A- _____</p> <hr/> <p>7. Date of Birth <i>(mm/dd/yyyy)</i> _____</p> <p>8. Country of Birth _____</p>
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<p>City_____</p> <p>State or Province_____</p> <p>Zip/Postal Code_____</p> <p>Country_____</p> <p>Daytime Phone # (<i>Area/country codes</i>)_____</p> <p>Country of Birth_____</p> <p>Country of Citizenship_____</p> <p>Date of Birth (<i>mm/dd/yyyy</i>)_____</p> <p>IRS Tax # (<i>If any</i>)_____</p> <p>A# (<i>If any</i>)_____</p> <p>U.S. Social Security # (<i>If any</i>)_____</p>	<p>9. IRS Tax Number (if any)_____</p> <p>10. U.S. Social Security Number (if any)_____</p> <p><i>Physical Address</i></p> <p>11.a. Street Number and Name_____</p> <p>11.b. Apt.____ Ste.____ Flr.____</p> <p>11.c. City or Town_____</p> <p>11.d. State_____</p> <p>11.e. Zip Code_____</p> <p>11.f. Postal Code_____</p> <p>11.g. Province_____</p> <p>11.h. Country_____</p> <p><i>Mailing Address</i></p> <p>12.a.In Care Of Name_____</p> <p>12.b. Street Number and Name_____</p> <p>12.c. Apt.____ Ste.____ Flr.____</p> <p>12.d. City or Town_____</p> <p>12.e. State_____</p> <p>12.f. Zip Code_____</p>
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		<p>12.g. Postal Code_____</p> <p>12.h. Province_____</p> <p>12.i. Country_____</p> <p>Contact Information</p> <p>13. Daytime Phone Number (<i>if any</i>)_____</p> <p>Extension_____</p> <p>14. Mobile Phone number (<i>if any</i>)_____</p> <p>15. E-mail Address (<i>if any</i>)_____</p>
<p>Page 1, Part 2. Reason for Request I am requesting (Check one box):</p>	<p>A. <input type="checkbox"/> A duplicate approval notice.</p> <p>B. <input type="checkbox"/> USCIS to notify a new U.S. Consulate, different from that originally requested, through the U.S. Department of State's National Visa Center or Kentucky Consular Center about the approval of a nonimmigrant visa petition or to notify a new Port-of-Entry, different from that originally requested, about the approval of a waiver application. Please notify the U.S. Consulate or Port-of-Entry at:_____</p> <p>C. <input type="checkbox"/> USCIS to notify a U.S. Consulate through the National Visa Center that my status has been</p>	<p>Page 2, [Items in this section have been converted to lower case alpha)]</p> <p>Part 2. Reason for Request I am requesting (select one);</p> <p>a. No Change.</p> <p>b. No change.</p> <p>c. <input type="checkbox"/> USCIS to notify a U.S. Consulate through the National Visa Center that my status has been adjusted to permanent resident based on an approved Form I-485 application. The approved Form I-485 was based on a Form I-130/I-140/I-360, of which I was the principal applicant. Please notify the U.S. Consulate at:_____so that my qualifying family members may follow-to- join.</p> <p>d.__No change.</p>

	<p>adjusted to permanent resident based on an approved I-485 application. Please notify the U.S. Consulate at:_____</p> <p>D. __ USCIS to send my approved immigrant visa petition to the National Visa Center (NVC)</p> <p>E. __ USCIS to notify the U.S. Department of State of my U.S. citizenship status</p>	<p>e. __ USCIS to notify the U.S. Department of State that I have become a U.S. citizen through naturalization.</p>
<p>Page 2, Part 3. Additional Information</p>	<p>1. Give the following information about the original petition or application. Type of Petition or Application (<i>Form number</i>)_____</p> <p>Receipt Number (On Form I-797, Notice of Action)_____</p> <p>Filing Date of Petition or Application (<i>mm/dd/yyyy</i>)_____</p> <p>Approval Date (<i>mm/dd/yyyy</i>)_____</p> <p>2. Give the following information about the petitioner or applicant for the original petition or application. Current/Most Recent Immigration Status_____</p> <p>Naturalization/Citizenship Certificate Number_____</p> <p>3. Give the following information about the principal</p>	<p>Page 2,</p> <p>Part 3. Additional Information</p> <p>Provide the following information about the previously approved application or petition.</p> <p>1.a. Form Number of Application or Petition _____</p> <p>1.b. Receipt Number (<i>On Form I-797, Notice of Action</i>)_____</p> <p>1.c. Filing Date of Application or Petition (<i>mm/dd/yyyy</i>)_____</p> <p>1.d. Approval Date (<i>mm/dd/yyyy</i>)_____</p> <p>Provide the following information about the principal beneficiary of the previous application or petition.</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>beneficiary of the original petition or application.</p> <p>Family Name (<i>Last Name</i>)_____</p> <p>Given Name (<i>First Name</i>)_____</p> <p>Middle Name_____</p> <p>Date of Birth (<i>mm/dd/yyyy</i>)_____</p> <p>Country of Birth_____</p> <p>A-Number (<i>If any</i>)_____</p> <p>Home Address- Street Number and Name_____</p> <p>Apt. #_____</p> <p>City_____</p> <p>State or Province_____</p> <p>Zip/Postal Code_____</p> <p>Country_____</p> <p>Mailing Address- If different from home address) Street Number and Name/P.O. Box Number_____</p> <p>C/O (<i>In care of</i>)_____</p> <p>City_____</p> <p>State or Province_____</p>	<p>2.d. Date of Birth (<i>mm/dd/yyyy</i>)_____</p> <p>2.e. Country of Birth_____</p> <p>2.f. Alien Registration Number (A-Number)_____</p> <p>2.g. Daytime Phone Number (if any)_____</p> <p>Extension_____</p> <p><i>Physical Address</i></p> <p>3.a. Street Number and Name_____</p> <p>3.b. Apt. __ Ste. __ Flr. __ _____</p> <p>3.c. City or Town_____</p> <p>3.d. State_____</p> <p>3.e. Zip Code_____</p> <p><i>Mailing Address</i></p> <p>4.a. In Care Of Name_____</p> <p>4.b. Street Number and Name_____</p> <p>4.c. Apt. __ Ste. __ Flr. __ _____</p> <p>4.d. City or Town_____</p> <p>4.e. State_____</p> <p>4.f. Zip Code_____</p> <p>4.g. Postal Code_____</p>
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	<p>Zip/Postal Code_____</p> <p>Country_____</p> <p>Daytime Phone (<i>Area/country code and number</i>)_____</p> <p>4. If you have checked box C in Part 2, give the following information about the dependent (s) for whom you are requesting following-to-join. If you need additional space, attach a separate sheet(s) of paper.</p> <p>Family Name (<i>Last name</i>)_____</p> <p>Given Name (<i>First name</i>)_____</p> <p>Middle Name_____</p> <p>Relationship to the Principal Alien_____</p> <p>Foreign Address_____</p> <p>Foreign Telephone Number_____</p>	<p>4.h. Province_____</p> <p>4.i. Country_____</p> <p><i>Dependents</i></p> <p>If you selected box “c” in Part 2. Reason for Request, provide the following information about the dependent (s) for whom you are requesting follow-to-join. If you need additional space for your dependents, attach a separate sheet(s) of paper and include all the information collected in items number 5.a.- 10.</p> <p>5.a. Family Name (<i>Last name</i>)_____</p> <p>5.b. Given Name (<i>First name</i>)_____</p> <p>5.c. Middle Name_____</p> <p>5.d. Date of Birth (<i>mm/dd/yyyy</i>)_____</p> <p>5.e. Country of Birth_____</p> <p>5.f. Country of Citizenship_____</p> <p>5.g. Relationship to the Principal Alien_____</p> <p>Repeat information above from 6.a.-6.g, 7.a.-7.g., 8.a-8.g.</p> <p><i>Foreign Address of Dependents</i></p> <p>9.a. In Care Of Name_____</p> <p>9.b. Street Number and Name_____</p>
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<p>Page 3, Part 4. Signature (<i>Read the information on penalties in the instructions before completing this part.</i>)</p>	<p>I certify, under penalty of perjury under the laws of the United States of America, that this information and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit sought.</p> <p>Signature_____</p> <p>Daytime Phone Number_____</p> <p>Date (<i>mm/dd/yyyy</i>)_____</p> <p>NOTE: <i>If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit and this application may be denied.</i></p>	<p>Page 4, Part 4. Signature of Applicant or Petitioner (<i>Read the information on penalties in the Form I-824 instructions before completing this part.</i>)</p> <p>I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct to the best of my knowledge and abilities. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine my eligibility for this benefit.</p> <p>I furthermore authorize release of information contained in this form, supporting documents, and my USCIS records to other entities and persons where necessary for the administration of U.S. immigration laws.</p> <p>1.a. Signature of Applicant or Petitioner_____</p> <p>1.b. Date of Signature (<i>mm/dd/yyyy</i>) _____</p>

		<p>NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, your application may be denied.</p>
<p>Page 3, Part 5. Signature of Person Preparing Form, if Other than Above (Sign below)</p>	<p>Signature_____</p> <p>Print or Type Your Name_____</p> <p>Firm Name and Address_____</p> <p>Date (mm/dd/yyyy)_____</p> <p>E-Mail Address (If any)_____</p> <p>Daytime Phone Number (With area code)_____</p>	<p>Page 4, Part 5. Signature of Person Preparing This Form, If Other Than the Applicant</p> <p>NOTE: If you are an attorney or BIA Accredited Representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with this application.</p> <p>Preparer's Information Provide the following information concerning the preparer:</p> <p>1.a. Preparer's Family Name (<i>Last Name</i>)_____</p> <p>1.b. Preparer's Given Name (<i>First Name</i>)_____</p> <p>2. Preparer's Business or Organization Name_____</p> <p>Preparer's Mailing Address</p> <p>3.a. Street Number and Name _____</p> <p>3.b. Apt.____ Ste.____ Flr.____ _____</p> <p>3.c. City or Town_____</p> <p>3.d. State_____ 3.e. Zip Code_____</p> <p>3.f. Postal Code_____</p> <p>3.g. Province_____</p>

		<p>3.h. Country_____</p> <p><i>Preparer's Contact Information</i></p> <p>4. Preparer's Daytime Phone Number _____ Extension_____</p> <p>5. Preparer's E-Mail Address (<i>if any</i>)_____</p> <p>Declaration</p> <p>I declare that this document was prepared by me at the request of the applicant or other individual authorized by the form instructions to sign this application (see the instructions), and it is based on all information of which I have knowledge and/or was provided to me by the above named person in response to the exact questions contained on this form. I have not knowingly withheld any information.</p> <p>6.a. Signature of Preparer_____</p> <p>6.b. Date of Signature (<i>mm/dd/yyyy</i>)_____</p>
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