### TABLE OF CHANGES – FORM
Form I-589, Application for Asylum and for Withholding of Removal

OMB Number: 1615-0067
05/28/2020

**Reason for Revision:** Fee Rule

**Legend for Proposed Text:**
- Black font = Current text
- Red font = Changes

Expires 09/30/2022
Edition Date 09/10/2019

<table>
<thead>
<tr>
<th>Current Page Number and Section</th>
<th>Current Text</th>
<th>Proposed Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Page 1, Start Here</td>
<td>[Page 1]</td>
<td>[Page 1]</td>
</tr>
<tr>
<td></td>
<td>START HERE – Type or print in black ink. See the instructions for information about eligibility and how to complete and file this application. There is no filing fee for this application.</td>
<td>START HERE – Type or print in black ink. See the instructions for information about eligibility and how to complete and file this application.</td>
</tr>
<tr>
<td></td>
<td>NOTE: Check this box if you also want to apply for withholding of removal under the Conventional Against Torture.</td>
<td>NOTE: Check this box if you also want to apply for withholding of removal under the Conventional Against Torture.</td>
</tr>
<tr>
<td></td>
<td>[New]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Page 1, Part A.I. Information About You</th>
<th>[Page 1]</th>
<th>[Page 1]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part A.I. Information About You</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Alien Registration Number(s) (A-Number) (if any)</td>
<td>1. Alien Registration Number(s) (A-Number)</td>
<td></td>
</tr>
<tr>
<td>2. U.S. Social Security Number (if any)</td>
<td>2. U.S. Social Security Number</td>
<td></td>
</tr>
<tr>
<td>3. USCIS Online Account Number (if any)</td>
<td>3. USCIS Online Account Number</td>
<td></td>
</tr>
<tr>
<td>4. Complete Last Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. First Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Middle Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. What other names have you used (include maiden name and aliases)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. Residence in the U.S. *(where you physically reside)*
Street Number and Name
Apt. Number
City
State
Zip Code
Telephone Number

9. Mailing Address in the U.S. *(if different than the address in Item Number 8)*
In Care Of *(if applicable):*
Telephone Number
Street Number and Name
Apt. Number
City
State
Zip Code

10. Gender:
Male
Female

11. Marital Status:
Single
Married
Divorced
Widowed

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

13. City and Country of Birth

14. Present Nationality *(Citizenship)*

15. Nationality at Birth

16. Race, Ethnic, or Tribal Group

17. Religion

18. Check the box, a through c, that applies:
a. I have never been in Immigration Court proceedings.
b. I am now in Immigration Court proceedings.
c. I am not now in Immigration Court proceedings, but I have been in the past.

19. Complete 19 a through c.

a. When did you last leave your country? *(mm/dd/yyyy)*

b. What is your current I-94 Number, if any?

c. List each entry into the U.S. beginning with your most recent entry. *List date *(mm/dd/yyyy)*, place, and your status for each entry (Attach additional sheets as needed.)*

<table>
<thead>
<tr>
<th>Date</th>
<th>Place</th>
<th>Status</th>
<th>Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x3]</td>
<td>[x3]</td>
<td>[x3]</td>
<td></td>
</tr>
</tbody>
</table>
20. What country issued your last passport or travel document?

21. Passport Number
   Travel Document Number

22. Expiration Date (mm/dd/yyyy)

23. What is your native language (include dialect, if applicable)?

24. Are you fluent in English?
   Yes
   No

25. What other languages do you speak fluently?

23. What is your native language (include dialect)?
   [No change]

---

[Page 2]

Part A.II. Information About Your Spouse and Children

Your spouse I am not married. (Skip to Your Children below.)

1. Alien Registration Number (A-Number) (if any)
2. Passport/ID Card Number (if any)
3. Date of Birth (mm/dd/yyyy)
4. U.S. Social Security Number (if any)

5. Complete Last Name
6. First Name
7. Middle Name

8. Other names used (include maiden name and aliases)

9. Date of Marriage (mm/dd/yyyy)
10. Place of Marriage
11. City and Country of Birth
12. Nationality (Citizenship)
13. Race, Ethnic, or Tribal Group

14. Gender
   Male
   Female

15. Is this person in the U.S.?
   Yes (Complete Blocks 16 to 24.)
   No (Specify location): [Fillable field]

16. Place of last entry into the U.S.
17. Date of last entry into the U.S. (mm/dd/yyyy)
18. I-94 Number (if any)
19. Status when last admitted (Visa type, if any)
20. What is your spouse's current status?
21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Is your spouse in Immigration Court proceedings?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>23. If previously in the U.S., date of previous arrival (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>24. If in the U.S., is your spouse to be included in this application?</td>
<td>Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td><strong>Your Children.</strong> List all of your children, regardless of age, location, or marital status.</td>
<td></td>
</tr>
<tr>
<td>I do not have any children. (Skip to Part A.III., Information about your background.)</td>
<td></td>
</tr>
<tr>
<td>I have children.</td>
<td></td>
</tr>
<tr>
<td>Total number of children: [Fillable field]</td>
<td></td>
</tr>
<tr>
<td>(NOTE: Use Form I-589 Supplement A or attach additional sheets of paper and documentation if you have more than four children.)</td>
<td></td>
</tr>
<tr>
<td>1. Alien Registration Number (A-Number) (if any)</td>
<td></td>
</tr>
<tr>
<td>2. Passport/ID Card Number (if any)</td>
<td></td>
</tr>
<tr>
<td>3. Marital Status (Married, Single, Divorced, Widowed)</td>
<td></td>
</tr>
<tr>
<td>4. U.S. Social Security Number (if any)</td>
<td></td>
</tr>
<tr>
<td>5. Complete Last Name</td>
<td></td>
</tr>
<tr>
<td>6. First Name</td>
<td></td>
</tr>
<tr>
<td>7. Middle Name</td>
<td></td>
</tr>
<tr>
<td>8. Date of Birth (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>9. City and Country of Birth</td>
<td></td>
</tr>
<tr>
<td>10. Nationality (Citizenship)</td>
<td></td>
</tr>
<tr>
<td>11. Race, Ethnic, or Tribal Group</td>
<td></td>
</tr>
<tr>
<td>12. Gender</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>13. Is this child in the U.S.?</td>
<td>Yes (Complete Blocks 14 to 21.)</td>
</tr>
<tr>
<td></td>
<td>No (Specify location):</td>
</tr>
<tr>
<td>14. Place of last entry into the U.S.</td>
<td></td>
</tr>
<tr>
<td>15. Date of last entry into the U.S. (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>16. I-94 Number (If any)</td>
<td></td>
</tr>
<tr>
<td>17. Status when last admitted (Visa type, if any)</td>
<td></td>
</tr>
<tr>
<td>18. What is your child's current status?</td>
<td></td>
</tr>
<tr>
<td>19. What is the expiration date of his/her</td>
<td></td>
</tr>
</tbody>
</table>
1. Alien Registration Number (A-Number) *(if any)*
2. Passport/ID Card Number *(if any)*
3. Marital Status *(Married, Single, Divorced, Widowed)*
4. U.S. Social Security Number *(if any)*
5. Complete Last Name
6. First Name
7. Middle Name
8. Date of Birth *(mm/dd/yyyy)*
9. City and Country of Birth
10. Nationality *(Citizenship)*
11. Race, Ethnic, or Tribal Group
12. Gender
   Male
   Female
13. Is this child in the U.S.? *(Complete Blocks 14 to 21.)*
   Yes
   No *(Specify location):*
14. Place of last entry into the U.S.
   *(mm/dd/yyyy)*
15. Date of last entry into the U.S.
   *(mm/dd/yyyy)*
16. I-94 Number *(If any)*
17. Status when last admitted *(Visa type, if any)*
18. What is your child's current status?
19. What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*
20. Is your child in Immigration Court proceedings?
   Yes
   No
21. If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*
   Yes *(Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)*
   No
| 1. Alien Registration Number (A-Number) (if any) | 1. Alien Registration Number (A-Number) |
| 2. Passport/ID Card Number (if any) | 2. Passport/ID Card Number |
| 5. Complete Last Name | [No change] |
| 6. First Name | |
| 7. Middle Name | |
| 8. Date of Birth (mm/dd/yyyy) | |
| 9. City and Country of Birth | |
| 10. Nationality (Citizenship) | |
| 11. Race, Ethnic, or Tribal Group | |
| 12. Gender Male Female | |
| 13. Is this child in the U.S.? Yes (Complete Blocks 14 to 21.) No (Specify location): | |
| 14. Place of last entry into the U.S. | |
| 15. Date of last entry into the U.S. (mm/dd/yyyy) | |
| 16. I-94 Number (If any) | |
| 17. Status when last admitted (Visa type, if any) | |
| 18. What is your child's current status? | |
| 19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) | |
| 20. Is your child in Immigration Court proceedings? Yes No | |
| 21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) No | |

AILA Doc. No. 20073100. (Posted 8/7/20)
12. Gender
   Male
   Female

13. Is this child in the U.S.?
   Yes (Complete Blocks 14 to 21.)
   No (Specify location):

14. Place of last entry into the U.S.
15. Date of last entry into the U.S. (mm/dd/yyyy)

16. I-94 Number (If any)

17. Status when last admitted (Visa type, if any)

18. What is your child’s current status?

19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)

20. Is your child in Immigration Court proceedings?
   Yes
   No

21. If in the U.S., is this child to be included in this application? (Check the appropriate box.)
   Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)
   No

---

**Page 4, Information About Your Background**

**Part A.III. Information About Your Background**

1. List your last address where you lived before coming to the United States. If this is not the country where you fear persecution, also list the last address in the country where you fear persecution. *(List Address, City/Town, Department, Province, or State and Country.)*

   *(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)*

   *(Table with 6 columns and 3 rows, including these headings)*
   Number and Street *(Provide if available)*
   City/Town
   Department, Province, or State
   Country
   Dates  From *(Mo/Yr)*
   To *(Mo/Yr)*

2. Provide the following information about your residences during the past 5 years. List your present address first.

   ...
List All of Your Children, Regardless of Age or Marital Status (NOTE: Use this form and attach additional pages and documentation as needed, if you have more than four children)

1. Alien Registration Number (A-Number) (if any)
2. Passport/ID Card Number (if any)
3. Marital Status (Married, Single, Divorced, Widowed)
4. U.S. Social Security Number (if any)
5. Complete Last Name
6. First Name
7. Middle Name
8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth
10. Nationality (Citizenship)
11. Race, Ethnic, or Tribal Group
12. Gender
   Male
   Female
13. Is this child in the U.S.?
   Yes (Complete Blocks 14 to 21.)
   No (Specify location):
14. Place of last entry into the U.S.
15. Date of last entry into the U.S. (mm/dd/yyyy)
16. I-94 Number (If any)
17. Status when last admitted (Visa type, if any)
18. What is your child’s current status?
19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)
20. Is your child in Immigration Court proceedings?
   Yes
   No
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.)
   Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)
   No
2. Passport/ID Card Number
3. Marital Status *(Married, Single, Divorced, Widowed)*
4. U.S. Social Security Number *(if any)*
5. Complete Last Name
6. First Name
7. Middle Name
8. Date of Birth *(mm/dd/yyyy)*
9. City and Country of Birth
10. Nationality *(Citizenship)*
11. Race, Ethnic, or Tribal Group
12. Gender
   Male
   Female
13. Is this child in the U.S.?
   Yes *(Complete Blocks 14 to 21.)*
   No *(Specify location):*
14. Place of last entry into the U.S.
15. Date of last entry into the U.S. *(mm/dd/yyyy)*
16. I-94 Number *(if any)*
17. Status when last admitted *(Visa type, if any)*
18. What is your child’s current status?
19. What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*
20. Is your child in Immigration Court proceedings?
   Yes
   No
21. If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*
   Yes *(Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)*
   No

**Additional Information About Your Claim to Asylum**

A-Number *(if available)*
Date
Applicant’s Name
Applicant’s Signature

**NOTE:** Use this as a continuation page for any additional information requested. Copy and complete as needed.

Part [Fillable field]
<table>
<thead>
<tr>
<th>Question [Fillable field]</th>
<th>Question [Fillable field]</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Fillable field]</td>
<td>[Fillable field]</td>
</tr>
</tbody>
</table>