



**Supplement A, Adjustment of Status
to Permanent Resident Under INA Section 245(i)**

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

USCIS
Form I-485
OMB No. 1615-0023
Expires 06/30/2015

NOTE: Use **Form I-485 Supplement A (Supplement A)** if you are applying to adjust status to that of a lawful permanent resident under section 245(i) of the Immigration and Nationality Act (INA) **together with** Form I-485. You may file Supplement A only if you are filing your Form I-485 at the same time or if you previously filed your Form I-485 and it remains pending.

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

Part 1. Information About You

1. **Your** Current Legal Name (**do** not provide a nickname)

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. U.S. Mailing Address

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Other Information

3. Alien Registration Number (A-Number) (if any) 4. USCIS ELIS Account Number (if any)

► A-

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5. Date of Birth (mm/dd/yyyy) 5. Country of Birth

6. Country of Citizenship or Nationality

Part 2. Eligibility Category

1. All of the following apply to **you**:

- A. ☐ **You are** physically present in the United States.
- B. ☐ **You are** eligible to receive an immigrant visa because **you are** the **current** beneficiary of an immigrant visa petition or **you have been** selected for a Diversity Visa.
- C. ☐ An immigrant visa is immediately available to **you**.
- D. ☐ **You are** admissible to the United States for lawful permanent residence or eligible for a waiver of inadmissibility or other form of relief.
- E. ☐ **You are** paying the **\$1,000 filing fee** along with Supplement A, unless exempt.

Part 2. Eligibility Category (continued)

2. One or more of the following applies to **you** (Select **all** that apply):
- A. ☐ **You** last entered the United States without **being admitted** or **paroled** after **being inspected** by an immigration officer.
 - B. ☐ **You** last entered the United States as a nonimmigrant crewman.
 - C. ☐ **You are** now employed or **have ever been** employed in the United States without authorization.
 - D. ☐ **You are** not in lawful immigration status on the date of filing **your** application for adjustment of status.
 - E. ☐ **You** have failed to continuously maintain a lawful status since entry into the United States, unless **your** failure to maintain status was through no fault of **your** own or for technical reasons.
 - F. ☐ **You were** last admitted to the United States in transit without a visa.
 - G. ☐ **You were** last admitted to the United States as a nonimmigrant visitor without a visa, under the Guam and Commonwealth of the Northern Mariana Islands Visa Waiver Program, and I **you are** not a Canadian citizen.
 - H. ☐ **You were** last admitted to the United States as a nonimmigrant visitor without a **visa under** the Visa Waiver Program (See travel.state.gov/content/visas/english/visit/visa-waiver-program.html).
 - I. ☐ **You are** seeking employment-based adjustment of **status and you are not maintaining** a lawful **nonimmigration** status on the date of filing **your** application for adjustment of status.
 - J. ☐ **You** have **EVER** violated the terms of a nonimmigrant visa after admission to the United States as a nonimmigrant.
3. One of the following applies to **you** (Select **only one** box):
- A. ☐ **You are or were** the **principal beneficiary** of an immigrant visa petition or application for permanent labor certification filed on or before January 14, 1998.
 - B. ☐ **You are or were** the **principal beneficiary** of an immigrant visa petition or application for permanent labor certification filed on or after January 15, 1998, **and** on or before April 30, 2001, and **you were** physically present in the United States on December 21, 2000.
 - C. ☐ **You are or were** the **derivative beneficiary** of an immigrant visa petition or application for permanent labor certification filed on or before January 14, 1998.
 - D. ☐ **You are or were** the **derivative beneficiary** of an immigrant visa petition or application for permanent labor certification filed on or after January 15, 1998, **and** on or before April 30, 2001, and the principal beneficiary was physically present in the United States on December 21, 2000.
 - E. ☐ **You are** currently **the spouse or an unmarried child under 21 years of age** who is eligible to accompany or follow-to-join a principal or derivative beneficiary described in **Items A., B., C., or D.**, and that principal or derivative beneficiary is currently applying for, has already applied for, or was granted adjustment of status under INA section 245(i).

Part 3. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the information on penalties in the **Penalties** section of the Supplement A Instructions before completing this part. You must file Supplement A while in the United States.

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

1. Applicant's Statement Regarding the Interpreter

- A. ☐ I can read and understand English, and have read and understand every question and instruction on this supplement, as well as my answer to every question.
- B. ☐ The interpreter named in **Part 4.** has read to me every question and instruction on this supplement, as well as my answer to every question, in , a language in which I am fluent. I understand every question and instruction on this supplement as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.

Part 3. Applicant's Statement, Contact Information, Certification, and Signature (continued)

2. Applicant'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 supplement for me.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4. Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that U.S. Citizenship and Immigration Services (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 supplement, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

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

Applicant's Signature

6. Applicant's Signature

Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do **not** completely fill out the supplement or fail to submit required documents listed in the Instructions, USCIS may deny your **Form I-485**.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about 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 4. 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 3., Item B., in Item Number 1.**

I have read to this applicant every question and instruction on this supplement, as well as the answer to every question, in the language provided in **Part 3., Item B., in Item Number 1.**;

The applicant has informed me that he or she understands every instruction and question on the supplement, as well as the answer to every question, and the applicant verified the accuracy of every answer.

Interpreter's Signature

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 5. Contact Information, Statement, Certification, and Signature of the Person Preparing This Supplement, If Other Than the Applicant

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 (if any)

Preparer's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Fax Number

6. Preparer's Email Address (if any)

Preparer's Statement

7. A. ☐ I am not an attorney or accredited representative but have prepared this supplement on behalf of the applicant and with the applicant's consent.
- B. ☐ I am an attorney or accredited representative and my representation of the applicant in this case
☐ extends ☐ does not extend beyond the preparation of this supplement.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this supplement, you must submit a completed Form G-28, Notice of Attorney or Accredited Representative, with this supplement.

Preparer's Certification

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this supplement on behalf of, at the request of, and with the express consent of the applicant. I completed this supplement based only on responses the applicant provided to me. After completing the supplement, I reviewed it and all of the applicant's responses with applicant, who agreed with every answer on the supplement. If the applicant supplied additional information concerning a question on the supplement, I recorded it on the supplement.

Preparer's Signature

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)