

**TABLE OF CHANGES – Form
FORM I-360
Petition for Amerasian, Widow(er), or Special Immigrant
OMB Number: 1615-0020
Submission Date 10/17/2014**

Reason for Revision: Adding a new classification in the form; updating the instructions related to a self-petitioning battered or abused parent of a U.S. citizen pursuant to the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA 2005), Public Law 109-162; clarifying instructions for existing classifications and other clarifying edits throughout the instructions, reformatting for better flow; reorganizing the form questions in a more logical manner; adding a single check box as a means to provide the VAWA self-petitioners to request employment authorization; incorporating a fact sheet for prospective employment-based fourth preference (EB-4) petitioners; and updating the form's certification statement to conform with standard certification language.

Current Section and Page Number	Current Text	Proposed Text
Page 1, For USCIS Use Only	<p><input type="checkbox"/> Petitioner/Applicant...</p> <p>To Be Completed by an Attorney or Accredited Representative, if any.</p> <p>ATTY State License Number</p>	<p><input type="checkbox"/> Petitioner/Applicant Interviewed...</p> <p>To be completed by an Attorney or Accredited Representative, if any.</p> <p>Attorney State Bar Number (if applicable):</p>
Page 1, Part 1. Information About Person or Organization Filing This Petition	<p>Part 1. Information About Person or Organization Filing This Petition (Individuals...)</p> <p>1.a. Family Name...</p> <p>2. Company or Organization Name</p> <p>3. Address – C/O</p> <p>4. Street Number and Name</p> <p>5. Apt. Number</p> <p>6. City</p> <p>7. State or Province</p> <p>8. Country</p> <p>9. Zip/Postal Code</p>	<p>[Page 1] Part 1. Information About Person or Organization Filing This Petition</p> <p>NOTE: If you are filing this petition on behalf of another person, you are the “petitioner.”</p> <p>1. Your Full Name Family Name (Last Name)/Given Name (First Name)/Middle Name</p> <p>2. USCIS ELIS Account Number (if any)</p> <p>3. U.S. Social Security Number (if any)</p> <p>4. Alien Registration Number (A-Number) (if any)</p> <p>5. Individual IRS Tax Number (if any)</p> <p>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</p> <p>[Page 2] 7. Alternate and/or Safe Mailing Address</p> <p>If you are a self-petitioning spouse, parent, or a special immigrant juvenile and do not want U.S.</p>

	<p>10. U.S. Social Security Number</p> <p>11. A-Number</p> <p>12. IRS Tax No. (if any)</p>	<p>Citizenship and Immigration Services (USCIS) to send notices about this petition to your home, you may provide an alternate and/or safe mailing address.</p> <p>In Care Of Name (if any) Street Number and Name Apt. Ste. Flr. Number City or Town/State/ZIP Code Province/Postal Code/Country</p> <p>[moved above.] [moved above.] [moved above.]</p>
Page 1, Part 2. Classification Requested	Part 2. Classification Requested (Check one): <p>a. Amerasian</p> <p>b. Widow(er) of a U.S. citizen</p> <p>c. Special Immigrant Juvenile</p> <p>d. Special Immigrant Religious Worker Will the alien be working as a minister? Y/N</p> <p>e. Special Immigrant based on employment with the Panama Canal Company, Canal Zone Government, or U.S. Government in the Canal Zone</p> <p>f. Special Immigrant Physician</p> <p>g. Special Immigrant International Organization Employee or family member</p> <p>h. Special Immigrant Armed Forces Member</p> <p>i. Self-Petitioning Spouse of Abusive U.S. Citizen or Lawful Permanent Resident</p> <p>j. Self-Petitioning Child of Abusive U.S. Citizen or Lawful Permanent Resident</p> <p>k. Special Immigrant Afghanistan or Iraq National who worked with the U.S. Armed Forces as a translator</p> <p>l. Special Immigrant Iraq National who was employed by or on behalf of the U.S. Government</p> <p>m. Other, explain:</p>	Part 2. Classification Requested <p>Select only one box.</p> <p>1.A. Amerasian</p> <p>B. Widow(er) of a U.S. citizen</p> <p>C. Special Immigrant Juvenile</p> <p>D. Special Immigrant Religious Worker (1) Will the beneficiary be working as a minister? Y/N</p> <p>E. Special Immigrant based on employment with the Panama Canal Company, Canal Zone Government, or U.S. Government in the Canal Zone</p> <p>F. Special Immigrant Physician</p> <p>G. Special Immigrant G-4 International Organization Employee or Family Member or NATO-6 Employee or Family Member</p> <p>H. Special Immigrant Armed Forces Member</p> <p>I. Self-Petitioning Spouse of Abusive U.S. citizen or Lawful Permanent Resident</p> <p>J. Self-Petitioning Child of Abusive U.S. citizen or Lawful Permanent Resident</p> <p>K. Special Immigrant Afghanistan or Iraq National who worked with the U.S. Armed Forces as a translator</p> <p>L. Special Immigrant Iraq National who was employed by or on behalf of the U.S. government</p> <p>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</p>

		petition.) Provide the name of the classification below. _____
Page 2, Part 3. Information About the Person for Whom This Petition Is Being Filed	Part 3. Information About the Person Whom This Petition is Being Filed 1.a. Family Name... 2. Address – C/O 3a. Street Number and Name 3b. Apt. Number 4. City 5. State or Province 6. Country 7. Zip/Postal Code 8. Date of Birth (<i>mm/dd/yyyy</i>) 9. Country of Birth 10. U.S. Social Security Number 11. A-Number (<i>if any</i>) 12. Marital Status: Single/Married/Divorced/Widowed 13. Complete the items below if this person is in the United States. If an item is not applicable or the answer is “none,” leave the space blank. Provide data below for the passport or other document used at the time of last arrival to the United States. a. Date of Arrival (<i>mm/dd/yyyy</i>) b. I-94 Number c. Passport Number d. Travel Document Number e. Country of Issuance for Passport or Travel Document f. Expiration Date for Passport or Travel Document g. Current Nonimmigrant Status h. Current Status Expires on (<i>mm/dd/yyyy</i>)	[Page 3] 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 [subheader] 3. Date of Birth (<i>mm/dd/yyyy</i>) 4. Country of Birth 5. U.S. Social Security Number (<i>if any</i>) 6. A-Number (<i>if any</i>) 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 Arrival (<i>mm/dd/yyyy</i>) 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 (<i>mm/dd/yyyy</i>) 14. Current Nonimmigrant Status 15. Date current status expired, or will expire, as shown on Form I-94 or I-95 (<i>mm/dd/yyyy</i>)

<div>Page 2, Part 4. Processing Information</div>	<div>1. Provide information on which U.S. consulate you want notified if this petition is approved, and if any requested adjustment of status cannot be granted.</div> <div>a. U.S. Consulate: City</div> <div>b. Country</div> <div>2. If you gave a U.S. address in Part 3, print the person's foreign address below. If his or her native alphabet does not use Roman letters, print his or her name and foreign address in the native alphabet.</div> <div>a. Name</div> <div>b. Address</div> <div>c. Gender of the person for whom this petition is being filed: Male/Female</div> <div>d. Are you filing any other petitions or applications with this one? N/Y (How many? _____)</div> <div>e. Is the person this petition is for in deportation or removal proceedings: N/Y (Explain on a separate sheet of paper)</div> <div>f. Has the person for whom this petition is being filed ever worked in the U.S. without permission? N/Y (Explain on a separate sheet of paper)</div> <div>g. Is an application for adjustment of status attached to this petition? N/Y (Attach a full explanation)</div>	<div>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.</div> <div>U.S. Consulate</div> <div>A. City or Town _____</div> <div>B. Country _____</div> <div>[Page 4]</div> <div>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.</div> <div>Your Full Name</div> <div>Family Name (Last Name)/Given Name (First Name)/Middle Name</div> <div>Mailing Address</div> <div>Street Number and Name</div> <div>Apt. Ste. Flr. Number</div> <div>City or Town</div> <div>Province/Postal Code/Country</div> <div>3. Gender of the beneficiary: Male/Female</div> <div>4.A. Are you filing any other petitions or applications with this one? Y/N</div> <div>B. If you answered "Yes" to Item A. in Item Number 4., how many? _____</div> <div>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.</div> <div>5. Is the beneficiary in removal proceedings? Y/N</div> <div>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.) Y/N</div> <div>7. Is an application for adjustment of status attached to this petition? Y/N</div>
<div>NEW</div>	<div>Part 9. Information About the Spouse and</div>	<div>(Please move Part 9. and make it Part 5.)</div> <div>Part 5. Information About the Spouse and</div>

	Children of the Person for Whom This Petition Is Being Filed	Children of the Beneficiary
		<p>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.</p>
1.a. Family Name...		<p>1. If you are filing as a self-petitioning spouse, have any of your children filed separate self-petitions? Y/N</p>
2.a. Family Name...		<p>2. Person 1 Full Name</p> <p>Family Name (Last Name)/Given Name (First Name)/Middle Name</p> <p>Date of Birth (mm/dd/yyyy)</p> <p>Country of Birth</p> <p>Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child</p> <p>A-Number (if any)</p>
3.a. Family Name...		<p>[Page 5] 3. Person 2 Full Name</p> <p>Family Name (Last Name)/Given Name (First Name)/Middle Name</p> <p>Date of Birth (mm/dd/yyyy)</p> <p>Country of Birth</p> <p>Relationship <input type="checkbox"/> Child</p> <p>A-Number (if any)</p>
4.a. Family Name...		<p>4. Person 3 Full Name</p> <p>Family Name (Last Name)/Given Name (First Name)/Middle Name</p> <p>Date of Birth (mm/dd/yyyy)</p> <p>Country of Birth</p> <p>Relationship <input type="checkbox"/> Child</p> <p>A-Number (if any)</p>
5.a. Family Name...		<p>5. Person 4 Full Name</p>

		<p>Family Name (Last Name)/Given Name (First Name)/Middle Name</p> <p>Date of Birth (mm/dd/yyyy)</p> <p>Country of Birth</p> <p>Relationship [] Child</p> <p>A-Number (if any)</p> <p>6. Person 5 Full Name</p> <p>Family Name (Last Name)/Given Name (First Name)/Middle Name</p> <p>Date of Birth (mm/dd/yyyy)</p> <p>Country of Birth</p> <p>Relationship [] Child</p> <p>A-Number (if any)</p>
	6.a. Family Name...	
	7.a. Family Name...	<p>7. Person 6 Full Name</p> <p>Family Name (Last Name)/Given Name (First Name)/Middle Name</p> <p>Date of Birth (mm/dd/yyyy)</p> <p>Country of Birth</p> <p>Relationship [] Child</p> <p>A-Number (if any)</p>
	8.a. Family Name...	<p>[Page 6] 8. Person 7 Full Name</p> <p>Family Name (Last Name)/Given Name (First Name)/Middle Name</p> <p>Date of Birth (mm/dd/yyyy)</p> <p>Country of Birth</p> <p>Relationship [] Child</p> <p>A-Number (if any)</p>
	9.a. Family Name...	<p>9. Person 8 Full Name</p>

		<p>Family Name (Last Name)/Given Name (First Name)/Middle Name</p> <p>Date of Birth (mm/dd/yyyy)</p> <p>Country of Birth</p> <p>Relationship [] Child</p> <p>A-Number (if any)</p> <p>10. Person 9 Full Name</p> <p>Family Name (Last Name)/Given Name (First Name)/Middle Name</p> <p>Date of Birth (mm/dd/yyyy)</p> <p>Country of Birth</p> <p>Relationship [] Child</p> <p>A-Number (if any)</p>
<p>Page 3, Part 5. Complete Only If Filing for an Amerasian</p>	<p>Part 5. Complete Only If Filing for an Amerasian</p> <p>Section A. Information about the mother of the Amerasian</p> <p>1.a. Family Name...</p> <p>2. Living...</p> <p>3. Address</p> <p>Section B. Information about the father of the Amerasian:</p> <p>If possible, attach a notarized statement from the father regarding parentage. Explain on a separate paper any question you cannot fully</p>	<p>Part 6. Complete Only If Filing for an Amerasian</p> <p>Information About the Mother of the Amerasian [subheader]</p> <p>1. Mother's Full Name Family Name (Last Name)/Given Name (First Name)/Middle Name</p> <p>2.A. Is the mother still alive? Yes/No/Unknown</p> <p>B. If you answered "Yes" to Item A. in Item Number 2., provide her address below.</p> <p>In Care Of Name (if any) Street Number and Name Apt. Ste. Flr. Number City or Town/State/ZIP Code Province/Postal Code/Country</p> <p>[Page 7] C. If you answered "No" to Item A. in Item Number 2., provide her date of death. (mm/dd/yyyy)</p> <p>Information About the Father of the Amerasian [subheader]</p> <p>If possible, attach a notarized statement from the father regarding parentage. If there is a question you cannot fully answer in the space</p>

	<p>answer in the space provided on this form. (Attach a full explanation.)</p> <p>1.a. Family Name...</p> <p>2. Date of Birth (mm/dd/yyyy) 3. Country of Birth</p> <p>4. Living...</p> <p>5. Home Address</p> <p>6. Home Phone Number 7. Work Phone Number</p> <p>8. At the time the Amerasian was conceived:</p> <p>a. The father was in the military (indicate branch of service below and give service number here): _____ Army/Air Force/Navy/Marine Corps/Coast Guard</p> <p>b. <input type="checkbox"/> The father was a civilian employed abroad. Attach a list of names and addresses of organizations which employed him at that time.</p> <p>c. <input type="checkbox"/> The father was not in the military and was not a civilian employed abroad. Attach a full explanation of the circumstances.</p>	<p>provided on this petition, provide an explanation on a separate sheet of paper or use the space provided in Part 14. Additional Information.</p> <p>1. Father's Full Name Family Name (Last Name)/Given Name (First Name)/Middle Name</p> <p>2. Date of Birth (mm/dd/yyyy) 3. Country of Birth</p> <p>4.A. Is the father still alive? Yes/No/Unknown</p> <p>B. If you answered "Yes" to Item A. in Item Number 4., provide his address below.</p> <p>In Care Of Name (if any) Street Number and Name Apt. Ste. Flr. Number City or Town/State/ZIP Code Province/Postal Code/Country</p> <p>C. If you answered "No" to Item A. in Item Number 4., provide his date of death. (mm/dd/yyyy)</p> <p>D. Daytime Telephone Number E. Work Telephone Number (if any)</p> <p>At the time the Amerasian was conceived:</p> <p>5.A. The father was in the military (indicate branch of service below).</p> <p>Army/Air Force/Navy/Marine Corps/Coast Guard</p> <p>B. Provide the father's service number: _____</p> <p>C. <input type="checkbox"/> The father was not in the military and was not a civilian employed abroad. (Attach a full explanation of the circumstances.)</p>
<p>Page 4, Part 7. Complete Only if Filing as a Widow/Widower, a Self-petitioning Spouse of an Abuser, or as a Self-petitioning Child of an Abuser</p>	<p>Part 7. Complete Only if Filing as a Widow/Widower, a Self-petitioning Spouse of an Abuser, or as a Self-petitioning Child of an Abuser</p> <p>Section A. Information about the U.S. citizen husband or wife who died or about the U.S. citizen or lawful permanent resident abuser</p> <p>1.a. Family Name...</p>	<p>Part 7. Complete Only if Filing as a Widow/Widower</p> <p>[delete,]</p> <p>1. Full Name of U.S. citizen Husband or Wife Who Died</p> <p>Family Name (Last Name)/Given Name (First Name)/Middle Name</p>

<p>2. Date of Birth (mm/dd/yyyy)</p> <p>3. Country of Birth</p> <p>4. Date of Death (mm/dd/yyyy)</p> <p>5. He or she is now, or was, at the time of death a (check one):</p> <p>a. U.S. citizen born in the United States</p> <p>b. U.S. citizen born abroad to U.S. citizen parents</p> <p>c. U.S. lawful permanent resident (Provide A#) _____</p> <p>d. U.S. citizen through naturalization (Provide A#) _____</p> <p>e. Other, explain _____</p> <p>Section B. Additional information about you</p> <p>1. How many times have you been married?</p> <p>2. How many times was the person in Section A married?</p> <p>3. Give the date and place where you and the person in Section A were married. (If you are a self-petitioning child, write "N/A")</p> <p>4. When did you live with the person named in Section A? From (Month/Year) _____ until (Month/Year)</p> <p>5. If you are filing as a widow/widower, were you legally separated at the time of the U.S. citizen's death? No/Yes (Attach explanation)</p> <p>6. Give the last address at which you lived together with the person named in Section A, and show the last date that you lived together with that person at that address:</p> <p>7. If you are filing as a self-petitioning spouse, have any of your children filed separate self-petitions? No/Yes (Show child(ren)'s full</p>	<p>2. Date of Birth (mm/dd/yyyy)</p> <p>3. Country of Birth</p> <p>4. Date of Death (mm/dd/yyyy)</p> <p>[Page 8]</p> <p>5. At time of death, your spouse was a (Select one):</p> <p>A. U.S. citizen born in the United States</p> <p>B. U.S. citizen born abroad to U.S. citizen parents</p> <p>[delete.]</p> <p>C. U.S. Citizen through naturalization</p> <p>(1) Provide A-Number (if any) _____</p> <p>D. Other (Explain) _____</p> <p>[delete.]</p> <p>6. How many times have you been married?</p> <p>7. How many times was your spouse married?</p> <p>8.A. When did you and your spouse get married? (mm/dd/yyyy)</p> <p>B. Where did you and your spouse get married? (mm/dd/yyyy)</p> <p>9.A. Did you remarry after the death of your spouse? Yes/No</p> <p>B. If you answered "Yes" to Item A. in Item Number 9., provide the date that you remarried. (mm/dd/yyyy)</p> <p>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</p> <p>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.</p> <p>[delete.]</p> <p>[delete.]</p>
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		<p>ordered placement? Yes/No</p> <p>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.</p> <p>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</p> <p>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</p>
<p>Pages 5-8, Part 8. Complete Only If Filing a Special Immigrant Religious Worker Petition</p>	<p>Part 8. Complete Only If Filing a Special Immigrant Religious Worker Petition</p> <p>Employer Attestation</p> <p>1. Provide the following information about the prospective employer:</p> <p>a. Number of members of the prospective employer's organization:</p> <p>b. Number of employees working at the same location where the beneficiary will be employed:</p> <p>c. Number of aliens holding special immigrant or nonimmigrant religious worker status currently employed or employed within the past 5 years:</p> <p>d. Number of Special Immigrant Religious Worker I-360 and Nonimmigrant Religious Worker I-129 Petitions submitted by the prospective employer within the past 5 years:</p> <p>2. Has the alien or any of the alien's dependent family members previously been admitted to the United States for a period of stay in the R classification for the last 5 years? No/Yes</p> <p>If "Yes," complete the table below. List the alien and any dependent family member's prior periods of stay in the R classification in the United States for the last 5 years. Be sure to list only those periods in which the alien and/or family members were actually in the United States in the R classification.</p>	<p>Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition</p> <p>Prospective Employer Attestation [subheader]</p> <p>1. Provide the following information about the prospective employer:</p> <p>A. Number of members of the prospective employer's organization</p> <p>B. Number of employees working at the same location where the beneficiary will be employed</p> <p>C. Number of aliens holding special immigrant or nonimmigrant religious worker status currently employed or employed within the past five years</p> <p>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</p> <p>E. Number of Special Immigrant Religious Worker (Form I-360) petitions submitted by the beneficiary during the last five years.</p> <p>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</p> <p>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</p>

	<p>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 more space is needed, provide the information on additional sheets of paper.</p> <p>Alien or Dependent Family Member's Name</p> <p>Period of Stay (mm/dd/yyyy) From: To:</p> <p>3. Provide a summary of the type of responsibilities of those employees who work at the same location where the beneficiary will be employed. If additional space is needed, provide the information on additional sheets of paper.</p> <p>Position</p> <p>Summary of the Type of Responsibilities for That Position</p> <p>4. Describe the relationship, if any, between the religious organization in the United States and the organization abroad of which the alien is a member.</p> <p>5. Provide the following information about the prospective employment:</p> <p>a. Title of position offered.</p> <p>b. Detailed description of the alien's proposed daily duties.</p> <p>c. Description of the alien's qualifications for the position offered.</p> <p>d. Description of the proposed salaried and/or non-salaried compensation.</p> <p>e. List of the specific address(es) or location(s) where the alien will be working.</p>	<p>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.</p> <p>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.</p> <p>[Page 10] 3. Beneficiary</p> <p>Family Name (Last Name)/Given Name (First Name)/Middle Name</p> <p>Period of Stay From (mm/dd/yyyy): To (mm/dd/yyyy):</p> <p>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.</p> <p>Position _____</p> <p>Summary of the Type of Responsibilities for That Position _____</p> <p>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.</p> <p>_____</p> <p>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.</p> <p>A. Title of position offered</p> <p>B. Detailed description of the beneficiary's proposed daily duties</p> <p>C. Description of the beneficiary's qualifications for the position offered</p> <p>D. Description of the proposed salaried and/or non-salaried compensation</p> <p>E. List the specific addresses or locations</p>
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	<p>Does the prospective employer attest to all of the requirements described in statements 6 through 12 below?</p> <p>6. 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 form.</p> <p>Yes/No (If “No,” attach explanation(s))</p>	<p>where the beneficiary will be working</p> <p>Company Name Street Number and Name Apt. Ste. Flr. Number City or Town/State/ZIP Code Province/Postal Code/Country</p> <p>[Page 11] 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.</p> <p>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. Y/N</p> <p>If you answered “Yes,” select the applicable box and attach the appropriate documentation to the petition.</p> <p>A. <input type="checkbox"/> A currently valid determination letter from the Internal Revenue Service (IRS) establishing that the organization is a tax-exempt organization;</p> <p>B. <input type="checkbox"/> A currently valid determination letter from the IRS establishing that the organization is recognized as tax-exempt under a group tax exemption; or</p> <p>C. <input type="checkbox"/> If you are claiming that the prospective employer is a bona fide organization that is affiliated with the religious denomination, provide the following:</p> <p>(1) <input type="checkbox"/> A currently valid determination letter from the IRS establishing that the organization is a tax-exempt organization;</p> <p>(2) <input type="checkbox"/> 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;</p> <p>(3) <input type="checkbox"/> Organizational literature, such as books, articles, brochures, calendars, flyers, and other literature describing the religious purpose and</p>
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	<p>7. The prospective employer is willing and able to provide salaried and/or non-salaried compensation at a level that the alien and any dependents will not become a public charge.</p> <p>Yes/No (If "No," attach explanation(s))</p> <p>8. The funds to pay the prospective employee's compensation do not include any monies obtained from the alien, excluding reasonable donations or tithing to the religious organization.</p> <p>Yes/No (If "No," attach explanation(s))</p> <p>9. If the position is not a religious vocation, the prospective employee will not engage in secular employment, and the prospective employer will provide salaried and/or non-salaried compensation.</p> <p>Yes/No (If "No," attach explanation(s))</p> <p>10. The offered position is full time, requiring at least an average of 35 hours of work per week.</p> <p>Yes/No (If "No," attach explanation(s))</p> <p>11. The alien has been a religious worker for at least 2 years immediately before Form I-360 was filed and is otherwise qualified for the position offered.</p> <p>Yes/No (If "No," attach explanation(s))</p> <p>12. The alien has been a member of the prospective employer's denomination for at least 2 years immediately before Form I-360 was filed.</p> <p>Yes/No (If "No," attach explanation(s))</p> <p>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.</p>	<p>nature of the activities of the organization; and</p> <p>(4) [] A completed religious denomination certification, signed and dated, certifying that the petitioning organization is affiliated with the religious denomination.</p> <p>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</p> <p>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</p> <p>10. The beneficiary will not engage in secular employment, and the prospective employer will provide salaried and/or non-salaried compensation. Yes/No</p> <p>11. The offered position is full time, requiring at least an average of 35 hours of work per week. Yes/No</p> <p>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</p> <p>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</p> <p><i>Prospective Employer Attestation (must be completed by the prospective employer even if the beneficiary is filing on his or her own behalf) [subheader]</i></p> <p>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.</p>
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	<p>Signature</p> <p>Date</p> <p>Printed Name</p> <p>Title</p> <p>Employer/Organization Name</p> <p>Employer/Organization Street Address (Do not use a post office or private mail box)</p> <p>Suite Number</p> <p>City</p> <p>State</p> <p>Zip Code</p> <p>Daytime Phone Number (with area code)</p> <p>Fax Number (if any)</p> <p>E-Mail Address (if any)</p>	<p>14. Signature of an authorized official of the prospective employer</p> <p>Date of Signature (mm/dd/yyyy)</p> <p>[Page 12] <i>Print Name and Title of Signatory for Prospective Employer</i> [subheader] 15. Family Name (Last Name)/Given Name (First Name)/Middle Name</p> <p>16. Title of the Signatory</p> <p><i>Mailing Address</i> [subheader]</p> <p>17. Employer/Organization Name Street Number and Name Apt. Ste. Flr. Number City or Town/State/ZIP Code</p> <p><i>Contact Information</i> [subheader] 18. Daytime Telephone Number</p> <p>19. Fax Number (if any)</p> <p>20. Email Address (if any)</p>
<p>Page 9, Religious Denomination Certification</p>	<p>Religious Denomination Certification</p> <p>I certify under penalty of perjury under the laws of the United States of America that:</p> <p>_____ <i>Name of Petitioning Organization</i></p> <p>is affiliated with:</p> <p>_____ <i>Name of Religious Denomination</i></p> <p>and that the attesting <i>religious</i> organization within the religious denomination is tax-exempt as described in section 201(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.</p> <p>Signature</p> <p>Printed name</p> <p>Title</p>	<p><i>Religious Denomination Certification (to be completed only if the prospective employer is affiliated with a religious denomination)</i> [subheader]</p> <p>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.</p> <p>21. Signature of the Authorized Representative of the Religious Denomination</p> <p>Date of Signature (mm/dd/yyyy)</p> <p><i>Printed Name and Title of the Signatory of the Religious Denomination</i> [subheader]</p> <p>22. Family Name (Last Name)/Given Name (First Name)/Middle Name</p> <p>23. Title of the Signatory</p>

	<p>Date (mm/dd/yyyy)</p> <p>Name of Attesting Religious Organization within the religious denomination</p> <p>Street Address of the Attesting Religious Organization within the religious denomination (do not use a post office or private mail box)</p> <p>Suite Number City State Zip Code</p> <p>Daytime Phone Number (with area code)</p> <p>Fax Number (if any)</p> <p>E-Mail Address (if any)</p>	<p>[Page 13] Information About the Attesting Religious Organization Within the Religious Denomination [subheader]</p> <p>24. Name of Attesting Religious Organization Within the Religious Denomination</p> <p>25. Street Number and Name Apt. Ste. Flr. Number City or Town/State/ZIP Code</p> <p>26. Daytime Telephone Number</p> <p>27. Fax Number (if any)</p> <p>28. Email Address (if any)</p> <p>29. IRS Tax Number of the Attesting Religious Organization</p>
<p>NEW</p>		<p>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</p> <p>1. Full Name of U.S. citizen or Lawful Permanent Resident Abuser</p> <p>Family Name (Last Name)/Given Name (First Name)/Middle Name</p> <p>2. Date of Birth (mm/dd/yyyy) 3. Country of Birth 4. Date of Death (mm/dd/yyyy)</p> <p>5. Your abuser is now, or was, a (Select one):</p> <p>A. U.S. citizen born in the United States</p> <p>B. U.S. citizen born abroad to U.S. citizen parents</p> <p>C. U.S. citizen through naturalization</p> <p>(1) Provide A-Number (if any) _____</p> <p>D. U.S. lawful permanent resident</p>

		<p>(1) Provide A-Number (if any)_____</p> <p>E. Other (Explain) _____</p> <p>6. How many times have you been married?</p> <p>7. How many times was your abuser married?</p> <p>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)</p> <p>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.")</p> <p>[Page 14]</p> <p>9. When did you live with your abuser?</p> <p>From: (mm/dd/yyyy) To(mm/dd/yyyy)</p> <p>10. Provide the last address at which you lived together with your abuser.</p> <p>Street Number and Name Apt. Ste. Flr. Number City or Town/State/ZIP Code Province/Postal Code/Country</p> <p>11. Provide the last date that you lived together with your abuser at this address.</p> <p>From: (mm/dd/yyyy) To: (mm/dd/yyyy)</p> <p>12. I am currently residing in the United States and I request an Employment Authorization Document. Yes/No</p>
Page 10 and 11, Part 9. Information About the Spouse and Children of the Person for Whom This Petition Is Being Filed		[Part 9. moved to Part 5. above.]
Page 11, Part 10. Signature	...	<p>Part 11. Petitioner's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature</p> <p>NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.</p> <p>1. Petitioner's Statement Regarding the Interpreter</p>

		<p>A. [Check Box] 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.</p> <p>B. [Check Box] 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 [Fillable Field], 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.</p> <p>2. Petitioner's Statement Regarding the Preparer</p> <p><i>[Check Box]</i> I have requested the services of and consented to [Fillable Field], who is/is not an attorney or accredited representative, to prepare this petition for me. My 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.</p> <p>Petitioner's Contact Information [sub header] 3. Petitioner's Daytime Telephone Number 4. Petitioner's Mobile Telephone (if any) 5. Petitioner's Email Address (if any)</p> <p>[Page 15] Acknowledgement of Appointment at USCIS Application Support Center [new subheader]</p> <p>I, [Auto-populate Field with Applicant/Petitioner/Requestor's Full Name], 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.</p> <p>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</p>
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		<p>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.</p> <p><i>Petitioner's Certification</i> [subheader]</p> <p>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.</p> <p>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.</p> <p>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.</p> <p><i>Petitioner's Signature</i> [sub header] 6. Petitioner's Signature Date of Signature (mm/dd/yyyy)</p>
New		<p>Part 12. Interpreter's Contact Information, Certification, and Signature</p> <p>Provide the following information about the interpreter:</p> <p><i>Interpreter's Full Name</i> [sub header]</p> <p>1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any)</p> <p><i>Interpreter's Mailing Address</i> [sub header] 3. Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code Province Postal Code Country</p> <p>[Page 16] <i>Interpreter's Contact Information</i> [sub header]</p>

		<p>4. Interpreter's Daytime Telephone Number 5. Interpreter's Email Address (if any)</p> <p><i>Interpreter's Certification</i> [sub header]</p> <p>I certify that:</p> <p>I am fluent in English and [Fillable Field], which is the same language provided in Part 11., Item B., in Item Number 1.</p> <p>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.;</p> <p>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</p> <p>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.</p> <p><i>Interpreter's Signature</i> [sub header] 6. Interpreter's Signature Date of Signature (mm/dd/yyyy)</p>
Page 12, Part 11. Signature of Person Preparing Form, If Other Than Above (Sign below)	...	<p>Part 13. Contact Information, Statement, Certification, and Signature of the Person Who Prepared This Petition, If Other Than the Petitioner</p> <p>Provide the following information about the preparer:</p> <p><i>Preparer's Full Name</i> [sub header]</p> <p>1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name (if any)</p> <p><i>Preparer's Mailing Address</i> [sub header] 3. Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code Province Postal Code Country</p>

		<p>[Page 17] <i>Preparer's Contact Information</i> [sub-header] 4. Preparer's Daytime Telephone Number 5. Preparer's Fax Number (if any) 6. Preparer's Email Address (if any)</p> <p><i>Preparer's Statement</i> [sub-header] 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.</p> <p>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.</p> <p>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.</p> <p><i>Preparer's Certification</i> [sub-header] 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.</p> <p><i>Preparer's Signature</i> [sub header] 8. Preparer's Signature Date of <i>Signature</i> (mm/dd/yyyy)</p>
New		<p>[Page 18] Part 14. Additional Information</p> <p>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.</p>

		<div>1. Family Name (Last Name) [Auto-populated field] Given Name (First Name) [Auto-populated field] Middle Name [Auto-populated field]</div> <div>2. A-Number (if any) [Auto-populated field]</div> <div>3.A. Page Number B. Part Number C. Item Number D. _____</div> <div>4.A. Page Number B. Part Number C. Item Number D. _____</div> <div>5.A. Page Number B. Part Number C. Item Number D. _____</div> <div>6.A. Page B. Part Number C. Item Number D. _____</div> <div>7. Preparer's Signature Date of Signature (mm/dd/yyyy)</div>
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