



Application for Family Unity Benefits

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

USCIS
Form I-817
OMB No. 1615-0005
Expires 06/30/2015

For USCIS Use Only		Fee Stamp		Action Block	
Returned (mm/dd/yyyy)					
Resubmitted (mm/dd/yyyy)					
Relocated	Received (mm/dd/yyyy) Sent (mm/dd/yyyy)				
Remarks		<input type="checkbox"/> Initial Application		<input type="checkbox"/> Request for Extension	
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
		Valid	From ____ / ____ / ____ To ____ / ____ / ____	Valid	From ____ / ____ / ____ To ____ / ____ / ____

To be completed by an attorney or BIA-accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney's State Bar Number (if applicable)	Attorney or Accredited Representative's USCIS ELIS Account Number (if any)
		<input type="text"/>	<input type="text"/>

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

Part 1. Information About You (Person Requesting Family Unity Benefits)

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

A- ►

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Other Names Used (Including maiden name, nicknames, etc.)

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

Other Information

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

6. U.S. Social Security Number (if any) ►

7. USCIS ELIS Account Number (if any)

►

8. Gender ☐ Male ☐ Female

9. Country of Birth

10. Country of Citizenship or Nationality

Mailing Address

11.a. In Care of Name

11.b. Street Number and Name

11.c. ☐ Apt. ☐ Ste. ☐ Flr.

11.d. City or Town

11.e. State 11.f. ZIP Code

Physical Address

12.a. Street Number and Name

12.b. ☐ Apt. ☐ Ste. ☐ Flr.

12.c. City or Town

12.d. State 12.e. ZIP Code

Part 1. Information About You (Person Requesting Family Unity Benefits) (continued)

Biographic Information

13. Ethnicity (Select only one box)

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

14. Race (Select all applicable boxes)

- ☐ White
☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

15. Height Feet Inches

16. Weight Pounds

17. Eye Color (Select only one box)

- ☐ Black ☐ Blue ☐ Brown
☐ Gray ☐ Green ☐ Hazel
☐ Maroon ☐ Pink ☐ Unknown/Other

18. Hair Color (Select only one box)

- ☐ Bald (No hair) ☐ Black ☐ Blond Red
☐ Brown ☐ Gray ☐ Unknown/Other
☐ Sandy ☐ White ☐

Part 2. Basis For Application

(Select only one box)

I am applying for Family Unity benefits because:

- 1.a.** ☐ On May 5, 1988, I was the spouse of an alien who was legalized under section 245A of the Immigration Nationality Act (INA).
1.b. ☐ On May 5, 1988, I was the unmarried child under 21 years of age, of an alien who was legalized under section 245A of the INA.
1.c. ☐ On December 1, 1988, I was the spouse of an alien who was legalized as a Special Agricultural Worker under section 210 of the INA.

1.d. ☐ On December 1, 1988, I was the unmarried child under 21 years of age, of an alien who was legalized as a Special Agricultural Worker under section 210 of the INA.

1.e. ☐ On May 5, 1988, I was the spouse of a legalized alien who adjusted status under section 202 of the Immigration Reform and Control Act of 1986 (Cuban/Haitian Adjustment).

1.f. ☐ On May 5, 1988, I was the unmarried child under 21 years of age, of an alien who adjusted status under section 202 of the Immigration Reform and Control Act of 1986 (Cuban/Haitian Adjustment).

1.g. ☐ I am the spouse of an alien who is eligible for and has filed or adjusted status under section 1104 of P. L. 106-553, the LIFE Act. I entered the United States on or before December 1, 1988, and resided in the United States on that date.

1.h. ☐ I am the child of an alien who is eligible for and has filed or adjusted status under section 1104 of P. L. 106-553, the LIFE Act. I entered the United States on or before December 1, 1988, and resided in the United States on that date.

NOTE: To be eligible for IMMACT 90 Family Unity Program benefits, your qualifying spouse or parent must have maintained his or her status as a legalized alien or as a U.S. citizen, if he or she naturalized. If deceased, status must have been maintained until his or her death. For LIFE Act Family Unity, your spouse or parent must be eligible for adjustment or adjusted status under section 1104 of the LIFE Act. If you previously qualified for LIFE Act Family Unity, you may be eligible to apply for IMMACT 90 Family Unity Program Benefits.

I am requesting: (Select only one box)

- 2.a.** ☐ Initial Family Unity benefits under section 301 of IMMACT 90.
2.b. ☐ An extension of Family Unity benefits under section 301 of IMMACT 90.
2.c. ☐ Initial Family Unity benefits under section 1504 of P.L. 106-554, the LIFE Act Amendments.
2.d. ☐ An extension of Family Unity benefits under section 1504 of P.L. 106-554, the LIFE Act Amendments.

Part 3. Information About **Your Relationship**

If you need extra space to complete **Part 3.**, use the space provided in **Part 9. Additional Information**; type or print 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.

Information About Your Spouse or Parent

Provide the following information about the alien through whom you are claiming your eligibility.

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name
2. Date of Birth (mm/dd/yyyy)
3. A-Number (if any)
A- ▶
4. USCIS ELIS Account Number (if any)
▶
5. U.S. Social Security Number (if any)
▶
6. Gender ☐ Male ☐ Female
7. Class of Admission (visitor, student, EWI, etc.)

Physical Address in U.S.

- 8.a. Street Number and Name
- 8.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 8.c. City or Town
- 8.d. State 8.e. ZIP Code
9. Daytime Telephone Number (if any)
10. Email Address (if any)

Other Names Used (Including maiden name, **nicknames**, etc.)

- 11.a. Family Name (Last Name)
- 11.b. Given Name (First Name)
- 11.c. Middle Name
- 12.a. Family Name (Last Name)
- 12.b. Given Name (First Name)
- 12.c. Middle Name

Other Information

Complete Only If You Are Applying Based on a Marital Relationship or You Were Previously Married

13. Marital Status
☐ Single (never married) ☐ Married ☐ Divorced
☐ Widowed ☐ Separated

Provide the following information about you and your spouse.

- 14.a. Number of times you have been married (including current marriage)
- 14.b. Number of times your spouse has been married (including spouse current marriage)

If **currently married**, provide the following information about your **marriage**.

- 15.a. Date of Marriage (mm/dd/yyyy)
- 15.b. Place of Marriage (City or Town)
- 15.c. State
- 15.d. Province
- 15.e. Country
- 15.f. Type of ceremony: ☐ Religious ☐ Civil ☐ None
- 15.g. We are: ☐ Living together ☐ Not living together
- 15.h. If you **selected** "Not living together," (select **only** one):
☐ My spouse has died ☐ We are divorced
☐ We are separated

Part 3. Information About **Your** Relationship (continued)

Information About Your Prior Marriage

Provide the following information about your prior marriages (if any).

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

16.c. Middle Name

17.a. Date of Marriage (if married)
(mm/dd/yyyy)

17.b. Place of Prior Marriage (City or Town)

17.c. State

17.d. Province

17.e. Country

17.f. Date of Termination
(mm/dd/yyyy)

17.g. Place of Termination (City or Town)

17.h. State

17.i. Province

17.j. Country

17.k. Reason for Termination

☐ Divorce ☐ Death ☐ Annulment

☐ Other (Provide an explanation if there are any other reasons for termination. **If you need more space, use Part 9. Additional Information.**)

Information About Your Spouse's Prior Spouse

Provide the following information about **your spouse's** prior marriages (if any).

18.a. Family Name (Last Name)

18.b. Given Name (First Name)

18.c. Middle Name

19.a. Date of Marriage (if any)
(mm/dd/yyyy)

19.b. Place of Marriage (City or Town)

19.c. State

19.d. Province

19.e. Country

19.f. Date of Termination
(mm/dd/yyyy)

19.g. Place of Termination (City or Town)

19.h. State

19.i. Province

19.j. Country

19.k. Reason for Termination

☐ Divorce ☐ Death ☐ Annulment

☐ Other (Provide an explanation if there are any other reasons for termination. **If you need more space, use Part 9. Additional Information.**)

Part 3. Information About **Your Relationship**
(continued)

**Complete Only If You Are Applying Based on a Child/
Parent Relationship**

Indicate how your parent is related to you (Select **only one** box)

- 20.a.** ☐ Biological mother
- 20.b.** ☐ Biological father who was married to my mother when I was born
- 20.c.** ☐ Biological father who was not married to my mother when I was born
- 20.d.** ☐ Stepparent - based on marriage to my parent which occurred before my 18th birthday
- 20.e.** ☐ Adoptive parent (select **only one**):
- A.** The adoption occurred before my 16th birthday
☐ Yes ☐ No
- B.** My adoptive parent had legal custody of me on May 5, 1988, or December 1, 1988, (as appropriate), and I resided with him or her for **two** years prior to that date ☐ Yes ☐ No
- ☐ **1.** Have you ever applied before for the Family Unity
(

Provide the following information about your **marital status**.

21.a. Marital Status

- ☐ Single (**never married**) ☐ Married ☐ Divorced
☐ Widowed ☐ Separated

Provide the following information

- 22.a.** Date of Marriage (mm/dd/yyyy)
- 22.b.** Place of Marriage (City or Town)
- 22.c.** State
- 22.d.** Province
- 22.e.** Country
- 22.f.** Type of ceremony: ☐ Religious ☐ Civil ☐ None
- 22.g.** We are: ☐ Living together ☐ Not living together
- 22.h.** If you **selected** "Not living together," (Select **only one**):
- ☐ My spouse has died ☐ We are divorced
☐ We are separated

If divorced or widowed, provide the following information.

- 23.a.** Date of Marriage (mm/dd/yyyy)
- 23.b.** Place Marriage Ended (City or Town)
- 23.c.** State
- 23.d.** Province
- 23.e.** Country

NOTE: If you were previously married, you must complete **Part 3.** section entitled "**Complete Only If You Are Applying Based on a Marital Relationship or You Were Previously Married**", **Item Numbers 13. - 19.k.** of this application; complete all requested information about your prior marriage(s); and **select Item Number 24** that it is complete.

- 24.** ☐ I have completed **Part 3., Item Numbers 13.-19.k.**, information about my prior marriage(s) (if any).

Part 4. Additional Information

Program? ☐ Yes ☐ No

If you answered "Yes," provide the following information

Name Under Which You Applied

- 2.a.** Family Name (Last Name)
- 2.b.** Given Name (First Name)
- 2.c.** **Middle** Name
- 2.d.** City or Town Where Application Was Filed
- 2.e.** State
- 2.f.** Date Filed (mm/dd/yyyy)
- 2.g.** USCIS (or former INS) action taken on case
☐ Approved ☐ Denied
- 3.a.** At the time of your last entry into the United States, you (**Select One**):
☐ Were inspected and admitted
☐ Were inspected and paroled
☐ Entered without inspection
- 3.b.** Date of Last Arrival (mm/dd/yyyy)

Part 4. Additional Information (continued)**3.c.** Form I-94 **Number** (Arrival-Departure Record)

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3.d. Passport Number

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3.e. Travel Document Number

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3.f. Country of Issuance for Passport or Travel Document

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3.g. Expiration Date for Passport or Travel Document

(mm/dd/yyyy)

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3.h. Current or Most Recent Immigration Status

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3.i. Date Status Expires

(mm/dd/yyyy)

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3.j. Date Continuous U.S. Residence Began

(mm/dd/yyyy)

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Provide the U.S. address where you lived on May 5, 1988 (245A or Cuban Haitian Adjustment) or December 1, 1988 (section 210 or LIFE Act).

4.a. Street Number and Name

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4.b. ☐ Apt. ☐ Ste. ☐ Flr.

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4.c. City or Town

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4.d. State

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4.e. ZIP Code

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If separate applications for Family Unity benefits are being submitted at this time for other relatives, provide the following information.

5.a. Family Name (Last Name)

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5.b. Given Name (First Name)

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5.c. **Middle** Name

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5.d. A-Number (if any)

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5.e. Relationship to Applicant

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6.a. Family Name (Last Name)

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6.b. Given Name (First Name)

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6.c. **Middle** Name

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6.d. A-Number (if any)

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6.e. Relationship to Applicant

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7.a. Family Name (Last Name)

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7.b. Given Name (First Name)

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7.c. **Middle** Name

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7.d. A-Number (if any)

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7.e. Relationship to Applicant

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8.a. Family Name (Last Name)

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8.b. Given Name (First Name)

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8.c. **Middle** Name

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8.d. A-Number (if any)

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8.e. Relationship to Applicant

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9.a. Family Name (Last Name)

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9.b. Given Name (First Name)

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9.c. **Middle** Name

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9.d. A-Number (if any)

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9.e. Relationship to Applicant

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Part 4. Additional Information (continued)**10.a.** Family Name (Last Name) **10.b.** Given Name (First Name) **10.c.** **Middle** Name **10.d.** A-Number (if any)**A-** **10.e.** Relationship to Applicant

List all absences from the United States since May 5, 1988 or December 1, 1988, as appropriate, or since the approval of your last Family Unity application (Form I-817), whichever date is later.

11.a. Departure Date (mm/dd/yyyy) **11.b.** Return Date (mm/dd/yyyy) **12.a.** Departure Date (mm/dd/yyyy) **12.b.** Return Date (mm/dd/yyyy) **13.a.** Departure Date (mm/dd/yyyy) **13.b.** Return Date (mm/dd/yyyy) **14.a.** Departure Date (mm/dd/yyyy) **14.b.** Return Date (mm/dd/yyyy) **15.a.** Departure Date (mm/dd/yyyy) **15.b.** Return Date (mm/dd/yyyy) **16.a.** Departure Date (mm/dd/yyyy) **16.b.** Return Date (mm/dd/yyyy) **17.a.** Departure Date (mm/dd/yyyy) **17.b.** Return Date (mm/dd/yyyy)

List all residences in the United States since May 5, 1988 or December 1, 1988, as appropriate, or since the approval of your last Family Unity application (Form I-817), whichever date is later.

Current Residence**18.a.** Street Number and Name **18.b.** ☐ Apt. ☐ Ste. ☐ Flr. **18.c.** City or Town **18.d.** State **18.e.** **ZIP** Code **18.f.** Dates of Residence (mm/dd/yyyy)From To **PRESENT****Previous Residence 1****19.a.** Street Number and Name **19.b.** ☐ Apt. ☐ Ste. ☐ Flr. **19.c.** City or Town **19.d.** State **19.e.** **ZIP** Code **19.f.** Dates of Residence (mm/dd/yyyy)From To **Previous Residence 2****20.a.** Street Number and Name **20.b.** ☐ Apt. ☐ Ste. ☐ Flr. **20.c.** City or Town **20.d.** State **20.e.** **ZIP** Code **20.f.** Dates of Residence (mm/dd/yyyy)From To

Part 4. Additional Information (continued)

Previous Residence 3

21.a. Street Number and Name

21.b. ☐ Apt. ☐ Ste. ☐ Flr.

21.c. City or Town

21.d. State 21.e. ZIP Code

21.f. Dates of Residence (mm/dd/yyyy)
From To

Previous Residence 4

22.a. Street Number and Name

22.b. ☐ Apt. ☐ Ste. ☐ Flr.

22.c. City or Town

22.d. State 22.e. ZIP Code

22.f. Dates of Residence (mm/dd/yyyy)
From To

Previous Residence 5

23.a. Street Number and Name

23.b. ☐ Apt. ☐ Ste. ☐ Flr.

23.c. City or Town

23.d. State 23.e. ZIP Code

23.f. Dates of Residence (mm/dd/yyyy)
From To

Previous Residence 6

24.a. Street Number and Name

24.b. ☐ Apt. ☐ Ste. ☐ Flr.

24.c. City or Town

24.d. State 24.e. ZIP Code

24.f. Dates of Residence (mm/dd/yyyy)
From To

NOTE: If you need more space to complete an answer in **Item Numbers 5.a. - 24.f.**, use **Part 9. Additional Information.**

Answer **Item Numbers 25.a. - 38.** If you answer "Yes" to **ANY** of the questions, use the space provided in **Part 9. Additional Information** to provide an explanation. Type or print your 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.

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

- 25.a. Acts involving torture or genocide? ☐ Yes ☐ No
- 25.b. Killing any person? ☐ Yes ☐ No
- 25.c. Intentionally and severely injuring any person? ☐ Yes ☐ No
- 25.d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? ☐ Yes ☐ No
- 25.e. Limiting or denying any person's ability to exercise religious beliefs? ☐ Yes ☐ No

Have you **EVER**:

- 26.a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, or **other** insurgent organization? ☐ Yes ☐ No
- 26.b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? ☐ Yes ☐ No
27. **Have you EVER** been a member of, assisted in, or participated in any group, unit or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☐ No
28. **Have you EVER** assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? ☐ Yes ☐ No
29. **Have you EVER** received any type of military, paramilitary, or weapons training? ☐ Yes ☐ No

Part 4. Additional Information (continued)

Have you **EVER**:

30.a. Engaged in, conspired to engage in, or intended to engage in a terrorist activity with intent to cause death or serious bodily harm? ☐ Yes ☐ No

30.b. Been a representative of a terrorist organization or a member of an organization which you knew or should have known is a terrorist organization? ☐ Yes ☐ No

Have you **EVER**:

31. Engaged in any activity to violate any law of the United States related to espionage or sabotage or to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☐ No

32. Been convicted by a final judgment of a particularly serious crime or participated in any other criminal activity which endangers public safety or national security of the United States? ☐ Yes ☐ No

33. Been convicted of any offenses for which the aggregate sentences were **five** or more years of confinement? ☐ Yes ☐ No

34. Been ordered deported, excluded, or removed from the United States as you were inadmissible at time of entry or of adjustment of status, or violates status? ☐ Yes ☐ No

35. **Been** convicted of a felony crime of violence that has an element the use or attempted use of physical force against another individual or may be used in the course of committing the offense? ☐ Yes ☐ No

36. Engaged in genocide, or ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion? ☐ Yes ☐ No

37. Committed a serious nonpolitical crime outside the United States before you arrived in the United States? ☐ Yes ☐ No

38. Been convicted of a felony or **three** or more misdemeanors in the United States? ☐ Yes ☐ No

Part 5. Applicant's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature

NOTE: Read the information on penalties in the **Penalties** section of the Form I-817 Instructions before completing this part. You must file Form I-817 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

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

1.b. ☐ The interpreter named in **Part 6.** has read to me every question and instruction on this application, as well as my answer to **every** question, in

a language in which I am fluent. I understand every question and instruction on this application 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 6.** 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. ☐ I have requested the services of and consented to
who ☐ is ☐ is not an attorney or accredited representative, preparing this application for me. This person who assisted me in preparing my application has reviewed the **Acknowledgement of Appointment at USCIS Application Support Center** with me, and I understand the ASC Acknowledgement.

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)

Part 5. Applicant'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 my fingerprints, photograph, and/or signature and to re-affirm that all of the information in my application is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment.

By signing here, I declare under penalty of perjury that I have reviewed and understand my application as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.

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

Applicant'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 application, 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 application and any document submitted with my application were provided by me and are complete, true, and correct.

Applicant's Signature

6.a. Applicant's Signature

6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the instructions, your application may be denied.

Part 6. Interpreter's Certification, Signature, and Contact Information

Provide the following information concerning the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Email Address (if any)

Part 6. Interpreter's Certification, Signature, and Contact Information (continued)

Interpreter's Certification

I certify that:

I am fluent in English and , which is the same language provided in **Part 5., Item Number 1.b.**;

I have read to this applicant every question and instruction on this application, as well as the answer to every question, in the language provided in **Part 5., Item Number 1.b.**; and

I have read the **Acknowledgement of Appointment at USCIS Application Support Center** to the applicant in the same language provided in **Part 5., Item Number 1.b.**

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

The applicant 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 re-affirming that the contents of this application and all supporting documentation are complete, true, and correct.

Interpreter's Signature

6.a. Interpreter's Signature

6.b. Date of Signature (mm/dd/yyyy)

Part 7. Contact Information, Statement, Certification, and Signature of the Person Preparing This Application, If Other Than the Applicant

Provide the following information concerning the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

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 application on behalf of the applicant and with the applicant's consent.

7.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 application.

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

Part 7. Contact Information, Statement, Certification, and Signature of the Person Preparing This Application, If Other Than the Applicant (continued)

Preparer's Certification

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

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

Part 8. Signature for Placement On Employment Authorization Document

Provide your signature below. This signature will be scanned and duplicated for placement on your Employment Authorization Document. **When signing, make sure that no part of your signature goes outside the lines of the box.**

Signature

Part 9. Additional Information

If you need extra space to provide any additional information within this application, 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 application 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.

Your Full Name

1.a. Family Name (Last Name)

1.b. Given Name

1.c. Middle Name	
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2. A-Number (if any)

A- ▶								
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3.a. Page Number **3.b.** Part Number **3.c.** Item Number

[illegible]

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

[illegible]

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

[illegible]

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

[illegible]

7.a. Applicant's Signature

7.b. Date of Signature (mm/dd/yyyy)