

TABLE OF CHANGES – FORM
Form I-290B, Notice of Appeal or Motion
OMB Number: 1615-0095
03/29/2018

Reason for Revision: Clarifying revision.

Current Page Number and Section	Current Text	Proposed Text
Page 1, To be completed by an attorney or accredited representative (if any)	<p>To be completed by an attorney or accredited representative (if any). <input type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached. Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any)</p> <p>Please see the USCIS Web site at www.uscis.gov/i-290b to view appeal and/or motion eligibility by form type.</p> <p>► START HERE - Type or print in black ink.</p>	<p>To be completed by an attorney or accredited representative (if any). <input type="checkbox"/> Select this box if Form G-28 is attached.</p> <p>Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any)</p> <p>Please visit www.uscis.gov/i-290b/jurisdiction for information on the immigration benefit types that are eligible for an appeal or motion using this form.</p> <p>[no change]</p>
Page 1, Part 1. Information About the Applicant or Petitioner	<p>[page 1]</p> <p>Part 1. Information About the Applicant or Petitioner</p> <p>[new]</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p>2. Complete Name of Business/Organization (if applicable)</p> <p>3. Alien Registration Number (A-Number, if any)</p> <p>4. Receipt Number</p> <p>5. USCIS Online Account Number (if any)</p> <p><i>Mailing Address (or Military APO/FPO Address, if applicable)</i></p> <p>6.a. In Care Of Name (if any) 6.b. Street Number and Name 6.c. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. [Fillable Field] 6.d. City or Town 6.e. State 6.f. ZIP Code</p>	<p>[page 1]</p> <p>Part 1. Information About the Applicant or Petitioner</p> <p>If you are an individual filing this appeal or motion, complete Item Number 1. If you are a business or organization, complete Item Number 2.</p> <p>[no change]</p> <p>2. Business or Organization (if applicable)</p> <p>3. Alien Registration Number (A-Number, if any)</p> <p>[deleted]</p> <p>4. USCIS Online Account Number (if any)</p> <p><i>Mailing Address (or Military APO/FPO Address, if applicable)</i></p> <p>5.a. In Care Of Name (if any) 5.b. Street Number and Name 5.c. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. [Fillable Field] 5.d. City or Town 5.e. State 5.f. ZIP Code</p>

	6.g. Province 6.h. Postal Code 6.i. Country	5.g. Province 5.h. Postal Code 5.i. Country
Page 1, Part 2. Information About the Appeal or Motion	<p>[page 2]</p> <p>Part 2. Information About the Appeal or Motion</p> <p>You must select only one box indicating that you are filing an appeal or a motion, not both. If more than one box is selected, your filing may be rejected.</p> <p>NOTE: DO NOT use this form if you are filing an appeal of a denial or a revocation of an approved Form I-130, Petition for Alien Relative, or a Form I-360, Petition for Widow(er). Those appeals must be filed with the BIA using Form EOIR-29, Notice of Appeal to the Board of Immigration Appeals from a Decision of an Immigration Officer.</p> <p>1.a. I am filing an appeal to the Administrative Appeals Office (AAO). My brief and/or additional evidence is attached.</p> <p>1.b. I am filing an appeal to the AAO. My brief and/or additional evidence will be submitted to the AAO within 30 calendar days of filing the appeal.</p> <p>1.c. I am filing an appeal to the AAO. No supplemental brief and/or additional evidence will be submitted.</p> <p>1.d. I am filing a motion to reopen a decision. My brief and/or additional evidence is attached.</p> <p>1.e. I am filing a motion to reconsider a decision. My brief is attached.</p> <p>1.f. I am filing a motion to reopen and a motion to reconsider a decision. My brief and/or additional evidence is attached.</p> <p>2. USCIS Form for Which You Are Filing an Appeal or Motion to Reopen/Reconsider (for example, Form I-140, I-360, I-129, I-485, I-601)</p> <p>[new]</p> <p>3. Specific Classification Requested (for example, H-1B, R-1, O-1, EB-1, EB-2, EB-3, if applicable)</p>	<p>[page 1]</p> <p>Part 2. Information About the Appeal or Motion</p> <p>Please indicate whether you are filing an appeal to the Administrative Appeals Office (AAO) or a motion. You are not allowed to file both an appeal and a motion on a single form. If you select more than one box, your filing may be rejected.</p> <p>NOTE: DO NOT use this form if you are filing an appeal relating to a Form I-130, Petition for Alien Relative, or a Form I-360, Self-Petition for a Widow(er) of a U.S. Citizen. You must file those appeals with the Board of Immigration Appeals using Form EOIR-29.</p> <p>1.a. I am filing an appeal to the AAO. My brief and/or additional evidence is attached.</p> <p>1.b. I am filing an appeal to the AAO. I will submit my brief and/or additional evidence to the AAO within 30 calendar days of filing the appeal.</p> <p>1.c. I am filing an appeal to the AAO. I will not be submitting a brief and/or additional evidence.</p> <p>1.d. I am filing a motion to reopen. My brief and/or additional evidence is attached.</p> <p>1.e. I am filing a motion to reconsider. My brief is attached.</p> <p>1.f. I am filing a motion to reopen and a motion to reconsider. My brief and/or additional evidence is attached.</p> <p>2. USCIS Form for the Application or Petition That is the Subject of This Appeal or Motion (for example, Form I-140, I-360, I-129, I-485, I-601)</p> <p>3. Receipt Number for the Application or Petition</p> <p>4. Requested Nonimmigrant or Immigrant Classification (for example, H-1B, R-1, O-1, EB-1, EB-2, if applicable)</p>

	<p>4. Date of Adverse Decision (mm/dd/yyyy)</p> <p>5. Office Where Last Decision Was Issued</p>	<p>5. Date of the Adverse Decision (mm/dd/yyyy)</p> <p>[page 2]</p> <p>6. Office That Issued the Adverse Decision</p>
<p>Page 2, Part 3. Basis for the Appeal or Motion</p>	<p>[page 2]</p> <p>Part 3. Basis for the Appeal or Motion</p> <p>In Part 7. Additional Information, or on a separate sheet of paper, you must provide a statement regarding the basis for the appeal or motion. 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.</p> <p>Appeal: Provide a statement that specifically identifies an erroneous conclusion of law or fact in the decision being appealed.</p> <p>Motion to Reopen: The motion must state new facts and must be supported by affidavits and/or documentary evidence that establish eligibility at the time the underlying application or petition was filed.</p> <p>Motion to Reconsider: The motion must be supported by citations to appropriate statutes, regulations, or precedent decisions and must establish that the decision was based on an incorrect application of law or policy, and that the decision was incorrect based on the evidence of record at the time of decision.</p>	<p>[page 2]</p> <p>Part 3. Basis for the Appeal or Motion</p> <p>In Part 7. Additional Information, or on a separate sheet of paper, you must provide a statement regarding the basis for the appeal or motion. If you 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.</p> <p>Appeal: Provide a statement that specifically identifies an erroneous conclusion of law or fact in the decision being appealed. You must provide this information with your Form I-290B even if you intend to submit a brief later.</p> <p>Motion to Reopen: A motion to reopen must state new facts and be supported by documentary evidence demonstrating eligibility for the requested immigration benefit at the time you filed the application or petition.</p> <p>Motion to Reconsider: A motion to reconsider must demonstrate that the decision was based on an incorrect application of law or policy, and that the decision was incorrect based on the evidence in the case record at the time of the decision. The motion must be supported by citations to appropriate statutes, regulations, precedent decisions, or statements of USCIS policy.</p>
<p>Pages 2-3, Part 4. Signature of Person Filing the Appeal/Motion or His or Her Authorized Representative</p>	<p>[page 2]</p> <p>Part 4. Applicant's or Petitioner's Statement, Contact Information, Certification, and Signature</p> <p>NOTE: Read the Penalties section of the Form I-290B Instructions before completing this part.</p> <p>Section A</p> <p>If you are filing an appeal or motion based on an APPLICATION or PETITION FILED BY AN INDIVIDUAL (NOT AN ENTITY</p>	<p>[page 2]</p> <p>Part 4. Applicant's or Petitioner's Statement, Contact Information, Certification, and Signature</p> <p>[no change]</p> <p>Section A</p> <p>If you are filing an appeal or motion based on an APPLICATION OR PETITION FILED BY AN INDIVIDUAL (NOT A BUSINESS</p>

	<p>SUCH AS A COMPANY OR BUSINESS), complete this section:</p> <p><i>Applicant's or Petitioner's Statement</i></p> <p>NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>1.a. I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.</p> <p>1.b. The interpreter named in Part 5. has read to me every question and instruction on this form, and my answer to every question, in [Fillable Field], a language in which I am fluent. I understood all of this information as interpreted.</p> <p>2. At my request, the preparer named in Part 6. prepared this form for me based only upon information I provided or authorized.</p> <p><i>Applicant's or Petitioner's Contact Information</i></p> <p>3. Applicant's or Petitioner's Daytime Telephone Number</p> <p>4. Applicant's or Petitioner's Mobile Telephone Number (if any)</p> <p>5. Applicant's or Petitioner's Email Address (if any)</p> <p><i>Applicant's or Petitioner's Certification</i></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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.</p> <p>I further authorize release of information contained in this form, 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.</p> <p>I certify, under penalty of perjury, that I provided or authorized all of the information in my form, I understand all of the information contained in, and submitted with, my form, and that all of this information is complete, true, and correct.</p>	<p>OR ORGANIZATION), complete this section:</p> <p>[no change]</p> <p>[no change]</p> <p><i>Applicant's or Petitioner's Certification</i></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 of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.</p> <p>I further authorize release of information contained in this form, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.</p> <p>I certify, under penalty of perjury, that all of the information in my form and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my form, and that all of this information is complete, true, and correct.</p>
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	<p><i>Applicant's or Petitioner's Signature</i> 6.a. Applicant's or Petitioner's Signature 6.b. Date of Signature (mm/dd/yyyy)</p> <p><i>Section B</i></p> <p>If you are filing an appeal or motion for a PETITION FILED BY AN ENTITY, complete this section:</p> <p><i>Petitioner's Statement</i></p> <p>NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>1.a. ____ I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.</p> <p>1.b. ____ The interpreter named in Part 5. has read to me every question and instruction on this form, and my answer to every question, in [Fillable Field], a language in which I am fluent. I understood all of this information as interpreted.</p> <p>[page 3]</p> <p>2. ____ At my request, the preparer named in Part 6. prepared this form for me based only upon information I provided or authorized.</p> <p><i>Petitioner's Contact Information</i></p> <p>3. Petitioner's Daytime Telephone Number</p> <p>4. Petitioner's Mobile Telephone Number (if any)</p> <p>5. Petitioner's Email Address (if any)</p> <p><i>Petitioner's Certification</i></p> <p>Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be</p>	<p>[no change]</p> <p><i>Section B</i></p> <p>If you are filing an appeal or motion based on a PETITION FILED BY A BUSINESS OR ORGANIZATION (NOT AN INDIVIDUAL), complete this section:</p> <p>[page 3]</p> <p>[no change]</p> <p><i>Petitioner's Contact Information</i></p> <p>Provide the following information about the petitioner's authorized signatory.</p> <p>3.a. Family Name (Last Name) 3.b. Given Name (First Name) 3.c. Middle Name</p> <p>4. Title</p> <p>5. Daytime Telephone Number</p> <p>6. Mobile Telephone Number (if any)</p> <p>7. Email Address (if any)</p> <p>[no change]</p>
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	<p>required to submit original documents to USCIS at a later date.</p> <p>I authorize the release of any information from my records, or from the petitioning organization's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this form using publicly available open source information. I also recognize that any supporting evidence submitted in support of this form may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.</p> <p>If filing this form on behalf of an organization, I certify that I am authorized to do so by the organization.</p> <p>I certify, under penalty of perjury, that I have reviewed this form, I understand all of the information contained in, and submitted with, my appeal or motion, and all of this information is complete, true, and correct.</p> <p>Petitioner's Signature</p> <p>6.a. Petitioner's Signature 6.b. Date of Signature (<i>mm/dd/yyyy</i>)</p> <p>NOTE TO ALL APPLICANTS/PETITIONERS: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may dismiss, deny, or reject your appeal or motion.</p>	<p>Petitioner's Signature</p> <p>8.a. Petitioner's Signature 8.b. Date of Signature (<i>mm/dd/yyyy</i>)</p> <p>NOTE TO ALL APPLICANTS AND PETITIONERS: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may dismiss, deny, or reject your appeal or motion.</p>
<p>Pages 3-4, Part 5. Interpreter's Contact Information, Certification, and Signature</p>	<p>[page 3]</p> <p>Part 5. Interpreter's Contact Information, Certification, and Signature</p> <p>Provide the following information about the interpreter.</p> <p>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)</p> <p>Interpreter's Mailing Address 3.a. Street Number and Name 3.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. [fillable field] 3.c. City or Town 3.d. State</p>	<p>[page 3]</p> <p>[no change]</p> <p>[no change]</p> <p>[page 4]</p> <p>[no change]</p>

	<p>3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country</p> <p><i>Interpreter's Contact Information</i> 4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any)</p> <p><i>Interpreter's Certification</i> I certify, under penalty of perjury, that: I am fluent in English and [Fillable Field], which is the same language specified in Part 4., Item Number 1.b. in Section A or Section B, and I have read to this applicant or petitioner in the identified language every question and instruction on this form and his or her answer to every question. The applicant or petitioner informed me that he or she understands every instruction, question, and answer on the form, including the Applicant's or Petitioner's Certification, and has verified the accuracy of every answer.</p> <p>[page 4]</p> <p><i>Interpreter's Signature</i> 7.a. Interpreter's Signature 7.b. Date of Signature (mm/dd/yyyy)</p>	<p>[no change]</p> <p>[no change]</p> <p>[no change]</p>
<p>Page 4, Part 6. Contact Information, Statement, Certification, and Signature of the Person Preparing This Form, if Other Than the Applicant or Petitioner</p>	<p>[page 4]</p> <p>Part 6. Contact Information, Statement, Certification, and Signature of the Person Preparing This Form, if Other Than the Applicant or Petitioner</p> <p>Provide the following information about the preparer.</p> <p><i>Preparer's Full Name</i> 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)</p> <p><i>Preparer's Mailing Address</i> 3.a. Street Number and Name 3.b. [] Apt. [] Ste. [] Flr. [fillable field] 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country</p> <p><i>Preparer's Contact Information</i></p>	<p>[page 4]</p> <p>Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Applicant or Petitioner</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p>

	<p>4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any) 6. Preparer's Email Address (if any)</p> <p><i>Preparer's Statement</i></p> <p>7.a. I am not an attorney or accredited representative but have prepared this form on behalf of the applicant or petitioner and with the applicant's or petitioner's consent.</p> <p>7.b. I am an attorney or accredited representative and have prepared this form on behalf of the applicant or petitioner and with the applicant's or petitioner's consent.</p> <p><i>Preparer's Certification</i></p> <p>By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the applicant or petitioner. The applicant or petitioner then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her form, including the Applicant's or Petitioner's Certification, and that all of this information is complete, true, and correct. I completed this form based only on information that the applicant or petitioner provided to me or authorized me to obtain or use.</p> <p><i>Preparer's Signature</i></p> <p>8.a. Preparer's Signature 8.b. Date of Signature (mm/dd/yyyy)</p>	<p>[no change]</p> <p>[page 5]</p> <p>[no change]</p> <p>[no change]</p>
<p>Page 5, Part 7. Additional Information</p>	<p>[page 5]</p> <p>Part 7. Additional Information</p> <p>If you need extra space to provide any additional information within this form, 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 form or attach a separate sheet of paper. Type or print your name and A-Number 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> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p>2. A-Number (if any)</p>	<p>[page 6]</p> <p>[no change]</p>

	<p>3.a. Page Number 3.b. Part Number 3.c. Item Number 3.d. [Fillable field]</p> <p>4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d. [Fillable field]</p> <p>5.a. Page Number 5.b. Part Number 5.c. Item Number 5.d. [Fillable field]</p> <p>6.a. Page Number 6.b. Part Number 6.c. Item Number 6.d. [Fillable field]</p> <p>7.a. Page Number 7.b. Part Number 7.c. Item Number 7.d. [Fillable field]</p> <p>NOTE: Make sure your appeal or motion is complete before filing.</p>	
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