



**Petition for Alien Relative**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-130**  
OMB No. 1615-0012  
Expires 12/31/2015

For USCIS Use Only		Fee Stamp	Action Stamp
A-Number A- <input type="text"/>			
Initial Receipt			
Resubmitted			
Relocated	Section of Law/Visa Category		
Received	<input type="checkbox"/> 201(b) Spouse - IR-1/CR-1 <input type="checkbox"/> 203(a)(1) Unm. S/D - F1-1 <input type="checkbox"/> 203(a)(2)(B) Unm. S/D - F2-4		
Sent	<input type="checkbox"/> 201(b) Child - IR-2/CR-2 <input type="checkbox"/> 203(a)(2)(A) Spouse - F2-1 <input type="checkbox"/> 203(a)(3) Married S/D - F3-1		
Completed	<input type="checkbox"/> 201(b) Parent - IR-5 <input type="checkbox"/> 203(a)(2)(A) Child - F2-2 <input type="checkbox"/> 203(a)(4) Brother/Sister - F4-1		
Approved	Petition was filed on (Priority Date mm/dd/yyyy):	<input type="checkbox"/> Field Investigation	<input type="checkbox"/> Personal Interview <input type="checkbox"/> 204(a)(2)(A) Resolved
Returned	PDR request granted/denied - New priority date (mm/dd/yyyy):	<input type="checkbox"/> Previously Forwarded	<input type="checkbox"/> Pet. A-File Reviewed <input type="checkbox"/> I-485 Filed Simultaneously
		<input type="checkbox"/> 203(g) Resolved	<input type="checkbox"/> Ben. A-File Reviewed <input type="checkbox"/> 204(g) Resolved
Remarks			
At which USCIS Center (NBC, VSC, PSC, TSC, NSC, CSC) or Region (NER, SER, CRO, WRO) was Form I-130 adjudicated? _____			

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

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

If you need extra space to complete any section of this petition, use the space provided in **Part 9. Additional Information**.  
**Complete and submit as many copies of Part 9., as necessary, with your petition.**

**Part 1. Relationship** (You are the **Petitioner**. Your relative is the **Beneficiary**)

- I am filing this petition for my (Select **only one** box):  
☐ Spouse   ☐ Parent   ☐ Brother/Sister   ☐ Child
- If you are filing this petition for your child or parent, select the box that describes your relationship (Select **only one** box):  
☐ Child was born to parents who were married to each other at the time of the child's birth  
☐ Stepchild/Stepparent  
☐ Child was born to parents who were not married to each other at the time of the child's birth  
☐ Child was adopted (not an Orphan or Hague Convention adoptee)
- If the beneficiary is your brother/sister, are you related by adoption?   ☐ Yes   ☐ No
- Did you gain lawful permanent resident status or citizenship through adoption?   ☐ Yes   ☐ No

**Part 2. Information About You (Petitioner)**

- Alien Registration Number (A-Number) (if any)  
▶ A-
  - USCIS Online Account Number (if any)  
▶
  - U.S. Social Security Number (if any)  
▶
- Your Full Name**
- Family Name (Last Name)
  - Given Name (First Name)
  - Middle Name

**Part 2. Information About You (Petitioner)**  
(continued)

**Other Names Used (if any)**

Provide all other names you have ever used, including aliases, maiden name, and nicknames.

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

**Other Information**

6. City/Town/Village of Birth
7. Country of Birth
8. Date of Birth (mm/dd/yyyy)
9. Gender ☐ Male ☐ Female

**Mailing Address**

- 10.a. In Care Of Name
- 10.b. Street Number and Name
- 10.c. ☐ Apt. ☐ Ste. ☐ Flr.
- 10.d. City or Town
- 10.e. State  10.f. ZIP Code
- 10.g. Province
- 10.h. Postal Code
- 10.i. Country
11. Is your current mailing address the same as your physical address? ☐ Yes ☐ No

If you answered "No" to **Item Number 11.**, provide information on your physical address in **Item Numbers 12.a. - 13.b.**

**Address History**

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in **Item Numbers 10.a. - 10.i.**

**Physical Address 1**

- 12.a. Street Number and Name
- 12.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 12.c. City or Town
- 12.d. State  12.e. ZIP Code
- 12.f. Province
- 12.g. Postal Code
- 12.h. Country
- 13.a. Date From (mm/dd/yyyy)
- 13.b. Date To (mm/dd/yyyy)

**Physical Address 2**

- 14.a. Street Number and Name
- 14.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 14.c. City or Town
- 14.d. State  14.e. ZIP Code
- 14.f. Province
- 14.g. Postal Code
- 14.h. Country
- 15.a. Date From (mm/dd/yyyy)
- 15.b. Date To (mm/dd/yyyy)

**Your Marital Information**

16. How many times have you been married? ►
17. Current Marital Status
- ☐ Single, Never Married ☐ Married ☐ Divorced
- ☐ Widowed ☐ Separated ☐ Annulled

**Part 2. Information About You (Petitioner)**  
(continued)

**18.** Date of **Current** Marriage (if **currently** married)  
(mm/dd/yyyy)

**Place of Your Current Marriage (if married)**

**19.a.** City or Town

**19.b.** State

**19.c.** Province

**19.d.** Country

**Names of All Your Spouses (if any)**

Provide information on your current spouse (if currently married) first and then list all your prior spouses (if any).

**Spouse 1**

**20.a.** Family Name  
(Last Name)

**20.b.** Given Name  
(First Name)

**20.c.** Middle Name

**21.** Date Marriage Ended (mm/dd/yyyy)

**Spouse 2**

**22.a.** Family Name  
(Last Name)

**22.b.** Given Name  
(First Name)

**22.c.** Middle Name

**23.** Date Marriage Ended (mm/dd/yyyy)

**Information About Your Parents**

**Mother's Information**

Your Mother's Full Name

**24.a.** Family Name  
(Last Name)

**24.b.** Given Name  
(First Name)

**24.c.** Middle Name

**25.** Date of Birth (mm/dd/yyyy)

**26.** Country of Birth

**27.** City/Town/Village of Residence

**28.** Country of Residence

**Father's Information**

Your Father's Full Name

**29.a.** Family Name  
(Last Name)

**29.b.** Given Name  
(First Name)

**29.c.** Middle Name

**30.** Date of Birth (mm/dd/yyyy)

**31.** Country of Birth

**32.** City/Town/Village of Residence

**33.** Country of Residence

**Additional Information About You (Petitioner)**

**34.** I am a (Select **only one** box):

☐ U.S. Citizen ☐ Lawful Permanent Resident

**If you are a U.S. citizen, complete Item Number 35.**

**35.** My citizenship was acquired through (Select **only one** box):

☐ Birth in the United States  
☐ Naturalization  
☐ Parents

**36.** Have you obtained a Certificate of Naturalization or a Certificate of Citizenship? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 36.**, complete the following:

**37.a.** Certificate Number

**37.b.** Place of Issuance

**37.c.** Date of Issuance (mm/dd/yyyy)

**Part 2. Information About You (Petitioner)**  
(continued)

If you are a lawful permanent resident, complete **Item Numbers 38.a. - 39.**

**38.a. Class of Admission**

**38.b. Date of Admission (mm/dd/yyyy)**

**38.c. Place of Admission (City or Town and State)**

**39.** Did you gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident?

☐ Yes ☐ No

**Employment History**

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 40.**

**Employer 1**

**40. Name of Employer/Company**

**41.a. Street Number and Name**

**41.b.** ☐ Apt. ☐ Ste. ☐ Flr.

**41.c. City or Town**

**41.d. State**

**41.e. ZIP Code**

**41.f. Province**

**41.g. Postal Code**

**41.h. Country**

**42. Your Occupation**

**43.a. Date From (mm/dd/yyyy)**

**43.b. Date To (mm/dd/yyyy)**

**Employer 2**

**44. Name of Employer/Company**

**45.a. Street Number and Name**

**45.b.** ☐ Apt. ☐ Ste. ☐ Flr.

**45.c. City or Town**

**45.d. State**

**45.e. ZIP Code**

**45.f. Province**

**45.g. Postal Code**

**45.h. Country**

**46. Your Occupation**

**47.a. Date From (mm/dd/yyyy)**

**47.b. Date To (mm/dd/yyyy)**

**Part 3. Biographic Information**

**NOTE:** Provide the biographic information about you, the petitioner.

**1. Ethnicity (Select only one box)**

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

**2. Race (Select all applicable boxes)**

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

**3. Height** Feet  Inches

**4. Weight** Pounds

**5. Eye Color (Select only one box)**

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

### Part 3. Biographic Information (continued)

**6. Hair Color (Select only one box)**

- |   |                                |  |
|---|--------------------------------|--|
| <input type="checkbox"/> Bald (No hair) | <input type="checkbox"/> Black | <input type="checkbox"/> Blond         |
| <input type="checkbox"/> Brown          | <input type="checkbox"/> Gray  | <input type="checkbox"/> Red           |
| <input type="checkbox"/> Sandy          | <input type="checkbox"/> White | <input type="checkbox"/> Unknown/Other |

### Part 4. Information

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

▶ A-

**2. USCIS Online Account Number (if any)**

▶

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

▶

### Beneficiary's Full Name

**4.a. Family Name**  
(Last Name)

**4.b. Given Name**  
(First Name)

**4.c. Middle Name**

### Other Names Used (if any)

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames.

**5.a. Family Name**  
(Last Name)

**5.b. Given Name**  
(First Name)

**5.c. Middle Name**

### Other Information About Beneficiary

**6. City/Town/Village of Birth**

**7. Country of Birth**

**8. Date of Birth (mm/dd/yyyy)**

**9. Gender** ☐ Male ☐ Female

**10. Has anyone else ever filed a petition for the beneficiary?**

☐ Yes ☐ No

### Beneficiary's Physical Address

If the beneficiary lives outside the United States in a home without a street number or name, leave **Item Numbers 11.a. and 11.b.** blank.

**11.a. Street Number and Name**

**11.b.** ☐ Apt. ☐ Ste. ☐ Flr.

**11.c. City or Town**

**11.d. State**

**11.e. ZIP Code**

**11.f. Province**

**11.g. Postal Code**

**11.h. Country**

### Other Address and Contact Information

Provide the address in the United States where the beneficiary intends to live, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 12.a.**

**12.a. Street Number and Name**

**12.b.** ☐ Apt. ☐ Ste. ☐ Flr.

**12.c. City or Town**

**12.d. State**

**12.e. ZIP Code**

Provide the beneficiary's address outside the United States, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 13.a.**

**13.a. Street Number and Name**

**13.b.** ☐ Apt. ☐ Ste. ☐ Flr.

**13.c. City or Town**

**13.d. Province**

**13.e. Postal Code**

**13.f. Country**

**14. Daytime Telephone Number (if any)**

#### Part 4. Information About Beneficiary

15. Mobile Telephone Number (if any)

16. Email Address (if any)

#### Beneficiary's Marital Information

17. How many times has the beneficiary been married?



18. Current Marital Status

☐ Single, Never Married ☐ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

19. Date of Current Marriage (if currently married)  
(mm/dd/yyyy)

#### Place of Beneficiary's Current Marriage (if married)

20.a. City or Town

20.b. State

20.c. Province

20.d. Country

#### Names of Beneficiary's Spouses (if any)

Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).

##### Spouse 1

21.a. Family Name  
(Last Name)

21.b. Given Name  
(First Name)

21.c. Middle Name

22. Date Marriage Ended (mm/dd/yyyy)

##### Spouse 2

23.a. Family Name  
(Last Name)

23.b. Given Name  
(First Name)

23.c. Middle Name

24. Date Marriage Ended (mm/dd/yyyy)

#### Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

##### Person 1

25.a. Family Name  
(Last Name)

25.b. Given Name  
(First Name)

25.c. Middle Name

26. Relationship

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

28. Country of Birth

##### Person 2

29.a. Family Name  
(Last Name)

29.b. Given Name  
(First Name)

29.c. Middle Name

30. Relationship

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

32. Country of Birth

##### Person 3

33.a. Family Name  
(Last Name)

33.b. Given Name  
(First Name)

33.c. Middle Name

34. Relationship

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

36. Country of Birth

**Part 4. Information About Beneficiary  
(continued)**

**Person 4**

**37.a.** Family Name (Last Name)

**37.b.** Given Name (First Name)

**37.c.** Middle Name

**38.** Relationship

**39.** Date of Birth (mm/dd/yyyy)

**40.** Country of Birth

**Person 5**

**41.a.** Family Name (Last Name)

**41.b.** Given Name (First Name)

**41.c.** Middle Name

**42.** Relationship

**43.** Date of Birth (mm/dd/yyyy)

**44.** Country of Birth

**Beneficiary's Entry Information**

**45.** Was the beneficiary **EVER** in the United States?  
☐ Yes ☐ No

If the beneficiary is currently in the United States, complete **Items Numbers 46.a. - 46.d.**

**46.a.** He or she arrived as a (Class of Admission):

**46.b.** Form I-94 Arrival-Departure Record Number

**46.c.** Date of Arrival (mm/dd/yyyy)

**46.d.** Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy)

**47.** Passport Number

**48.** Travel Document Number

**49.** Country of Issuance for Passport or Travel Document

**50.** Expiration Date for Passport or Travel Document (mm/dd/yyyy)

**Beneficiary's Employment Information**

Provide the beneficiary's current employment information (if applicable), even if they are employed outside of the United States. If the beneficiary is currently unemployed, type or print "Unemployed" in **Item Number 51.a.**

**51.a.** Name of Current Employer (if applicable)

**51.b.** Street Number and Name

**51.c.** ☐ Apt. ☐ Ste. ☐ Flr.

**51.d.** City or Town

**51.e.** State  **51.f.** ZIP Code

**51.g.** Province

**51.h.** Postal Code

**51.i.** Country

**52.** Date Employment Began (mm/dd/yyyy)

**Additional Information About Beneficiary**

**53.** Was the beneficiary **EVER** in immigration proceedings?  
☐ Yes ☐ No

**54.** If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings.  
☐ Removal ☐ Exclusion/Deportation  
☐ Rescission ☐ Other Judicial Proceedings

**55.a.** City or Town

**55.b.** State

**56.** Date (mm/dd/yyyy)

**Part 4. Information About Beneficiary  
(continued)**

**If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign address in their native written language.**

**57.a.** Family Name (Last Name)

**57.b.** Given Name (First Name)

**57.c.** Middle Name

**58.a.** Street Number and Name

**58.b.** ☐ Apt. ☐ Ste. ☐ Flr.

**58.c.** City or Town

**58.d.** Province

**58.e.** Postal Code

**58.f.** Country

**If filing for your spouse, provide the last address at which you physically lived together. If you never lived together, type or print, "Never lived together" in Item Number 59.a.**

**59.a.** Street Number and Name

**59.b.** ☐ Apt. ☐ Ste. ☐ Flr.

**59.c.** City or Town

**59.d.** State  **59.e.** ZIP Code

**59.f.** Province

**59.g.** Postal Code

**59.h.** Country

**60.a.** Date From (mm/dd/yyyy)

**60.b.** Date To (mm/dd/yyyy)

**The beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS) office in:**

**61.a.** City or Town

**61.b.** State

**The beneficiary will not apply for adjustment of status in the United States, but he or she will apply for an immigrant visa abroad at the U.S. Embassy or U.S. Consulate in:**

**63.a.** City or Town

**63.b.** Province

**63.c.** Country

**NOTE:** Choosing a U.S. Embassy or U.S. Consulate outside the country of the beneficiary's last residence does not guarantee that it will accept the beneficiary's case for processing. In these situations, the designated U.S. Embassy or U.S. Consulate has discretion over whether or not to accept the beneficiary's case.

**Part 5. Other Information**

- 1.** Have you **EVER** previously filed a petition for this beneficiary or any other alien? ☐ Yes ☐ No

If you answered "Yes," provide the name, place, date of filing, and the result.

**2.a.** Family Name (Last Name)

**2.b.** Given Name (First Name)

**2.c.** Middle Name

**3.a.** City or Town

**3.b.** State

**4.** Date Filed (mm/dd/yyyy)

**5.** Result (for example, approved, denied, withdrawn)

If you are also submitting separate petitions for other relatives, provide the names of and your relationship to each relative.

**Relative 1**

**6.a.** Family Name (Last Name)

**6.b.** Given Name (First Name)

**6.c.** Middle Name

**7.** Relationship



## Part 5. Other Information (continued)

### Relative 2

8.a. Family Name (Last Name)	<input type="text"/>
8.b. Given Name (First Name)	<input type="text"/>
8.c. Middle Name	<input type="text"/>
9. Relationship	<input type="text"/>

**WARNING:** USCIS investigates the claimed relationships and verifies the validity of documents you submit. If you falsify a family relationship to obtain a visa, USCIS may seek to have you criminally prosecuted.

**PENALTIES:** By law, you may be imprisoned for up to 5 years or fined \$250,000, or both, for entering into a marriage contract in order to evade any U.S. immigration law. In addition, you may be fined up to \$10,000 and imprisoned for up to 5 years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

## Part 6. Petitioner'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-130 Instructions before completing this part.

### Petitioner'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 petition, 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 7. 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 7. 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 petition for me. This person who assisted me in preparing my petition has reviewed the the petition and the Acknowledgement of Appointment at USCIS Application Support Center with me, and I understand the petition and the ASC Acknowledgement.

### Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

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

5. Petitioner's Email Address (if any)

### 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 petition 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, petition, or request as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request 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.*

**Part 6. Petitioner's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature (continued)**

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 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 and enforcement of U.S. immigration laws.

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

**Petitioner's Signature**

**6.a.** Petitioner's Signature

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

**NOTE TO ALL PETITIONERS:** If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

**Part 7. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter **if you used one**.

**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 Mobile Telephone Number (if any)

**6.** 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 6., Item Number 1.b.**;

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 6., Item Number 1.b.**; and

I have read the **Acknowledgement of Appointment at USCIS Application Support Center** to the petitioner in the same language provided in **Part 6., Item Number 1.b.**

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

**Part 7. Interpreter's Contact Information, Certification, and Signature (continued)**

**Interpreter's Signature**

7.a. Interpreter's Signature

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

**Part 8. Contact Information, Statement, Certification, and Signature of the Person Preparing this Petition, If Other Than the Petitioner**

Provide the following information about 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 Mobile Telephone 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.

7.b. ☐ I am an attorney or accredited representative and my representation of the petitioner in this case ☐ 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 Entry of Appearance as Attorney or Accredited Representative, 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.a. Preparer's Signature

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

## Part 9. 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. 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.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ► A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d.

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

5.d.

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

6.d.

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

4.d.

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d.