



Petition for Amerasian, Widow(er), or Special Immigrant

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

USCIS
Form I-360
OMB No. 1615-0020
Expires 03/31/2015

For USCIS Use Only		Fee Stamp		Action Block
Returned				
Resubmitted				
Relocated	Received Sent			
Remarks:	<input type="checkbox"/> Petitioner/Applicant Interviewed	<input type="checkbox"/> I-485 Filed Concurrently		
	<input type="checkbox"/> Interviewed Beneficiary Interviewed	<input type="checkbox"/> Bene "A" File Reviewed		
	Classification			
Consulate		Priority Date _____		

To be completed by an Attorney or Accredited Representative, if any.

☐ Select this box if Form G-28 is attached to represent the applicant.

Attorney State Bar Number (if applicable): _____

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

Part 1. Information About Person or Organization Filing This Petition

NOTE: If you are filing this petition on behalf of another person, you are the "petitioner."

1. Your Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. USCIS ELIS Account Number (if any)

►

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

►

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

► A-

5. Individual IRS Tax Number (if any)

►

6. Mailing Address

In Care Of Name (if any)

Organization Name (if applicable)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Part 1. Information About Person or Organization Filing This Petition (continued)

7. Alternate and/or Safe Mailing Address

If you are a self-petitioning spouse, parent, or a special immigrant juvenile and do not **want U.S.** Citizenship and Immigration Services (USCIS) to send notices about this petition to your home, you may provide an alternate and/or safe mailing address.

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

Part 2. Classification Requested

Select **only** one box.

1. **A.** ☐ Amerasian
- B.** ☐ Widow(er) of a U.S. citizen
- C.** ☐ Special Immigrant Juvenile
- D.** ☐ Special Immigrant Religious Worker
- (1) Will the beneficiary be working as a minister? ☐ Yes ☐ No
- E.** ☐ Special Immigrant based on employment with the Panama Canal Company, Canal Zone Government, or U.S. Government in the Canal Zone
- F.** ☐ Special Immigrant Physician
- G.** ☐ Special Immigrant G-4 International Organization Employee or Family Member or NATO-6 Employee or Family Member
- H.** ☐ Special Immigrant Armed Forces Member
- I.** ☐ Self-Petitioning Spouse of Abusive U.S. citizen or Lawful Permanent Resident
- J.** ☐ Self-Petitioning Child of Abusive U.S. citizen or Lawful Permanent Resident
- K.** ☐ Special Immigrant Afghanistan or Iraq National who worked with the U.S. Armed Forces as a translator
- L.** ☐ Special Immigrant Iraq National who was employed by or on behalf of the U.S. government
- M.** ☐ Other (Including Battered or Abused Parent of a U.S. citizen son or daughter, Afghanistan National who worked for or on behalf of the U.S. government in Afghanistan, Broadcasters, and any other classifications not listed on the petition.) Provide the name of the classification below.

Part 3. Information About the Beneficiary

NOTE: Depending on the classification you seek, you can either file this petition for another person or for yourself. On this petition, the "beneficiary" means the person who you are filing this petition for, whether that person is yourself or another person.

1. Your Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Mailing Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Other Information

3. Date of Birth

(mm/dd/yyyy) ▶

4. Country of Birth

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

6. A-Number (if any)

7. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Complete **Item Numbers 8. - 15.** if this person is in the United States. If an item number is not applicable or the answer is "none," leave the space blank. Provide information below for the passport or other document used at the time of last arrival to the United States.

8. Date of Last Arrival

(mm/dd/yyyy) ▶

9. Form I-94 Number or I-95 Crewman's Landing Permit

10. Passport Number

11. Travel Document Number

12. Country of Issuance for Passport or Travel Document

13. Expiration Date for Passport or Travel Document

(mm/dd/yyyy) ▶

14. Current Immigration Status

15. Date current status expired, or will expire, as shown on

Form I-94 or I-95 (mm/dd/yyyy) ▶

Part 4. Processing Information

1. If the person listed in Part 3. is outside the U.S., is ineligible to adjust status in the U.S., or does not wish to adjust status in the U.S., provide the following information about the U.S. Consulate at which the person prefers to apply for an immigrant visa.

U.S. Consulate

A. City or Town

B. Country

Part 4. Processing Information (continued)

2. If a U.S. address was provided in **Part 3.**, type or print the person's foreign address below. If he or she does not maintain a foreign address, list the city or town and country of last foreign residence. If his or her native alphabet does not use Roman letters, type or print his or her name and foreign address in the native alphabet.

A. Your Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

B. Mailing Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

Province

Postal Code

Country

3. Gender of the beneficiary: ☐ Male ☐ Female

4. **A.** Are you filing any other petitions or applications with this one?

☐ Yes ☐ No

- B.** If you answered "Yes" to **Item A.** in **Item Number 4.**, how many?

If you answer "Yes" to **Item Numbers 5. - 6.**, provide an explanation on a separate sheet of paper or use the space provided in **Part 14. Additional Information.**

5. Is the beneficiary in removal proceedings? ☐ Yes ☐ No

6. Has the beneficiary ever worked in the U.S. without permission? (If you are applying for a special immigrant juvenile status, you are not required to answer this item number.) ☐ Yes ☐ No

7. Is an application for adjustment of status attached to this petition? ☐ Yes ☐ No

Part 5. Information About the Spouse and Children of the Beneficiary

NOTE: Depending on the classification you seek, you can either file this petition for another person or for yourself. On this petition, the beneficiary means the person who you are filing this petition for, whether that person is yourself or another person.

1. If you are filing as a self-petitioning spouse, have any of your children filed separate self-petitions? ☐ Yes ☐ No

2. Person 1

Family Name (Last Name)

Given Name (First Name)

Middle Name

Date of Birth

(mm/dd/yyyy) ▶

Country of Birth

Relationship

☐ Spouse ☐ Child

A-Number (if any)

▶ A-

Part 5. Information About the Spouse and Children of the Beneficiary (continued)

3. Person 2

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy) ▶	Country of Birth	
<input type="text"/>	<input type="text"/>	
Relationship	A-Number (if any)	
<input type="checkbox"/> Child ▶	A- <input type="text"/>	

4. Person 3

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy) ▶	Country of Birth	
<input type="text"/>	<input type="text"/>	
Relationship	A-Number (if any)	
<input type="checkbox"/> Child ▶	A- <input type="text"/>	

5. Person 4

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy) ▶	Country of Birth	
<input type="text"/>	<input type="text"/>	
Relationship	A-Number (if any)	
<input type="checkbox"/> Child ▶	A- <input type="text"/>	

6. Person 5

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy) ▶	Country of Birth	
<input type="text"/>	<input type="text"/>	
Relationship	A-Number (if any)	
<input type="checkbox"/> Child ▶	A- <input type="text"/>	

7. Person 6

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy) ▶	Country of Birth	
<input type="text"/>	<input type="text"/>	
Relationship	A-Number (if any)	
<input type="checkbox"/> Child ▶	A- <input type="text"/>	

Part 5. Information About the Spouse and Children of the Beneficiary (continued)

8. Person 7

Family Name (Last Name)

Given Name (First Name)

Middle Name

Date of Birth

(mm/dd/yyyy) ▶

Country of Birth

Relationship A-Number (if any)

☐ Child

▶

A-

9. Person 8

Family Name (Last Name)

Given Name (First Name)

Middle Name

Date of Birth

(mm/dd/yyyy) ▶

Country of Birth

Relationship A-Number (if any)

☐ Child

▶

A-

10. Person 9

Family Name (Last Name)

Given Name (First Name)

Middle Name

Date of Birth

(mm/dd/yyyy) ▶

Country of Birth

Relationship A-Number (if any)

☐ Child

▶

A-

Part 6. Complete Only If Filing for an Amerasian

Information About the Mother of the Amerasian

1. Mother's Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. A. Is the mother still alive? ☐ Yes ☐ No ☐ Unknown

B. If you answered "Yes" to **Item A.** in **Item Number 2.**, provide her address below.

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Part 6. Complete Only If Filing for an Amerasian (continued)

C. If you answered "No" to **Item A.** in **Item Number 2.**, provide her date of death. (mm/dd/yyyy) ►

Information About the Father of the Amerasian

If possible, attach a notarized statement from the father regarding parentage. If there is a question you cannot fully answer in the space provided on this petition, provide an explanation on a separate sheet of paper or use the space provided in **Part 14. Additional Information.**

1. Father's Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Date of Birth

(mm/dd/yyyy) ►

3. Country of Birth**4. A. Is the father still alive?** ☐ Yes ☐ No ☐ Unknown**B. If you answered "Yes" to **Item A.** in **Item Number 4.**, provide his address below.**

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

C. If you answered "No" to **Item A. in **Item Number 4.**, provide his date of death. (mm/dd/yyyy) ►****D. Daytime Telephone Number (if any)****E. Work Telephone Number (if any)**

At the time the Amerasian was conceived:

5. A. The father was in the military (indicate branch of service below)☐ Army ☐ Air Force ☐ Navy ☐ Marine Corps ☐ Coast Guard**B. Provide the father's service number:****C. ☐ The father was not in the military and was not a civilian employed abroad. (Attach a full explanation of the circumstances.)****Part 7. Complete Only If Filing as a Widow/Widower****1. Full Name of U.S. citizen Husband or Wife Who Died**

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Date of Birth (mm/dd/yyyy)**3. Country of Birth****4. Date of Death (mm/dd/yyyy)**

Part 7. Complete Only If Filing as a Widow/Widower (continued)

5. At time of death, your spouse was a (Select one)

- A. ☐ U.S. citizen born in the United States
- B. ☐ U.S. citizen born abroad to U.S. citizen parents
- C. ☐ U.S. citizen through naturalization

(1) Provide A-Number (if any) ▶ A-

--	--	--	--	--	--	--	--	--	--

D. ☐ Other (Explain)

--

6. How many times have you been married?

--

7. How many times was your spouse married?

--

8. A. When did you and your spouse get married?

(mm/dd/yyyy) ▶

--

B. Where did you and your spouse get married?

--

9. A. Did you remarry after the death of your spouse?

☐ Yes ☐ No

B. If you answered "Yes" to **Item A.** in **Item Number 9.**, provide the date that you remarried. (mm/dd/yyyy)

--

10. If you are filing as a widow/widower, were you legally separated at the time of the U.S. citizen's death?

☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 10.**, provide an explanation on a separate sheet of paper or use the space provided in **Part 14. Additional Information.**

Part 8. Complete Only If Filing for a Special Immigrant Juvenile

Information About the Juvenile

1. List any other names used

A. Family Name (Last Name)

--

Given Name (First Name)

--

Middle Name

--

B. Family Name (Last Name)

--

Given Name (First Name)

--

Middle Name

--

Answer the following questions regarding the person for whom the petition is being filed. If you answer "No" to both **Items A.** and **B.** in **Item Number 2.**, provide an explanation on a separate sheet of paper or use the space provided in **Part 14. Additional Information.**

2. A. Are you a dependent of a juvenile court in the U.S.?

☐ Yes ☐ No

B. Are you in the custody of a state agency, department, or a court-appointed organization or individual?

☐ Yes ☐ No

C. If you answered "Yes" to **Item B.** in **Item Number 2.**, provide the name of the state agency, department, or court-appointed organization or individual below.

--

Part 8. Complete Only If Filing for a Special Immigrant Juvenile (continued)

3. A. A juvenile court has determined that reunification with ☐ one or ☐ both of my parents is not viable due to:
- ☐ Abuse ☐ Neglect ☐ Abandonment
- ☐ Similar basis under state law (specify):
- B. If you selected "one" in **Item A.** in **Item Number 3.**, provide the name of that parent below.
-
4. A. Has it been determined in judicial or administrative proceedings that it would not be in your best interest to be returned to your or your parent's country of citizenship or nationality or last habitual residence? ☐ Yes ☐ No
- B. Are you currently residing in your court-ordered placement? ☐ Yes ☐ No
- NOTE:** If you answered "No" to **Item B.** in **Item Number 4.**, provide an explanation on a separate sheet of paper or use the space provided in **Part 14. Additional Information.**
5. A. Are you currently or were you previously in the custody of the U.S. Department of Health and Human Services (HHS)? ☐ Yes ☐ No
- B. If you answered "Yes" to **Item A.** in **Item Number 5.**, and you are in HHS custody, did the juvenile court order determine or alter your custody status or placement? ☐ Yes ☐ No

Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition

Prospective Employer Attestation

1. Provide the following information about the prospective employer:
- A. Number of members of the prospective employer's organization
- B. Number of employees working at the same location where the beneficiary will be employed
- C. Number of aliens holding special immigrant or nonimmigrant religious worker status currently employed or employed within the past five years
- D. Number of Special Immigrant Religious Worker (Form I-360) and Nonimmigrant Religious Worker (Form I-129) petitions submitted by the prospective employer within the past five years
- E. Number of Special Immigrant Religious Worker (Form I-360) petitions submitted by the beneficiary during the last five years.
2. Has the beneficiary or have any of the beneficiary's dependent family members previously been admitted to the United States for a period of stay in the Religious Worker (R) classification during the last five years? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 2.**, provide the beneficiary's and any dependent family member's prior periods of stay in the R classification in the United States during the last five years. Be sure to provide only those periods when the beneficiary and/or family members were actually in the United States in the R classification. Provide the beneficiary's information in **Item Number 3.** below. For dependent family members, attach a separate sheet of paper or use the space provided in **Part 14. Additional Information.**

NOTE: Submit photocopies of Form I-94 Arrival-Departure Record, Form I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R classification. If you need extra space to complete this section, attach a separate sheet of paper or use the space provided in **Part 14. Additional Information.**

Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)

3. Beneficiary

Family Name (Last Name)

Given Name (First Name)

Middle Name

Period of Stay

From (mm/dd/yyyy) ▶

To (mm/dd/yyyy) ▶

- 4.** Provide a summary of the type of responsibilities of those employees, other than the beneficiary, who work at the same location where the beneficiary will be employed. If you need extra space to complete this section, attach a separate sheet of paper or use the space provided in **Part 14. Additional Information**.

Position

Summary of the Type of Responsibilities for That Position

- 5.** Describe the relationship, if any, between the religious organization in the United States and the organization abroad of which the beneficiary is a member.

- 6.** Provide the following information about the prospective employment. If you need extra space to complete this section, attach a separate sheet of paper or use the space provided in **Part 14. Additional Information**.

A. Title of position offered

B. Detailed description of the beneficiary's proposed daily duties

C. Description of the beneficiary's qualifications for the position offered

D. Description of the proposed salaried and/or non-salaried compensation

E. List the specific addresses or locations where the beneficiary will be working

Company Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)

Answer **Item Numbers 7. - 13.** about the prospective employer. If you answer "No" for **Item Numbers 7. - 13.**, attach an explanation on a separate sheet of paper or use the space provided in **Part 14. Additional Information**.

7. The prospective employer is a bona fide non-profit religious organization or a bona fide organization that is affiliated with the religious denomination and is tax exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the prospective employer is affiliated with the religious denomination, complete the Religious Denomination Certification included in this petition. ☐ Yes ☐ No

If you answered "Yes," select the applicable box and attach the appropriate documentation to the petition.

- A. ☐ A currently valid determination letter from the Internal Revenue Service (IRS) establishing that the organization is a tax-exempt organization;
- B. ☐ A currently valid determination letter from the IRS establishing that the organization is recognized as tax-exempt under a group tax exemption; or
- C. ☐ If you are claiming that the prospective employer is a bona fide organization that is affiliated with the religious denomination, provide the following:
- (1) ☐ A currently valid determination letter from the IRS establishing that the organization is a tax-exempt organization;
 - (2) ☐ Documentation that establishes the religious nature and purpose of the organization, such as a copy of the organizing instrument of the organization that specifies the purposes of the organization;
 - (3) ☐ Organizational literature, such as books, articles, brochures, calendars, flyers, and other literature describing the religious purpose and nature of the activities of the organization; and
 - (4) ☐ A completed religious denomination certification, signed and dated, certifying that the petitioning organization is affiliated with the religious denomination.
8. The prospective employer is willing and able to provide salaried and/or non-salaried compensation at a level that the beneficiary and any dependents will not become a public charge. ☐ Yes ☐ No
9. The funds to pay the beneficiary's compensation do not include any monies obtained from the beneficiary, excluding reasonable donations or tithing to the religious organization. ☐ Yes ☐ No
10. The beneficiary will not engage in secular employment, and the prospective employer will provide salaried and/or non-salaried compensation. ☐ Yes ☐ No
11. The offered position is full time, requiring at least an average of 35 hours of work per week. ☐ Yes ☐ No
12. The beneficiary has been a religious worker for at least two years immediately before Form I-360 was filed and is otherwise qualified for the position offered. ☐ Yes ☐ No
13. The beneficiary has been a member of the prospective employer's denomination for at least two years immediately before Form I-360 was filed. ☐ Yes ☐ No

Prospective Employer Attestation (must be completed by the prospective employer even if the beneficiary is filing on his or her own behalf)

I certify or attest under penalty of perjury under the laws of the United States of America that the contents of this attestation, and the evidence submitted, are true and correct.

14. Signature of an Authorized Official of the Prospective Employer Date of Signature

(mm/dd/yyyy) ►

Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)

Printed Name and Title of Signatory for Prospective Employer

15. Family Name (Last Name) Given Name (First Name) Middle Name
16. Title of the Signatory

Mailing Address

17. Employer/Organization Name
- Street Number and Name Apt. Ste. Flr. ☐ ☐ ☐ Number
- City or Town State ZIP Code

Contact Information

18. Daytime Telephone Number 19. Fax Number (if any)
20. Email Address (if any)

Religious Denomination Certification (to be completed only if the prospective employer is affiliated with a religious denomination)

I certify under penalty of perjury, that the Petitioning Organization,
is affiliated with this Religious Denomination, , and that the attesting
religious organization within the religious denomination is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code
of 1986, or equivalent sections of prior enactments of the Internal Revenue Code. The contents of this certification are true and
correct to the best of my knowledge.

21. Signature of the Authorized Representative of the Religious Denomination Date of Signature (mm/dd/yyyy) ►

Printed Name and Title of the Signatory of the Religious Denomination

22. Family Name (Last Name) Given Name (First Name) Middle Name
23. Title of the Signatory

Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)

Information About the Attesting Religious Organization Within the Religious Denomination

24. Name of Attesting Religious Organization Within the Religious Denomination

25. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

26. Daytime Telephone Number

27. Fax Number (if any)

28. Email Address (if any)

29. IRS Tax Number of the Attesting Religious Organization

Part 10. Complete Only If Filing as a Self-Petitioning Spouse of an Abuser, a Self-Petitioning Child of an Abuser, or a Self-Petitioning Parent of an Abusive U.S. Citizen Son or Daughter

1. Full Name of U.S. citizen or Lawful Permanent Resident Abuser

Family Name (Last Name)

Given Name (First Name)

Middle Name

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

3. Country of Birth

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

5. Your abuser is now, or was, a (Select one):

A. ☐ U.S. citizen born in the United States

B. ☐ U.S. citizen born abroad to U.S. citizen parents

C. ☐ U.S. citizen through naturalization

(1) Provide A-Number (if any) ▶ A-

D. ☐ U.S. lawful permanent resident

(1) Provide A-Number (if any) ▶ A-

E. ☐ Other (Explain)

6. How many times have you been married? ▶

7. How many times was your abuser married? ▶

8. A. When did you and your abuser get married? (If you are a self-petitioning child or self-petitioning parent, type or print "N/A.") (mm/dd/yyyy) ▶

B. Where did you and your abuser get married? (If you are a self-petitioning child or self-petitioning parent, type or print "N/A.")

Part 10. Complete Only If Filing as a Self-Petitioning Spouse of an Abuser, a Self-Petitioning Child of an Abuser, or a Self-Petitioning Parent of an Abusive U.S. Citizen Son or Daughter (continued)

9. When did you live with your abuser?

From (mm/dd/yyyy) ▶

To (mm/dd/yyyy) ▶

10. Provide the last address at which you lived together with your abuser.

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

11. Provide the last date that you lived together with your abuser at this address.

From (mm/dd/yyyy) ▶

To (mm/dd/yyyy) ▶

12. I am currently residing in the United States and I request an Employment Authorization Document.

☐ Yes ☐ No

Part 11. Petitioner's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. **Petitioner's Statement Regarding the Interpreter**

A. ☐ I can read and understand English, and have read and understand every question and instruction on this petition, as well as my answer to every question. I have read and understand the **Acknowledgement of Appointment at USCIS Application Support Center.**

B. ☐ The interpreter named in **Part 12.** has read to me every question and instruction on this petition, as well as my answer to every question, in , a language in which I am fluent. I understand every question and instruction on this petition as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in **Part 12.** has also read the **Acknowledgement of Appointment at USCIS Application Support Center** to me, in the language in which I am fluent, and I understand this **Application Support Center (ASC)** Acknowledgement as read to me by my interpreter.

2. **Petitioner's Statement Regarding the Preparer**

☐ I have requested the services of and consented to ,
☐ who is ☐ is not an attorney or accredited representative, preparing this petition for me. The person who assisted me in preparing my petition has reviewed the **Acknowledgement of Appointment at USCIS Application Support Center** with me and I understand the ASC Acknowledgement.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

4. Petitioner's Mobile Telephone (if any)

5. Petitioner's Email Address (if any)

Part 11. Petitioner's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature (continued)

Acknowledgement of Appointment at USCIS Application Support Center

I, , understand that the purpose of a USCIS **ASC** appointment is for me to provide fingerprints, photograph, and/or signature and to re-verify that all of the information in my petition is complete, true, and correct and was provided by **me**.

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-verifying that I willingly submit this petition; I have reviewed the contents of this petition; all of the information in my petition and all supporting documents submitted with my petition were provided by me and are complete, true, and correct; and if I was assisted in completing this petition, the person assisting me also reviewed this **Acknowledgement of Appointment at USCIS Application Support Center** with me.

Petitioner'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 petition, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration law.

I certify, under penalty of perjury, that the information in my petition, and any document submitted with my **petition were** provided by me and are complete, true, and correct.

Petitioner's Signature

6. Petitioner's Signature

Date of Signature

(mm/dd/yyyy) ►

Part 12. Interpreter's Contact Information, Certification, and Signature

Provide the following information concerning 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

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Part 12. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Email Address (if any)

Interpreter's Certification

I certify that:

I am fluent in English and , which is the same language provided in **Part 11., Item B.**, in **Item Number 1.**

I have read to this petitioner every question and instruction on this petition, as well as the answer to every question, in the language provided in **Part 11., Item B.**, in **Item Number 1.**;

The petitioner has informed me that he or she understands every instruction and question on the petition, as well as the answer to every question, and the petitioner verified the accuracy of every answer; and

The petitioner has also informed me that he or she understands the ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photograph, and/or signature, he or she is reaffirming that the contents of this petition and all supporting documentation are complete, true, and correct.

Interpreter's Signature

6. Interpreter's Signature

Date of Signature

(mm/dd/yyyy) ►

Part 13. Contact Information, Statement, Certification, and Signature of the Person Who Prepared This Petition, If Other Than the Petitioner

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

Preparer's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Part 13. Contact Information, Statement, Certification, and Signature of the Person Who Prepared This Petition, If Other Than the Petitioner (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Fax 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.
- B. ☐ I am an attorney or accredited representative and my representation of the petitioner in this case (choose one)
- ☐ 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 must submit a completed Form G-28, Notice of Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney in Matters Outside the Geographical Confines of the United States, with this petition.

Preparer's Certification

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner. I completed this petition based only on responses the petitioner provided to me. After completing the petition, I reviewed it and all of the petitioner's responses with the petitioner, who agreed with every answer on the petition. If the petitioner supplied additional information concerning a question on the petition, I recorded it on the petition. I have also read the **Acknowledgement of Appointment at USCIS Application Support Center** to the petitioner and the petitioner has informed me that he or she understands the ASC Acknowledgement.

Preparer's Signature

8. Preparer's Signature

Date of Signature
(mm/dd/yyyy) ►

Part 14. 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. Include 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) Given Name (First Name) Middle Name

2. A-Number (if any) ► A-

3. A. Page Number B. Part Number C. Item Number

D.

4. A. Page Number B. Part Number C. Item Number

D.

5. A. Page Number B. Part Number C. Item Number

D.

6. A. Page Number B. Part Number C. Item Number

D.

7. Petitioner's Signature Date of Signature (mm/dd/yyyy) ►