

Application for Relief Under Former Section 212(c) of the Immigration and Nationality Act (INA)

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-191 OMB No. 1615-0016 Expires 02/28/2021

	Date	Fee	e Stamp		Action Block
Fo USO Uso Or	CIS se	NS IN RETD/TRANS	S OUT COMPLETED		
	o be completed by an attorney or accredited representative.	Select this box if Form G-28 is attached.	Attorney State Bar Nu		or Accredited Representative aline Account Number
>	START HERE - Type or pri	nt in black ink.			
Par	t 1. Information About	You			
	applying for permission to retunutionality Act (INA).	urn to the United Stat	es under the authority co	ntained in former se	ection 212(c) of the Immigration
1.	Your Full Name (do not provid	de a nickname)			
	Family Name (Last Name)		Given Name (First Na	me)	Middle Name
2.	Other Names Used				
	List all other names you have e section, use the space provided			d nicknames. If you	need extra space to complete this
	Family Name (Last Name)	in Tart 12. Addition	Given Name (First Na	me)	Middle Name
3.	Date of Birth (mm/dd/yyyy)	4. Alien Regis	stration Number (A-Num	ıber)	
		► A-	1+1 M /	TO O	
5.	USCIS Online Account Number				
	►				
6.	Place of Birth				
	City/Town/Village of Birth		State/Pro	vince of Birth	
	Country of Birth				
7.	Country of Citizenship or Natio	onality			

Form I-191 12/02/19 Page 1 of 17

Pa	rt 1. Information About You (continued) (USPS ZII	P Cod	e Lookup)		
8.	Mailing Address				
	In Care Of Name				
	Street Number and Name			Apt. Ste. Flr.	Number
	City or Town			State	ZIP Code
	Province Postal Code		Country		
9.	Physical Address				
	Street Number and Name			Apt. Ste. Flr.	Number
		Y 4			
	City or Town			State	ZIP Code
	Province Postal Code	4	Country		
10.	Information About When and How You Became a Lawful Perma	anent R	esident (LPR)		
	A. Date When You Obtained Your LPR Status				
	(mm/dd/yyyy)				
	B. You Obtained Your LPR Status Through (select only one)				
	Admission With an Immigrant Visa at a Port-of-Entry				
	Port-of-Entry, If Known	Mea	ns of Transpor	tation	
			•		
	Adjustment of Status While in the United States		10	00	
	USCIS Office				
11.	Passport Number Used at Last Entry	12.	Travel Docum	ent Number U	sed at Last Entry
	a support value of the support of th				See at East Emaly
4.5				0 FFM : -	
13.	Country of Issuance for Passport or Travel Document	14.	_		port or Travel Document
			(mm/dd/yyyy)		

Form I-191 12/02/19 Page 2 of 17

Part 1. Information About You (continued)

15. Information About Your Departures From and Returns To the United States

Since being admitted as an LPR, you have departed from and returned to the United States as follows:

Departed From The United States				
Place or Port-of-Departure	Date of Departure (mm/dd/yyyy)	Means of Transportation		

Returned To The United States				
Place or Port-of-Entry	Date of Entry (mm/dd/yyyy)	Means of Transportation		

Purpose of Trips	Not for	
	1 100 101	
	PROGUESTION	
	0//10/0000	

Form I-191 12/02/19 Page 3 of 17

Pa	rt 2	. Biographic Information
1.	Ethi	nicity (Select only one box)
		Hispanic or Latino Not Hispanic or Latino
2.	Rac	e (Select all applicable boxes)
		White Asian Black or African American Indian or Native Hawaiian or American Alaska Native Other Pacific Islander
3.	Heig	ght Feet Inches Inches
4.	Wei	ght Pounds []
5.	Eye	Color (Select only one box)
		Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other
6.	Hair	Color (Select only one box)
		Bald (No Black Blond Brown Gray Red Sandy White Unknown/ Other
Pa	rt 3	. Information About Your Criminal Convictions
The	info	rmation you provide below relates to the criminal convictions for which you are seeking relief under former section 212(c) of
the		igration and Nationality Act.
1.		minal Conviction 1
	A.	Date (mm/dd/yyyy) B. Name of Court
	C.	Location of Court
	.	Town or City State
	D.	Court Case Number
	E.	Conviction Entered After Trial Based on Guilty or No Contest Plea
		If based on guilty or no contest plea, give the date of the guilty or no contest plea (mm/dd/yyyy)
	F.	Specific Offense as Stated in the Conviction Judgment (If there is more than one offense, provide the name of each specific
		offense.)
	G.	Citation to Federal, State, or Local Law, as Stated in the Conviction Judgment (If there is more than one citation, provide each separate citation.)
	Н.	Sentence, Probation, or Other Punishment Imposed

Form I-191 12/02/19 Page 4 of 17

Pa	Part 3. Information About Your Criminal Convictions (continued)						
2.	Cri	ninal Conviction 2					
	A.	Date (mm/dd/yyyy) B. Name of Court					
	C.	Location of Court					
		Town or City State					
	D.	Court Case Number					
E. Conviction Entered		Conviction Entered After Trial Based on Guilty or No Contest Plea					
		f based on guilty or no contest plea, give the date of the guilty or no contest plea (mm/dd/yyyy)					
	F.	Specific Offense as Stated in the Conviction Judgment (If there is more than one offense, provide the name of each specific offense.)					
	G.	Citation to Federal, State, or Local Law, as Stated in the Conviction Judgment (If there is more than one citation, provide each separate citation.)					
	H.	Sentence, Probation, or Other Punishment Imposed					
3.	Cri	ninal Conviction 3					
	A.	Date (mm/dd/yyyy) B. Name of Court					
		rociiotion					
	C.	Location of Court					
		Town or City State					
	D.	Court Case Number					
	Ε.	Conviction Entered					
		f based on guilty or no contest plea, give the date of the guilty or no contest plea (mm/dd/yyyy)					
	F. Specific Offense as Stated in the Conviction Judgment (If there is more than one offense, provide the name of each specifiense.)						
	G.	Citation to Federal, State, or Local Law, as Stated in the Conviction Judgment (If there is more than one citation, provide each separate citation.)					
	H.	Sentence, Probation, or Other Punishment Imposed					

NOTE: If you were convicted more than three times, include the information for each additional conviction in **Part 12. Additional Information**.

Form I-191 12/02/19 Page 5 of 17

Part 4. Information About Your Residence

Provide the following information about where you have lived during the last seven years.

List your most recent residence first and then every other residence where you have lived during the last seven years. There should be no gaps in time. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

Street Number and Name Apt. Ste. Flr. Num	mber
City or Town State ZIP of	P Code
Province Postal Code Country	
Date of Residence From (mm/dd/yyyy) To (mm/dd/yyyy)	
2. Physical Address 2	
Street Number and Name Apt. Ste. Flr. Num	mber
City or Town State ZIP	P Code
Province Postal Code Country	
Date of Residence From (mm/dd/yyyy) To (mm/dd/yyyy)	
3. Physical Address 3	
Street Number and Name Apt. Ste. Flr. Num	mber
City or Town State ZIP	P Code
Province Postal Code Country	
Date of Residence From (mm/dd/yyyy) To (mm/dd/yyyy)	
Date of Residence Troni (initi/dd/yyyy)	
4. Physical Address 4	
Street Number and Name Apt. Ste. Flr. Num	mber
City or Town State ZIP (P Code
Province Postal Code Country	

Form I-191 12/02/19 Page 6 of 17

Pa	art 4. Information About Your Residence (continued)				
5.	Physical Address 5				
	Street Number and Name		Apt. Ste. Flr.	Number	
	City or Town		State	ZIP Code	
	Province Postal Code Cour	ıntry	<u> </u>		
	Date of Residence From (mm/dd/yyyy)	To (mm	ı/dd/yyyy)		
	· • • • • • • • • • • • • • • • • • • •	`	33337		
Pa	art 5. Information About Your Employment				
	ovide the following information about your employment.	TK			
	t where you have worked full-time or part-time during the last seven years. If yo	ou need e	extra space to	complete this se	ection, use
	space provided in Part 12. Additional Information .	ou nocu (ontra space to	complete this is	oction, asc
1.	Employer 1				
	Name of Employer				
	Street Number and Name		Apt. Ste. Flr.	Number	
	City or Town		State	ZIP Code	
			1 0		
	Province Postal Code Cour	intry			
	Date From (mm/dd/yyyy) To (mm/dd/yyy	уу)			
	Your Occupation				
	Tour occupation				
2.	Employer 2				
	Name of Employer				
	Street Number and Name		Apt. Ste. Flr.	Number	
	City or Town		State	ZIP Code	
	Province Postal Code Cour	ıntry			
	Date From (mm/dd/yyyy) To (mm/dd/yyy	уу)			
	Your Occupation				

Form I-191 12/02/19 Page 7 of 17

Employer 3		
Name of Employer		
		1 . G . TI . Y . 1
Street Number and Name		Apt. Ste. Flr. Number
City or Town		State ZIP Code
Province	Postal Code Country	
Date From (mm/dd/yyyy)	To (mm/dd/yyyy)	
Your Occupation		
	family (for example, spouse, children, and pa	rents). If you need extra space to cor
	family (for example, spouse, children, and pa	rents). If you need extra space to cor
vide the following information about your section, use the space provided in Part 12 Information About Your Spouse	family (for example, spouse, children, and pa	rents). If you need extra space to cor Middle Name
vide the following information about your section, use the space provided in Part 12 Information About Your Spouse Spouse's Current Legal Name	family (for example, spouse, children, and pa	Middle Name
vide the following information about your section, use the space provided in Part 12 Information About Your Spouse Spouse's Current Legal Name Family Name (Last Name)	family (for example, spouse, children, and pa 2. Additional Information. Given Name (First Name) Spouse's Date of Birth	Middle Name
vide the following information about your section, use the space provided in Part 12 Information About Your Spouse Spouse's Current Legal Name Family Name (Last Name) Spouse's Country of Birth	family (for example, spouse, children, and pa 2. Additional Information. Given Name (First Name) Spouse's Date of Birth	Middle Name
vide the following information about your section, use the space provided in Part 12 Information About Your Spouse Spouse's Current Legal Name Family Name (Last Name) Spouse's Country of Birth Spouse's Country of Citizenship or Nation	family (for example, spouse, children, and page 2. Additional Information. Given Name (First Name) Spouse's Date of Birth	Middle Name
vide the following information about your section, use the space provided in Part 12 Information About Your Spouse Spouse's Current Legal Name Family Name (Last Name) Spouse's Country of Birth Spouse's Country of Citizenship or Nation Spouse's Physical Address	family (for example, spouse, children, and pa 2. Additional Information. Given Name (First Name) Spouse's Date of Birth nality	Middle Name (mm/dd/yyyy)

Form I-191 12/02/19 Page 8 of 17

Information About Your Children					
Provide the following information about all of your children.					
Child 1	ur cimarcii.				
Current Legal Name	C' N (F' N	NO LIE N			
Family Name (Last Name)	Given Name (First Name)	Middle Name			
	D (CB: 4 ()				
Country of Birth	Date of Birth (mm/	dd/yyyy)			
Country of Citizenship or Nationality					
G					
Current Address		A C S I N I			
Street Number and Name		Apt. Ste. Flr. Number			
G. T					
City or Town	_	State ZIP Code			
Province	Postal Code Country				
Child 2					
Current Legal Name					
Family Name (Last Name)	Given Name (First Name)	Middle Name			
Country of Birth	Date of Birth (mm/	dd/yyyy)			
Country of Citizenship or Nationality	11010				
Country of Citizenship or Nationality	/10/2	020			
Country of Citizenship or Nationality Current Address	/1 0/2	020			
	/10/2	Apt. Ste. Flr. Number			
Current Address Street Number and Name	/10/2				
Current Address	# 10/2	Apt. Ste. Flr. Number State ZIP Code			
Current Address Street Number and Name	/1 0/2				

Form I-191 12/02/19 Page 9 of 17

art 6. Information About Your Fami	ly (continued)	
Child 3		
Current Legal Name		
Family Name (Last Name)	Given Name (First Name)	Middle Name
Country of Birth	Date of Birth (mm	n/dd/yyyy)
Country of Citizenship or Nationality		
Current Address		
Street Number and Name		Apt. Ste. Flr. Number
City or Town		State ZIP Code
Province	Postal Code Country	y
Child 4		
Current Legal Name		
Family Name (Last Name)	Given Name (First Name)	Middle Name
Country of Birth	Date of Birth (mm	n/dd/yyyy)
Country of Citizenship or Nationality		
Current Address		
Street Number and Name		Apt. Ste. Flr. Number
City or Town		State ZIP Code
Province	Postal Code Country	y

Form I-191 12/02/19 Page 10 of 17

rt 6. Information About Your Fa	mny (continued)	
Information About Your Parents		
Parent 1		
Parent 1's Current Legal Name		
Family Name (Last Name)	Given Name (First Name)	Middle Name
Sex Male Female Parer	nt 1's Date of Birth (mm/dd/yyyy)	
Parent 1's Country of Birth	Parent 1's Country	of Citizenship or Nationality
Parent 1's Physical Address		
Street Number and Name		Apt. Ste. Flr. Number
City or Town		State ZIP Code
Province	Postal Code Country	
		2.70
Parent 2	TOUT	
Parent 2's Current Legal Name		
Family Name (Last Name)	Given Name (First Name)	Middle Name
Sex Male Female Parer	nt 2's Date of Birth (mm/dd/yyyy)	
Parent 2's Country of Birth	Parent 2's Countr	ry of Citizenship or Nationality
Parent 2's Physical Address		
Street Number and Name		Apt. Ste. Flr. Number
City or Town	0, 40, 4	State ZIP Code
Province	Postal Code Country	

Form I-191 12/02/19 Page 11 of 17

Part 7. Other Grounds for Removal

If you believe you may be subject to removal on any grounds besides the criminal convictions listed in **Part 3. Information About Your Criminal Convictions**, provide a full explanation of why you may be subject to removal.

The other grounds of removal may be any inadmissibility grounds in section 212(a) of the Immigration and Nationality Act or any deportability grounds in section 237(a) of the Immigration and Nationality Act.

If you have a criminal history besides the criminal convictions listed in **Part 3. Information About Your Criminal Convictions**, list these incidents and provide a full explanation. If you have ever been arrested or detained by any law enforcement officer for any reason, and no charges were filed, include an original official statement by the arresting or detaining agency or applicable court order confirming that no charges were filed.

If you were arrested or detained by any law enforcement officer for any reason and charges were filed, or if charges were filed against you without an arrest, submit an original or court-certified copy of the complete arrest record and/or disposition for each incident (for example, a dismissal order or an acquittal order).

Not for
Not for
Not for
Not for
Part 8. Discretion
In the space provided below, explain why you believe your application should be approved as a matter of discretion, with the favorable factors outweighing the unfavorable factors in your case. For more information on discretion, see the application Instructions. If you need extra space to complete your statement, use the space provided in Part 12. Additional Information , or attach a separate letter. Indicate in the space provided if you are including a separate letter. If you submit a separate letter, you must submit the letter at the same time as your Form I-191 application.

Form I-191 12/02/19 Page 12 of 17

Part 9. Applicant's Statement, Contact Information, Certification, and Signature

NO	TE: Read the Penalties section of the Form I-191 Instructions before completing this part.	
Ap	plicant's Statement	
NO	TE: 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 I have read and understand every question and instruction on this application and my answer to every question.	l
	B. The interpreter named in Part 10. read to me every question and instruction on this application and my answer to	
	every question, in , a language in which I	
	am fluent and I understood everything.	
2.	Applicant's Statement Regarding the Preparer	
	At my request, the preparer named in Part 11. ,	,
	prepared this application for me based only upon information I provided or authorized.	
Ap	plicant'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 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.

I further 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 understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my application;
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

A_{I}	oplicant's Signature	
6.	Applicant's Signature	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, USCIS (or an immigration judge if you are in deportation, exclusion, or removal proceedings) may deny your application.

Form I-191 12/02/19 Page 13 of 17

Pa	rt 10. Interpreter's Contact Information, Certifica	tion, and Signature
Pro	vide the following information about the interpreter.	
In	terpreter'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)	
In	terpreter's Mailing Address	
3.	Street Number and Name	Apt. Ste. Flr. Number
	City or Town	State ZIP Code
	Province Postal Code	Country
In	terpreter's Contact Information	
4.	Interpreter's Daytime Telephone Number	5. Interpreter's Mobile Telephone Number (if any)
6.	Interpreter's Email Address (if any)	
In	terpreter's Certification	
I ce	rtify, under penalty of perjury, that:	
I an	n fluent in English and	, which is the same language specified in Part 9.,
app	n B. , in Item Number 1., and I have read to this applicant in the lication and his or her answer to every question. The applicant ir answer on the application, including the Applicant's Certification	formed me that he or she understands every instruction, question,
In	terpreter's Signature	
7.	Interpreter's Signature	Date of Signature (mm/dd/yyyy)

Form I-191 12/02/19 Page 14 of 17

Part 11. Contact Information, Declaration, and Signature of the Person Preparing This Application, if Other Than the Applicant

Provide the following information about the preparer.

Pr	eparer'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)	
Pr	eparer's Mailing Address	
3.	Street Number and Name	Apt. Ste. Flr. Number
	City or Town	State ZIP Code
	Province Postal Code	Country
Pr	reparer's Contact Information	
4.	Preparer's Daytime Telephone Number	5. Preparer's Mobile Telephone Number (if any)
6.	Preparer's Email Address (if any)	
D	an an arda Statom and	
	reparer's Statement	
7.	A. I am not an attorney or accredited representative but he applicant and with the applicant's consent.	nave prepared this application on behalf of
	B. I am an attorney or accredited representative and my react extends does not extend beyond the preparation of the preparation	
	NOTE: If you are an attorney or accredited represent G-28, Notice of Entry of Appearance as Attorney or A	•
	application.	
Pr	reparer's Certification	
Ву	my signature, I certify, under penalty of perjury, that I prepared	I this application at the request of the applicant. The applicant then
	iewed this completed application and informed me that he or she	e understands all of the information contained in, and submitted n , and that all of this information is complete, true, and correct. I
	npleted this application based only on information that the application	
Pr	reparer's Signature	
8.	Preparer's Signature	Date of Signature (mm/dd/yyyy)

Form I-191 12/02/19 Page 15 of 17

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Part	17	Thb A	tional	Intori	nation
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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. 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.

1.	Fan	nily Name (Last I	Name)		Given Name (First Name) Middle Name	
2.	A-N	Vumber	► A	\-			
3.	A.	Page Number	В.	Part Number (С.	Item Number	
	D.						
					t		
4.	A.	Page Number	В.	Part Number	c.	Item Number	
	D.					Not for	
_		Page Number	D	Part Number	C	Item Number	
٥.	А.	r age Number	ъ.	r art Number	.	Item Number	
	D.						
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				U			
6.	A.	Page Number	В.	Part Number	C.	Item Number	
	D.						
	ν.						

Form I-191 12/02/19 Page 16 of 17

For USCIS Use Only
Decision
Application granted upon the following terms and conditions:
DRART
Date of Action (mm/dd/yyyy)

Not for Production 06/10/2020

Form I-191 12/02/19 Page 17 of 17