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

Current Page Number	Current Text	Proposed Text
and Section		-
Page 1,	[Page 1]	[Page 1]
Start Here	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.	START HERE – Type or print in black ink. See the instructions for information about eligibility and how to complete and file this application.
	NOTE: Check this box if you also want to apply for withholding of removal under the Conventional Against Torture.	NOTE: Check this box if you also want to apply for withholding of removal under the Conventional Against Torture.
	[New]	Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have?" or "How many times have you departed the United States?"), type or print "None" unless otherwise directed.
Page 1,	[Page 1]	[Page 1]
Part A.I. Information About You	Part A.I. Information About You	Part A.I. Information About You
	 Alien Registration Number(s) (A-Number) (<i>if any</i>) U.S. Social Security Number (<i>if any</i>) USCIS Online Account Number (<i>if any</i>) 	 Alien Registration Number(s) (A-Number) U.S. Social Security Number USCIS Online Account Number
	 Complete Last Name First Name Middle Name 	[No change]
	7. What other names have you used (<i>include maiden name and aliases</i>)?	

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. (<i>if different</i> <i>than the address in Item Number 8</i>) In Care Of (<i>if applicable</i>): Telephone Number Street Number and Name Apt. Number City State Zip Code	9. Mailing Address in the U.S. (<i>if different</i> <i>than the address in Item Number 8</i>) In Care Of: Telephone Number Street Number and Name Apt. Number City State Zip Code
10. Gender: Male Female	[No change]
11. Marital Status:SingleMarriedDivorcedWidowed	
 Date of Birth (<i>mm/dd/yyyy</i>) City and Country of Birth Present Nationality (<i>Citizenship</i>) Nationality at Birth Race, Ethnic, or Tribal Group 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? (<i>mm/dd/yyyy</i>)	
b. What is your current I-94 Number, if any?	
c. List each entry into the U.S. beginning with your most recent entry. <i>List date (mm/dd/yyyy), place, and your status for each entry (Attach additional sheets as needed.)</i>	
Date [x3] Place [x3] Status [x3] Date Status Expires	

	20. What country issued your last passport or travel document?	
	21. Passport Number Travel Document Number	
	22. Expiration Date (<i>mm/dd/yyyy</i>)	
	23. What is your native language (<i>include dialect, if applicable</i>)?	23. What is your native language (<i>include dialect</i>)?
	24. Are you fluent in English? Yes No	[No change]
	25. What other languages do you speak fluently?	
Page 2-3,	[Page 2]	[Page 2]
Part A.II. Information About Your Spouse and Children	Part A.II. Information About Your Spouse and Children	Part A.II. Information About Your Spouse and Children
	Your spouse I am not married. (Skip to Your Children below.)	Your spouse I am not married. (Skip to Your Children below.)
	 Alien Registration Number (A-Number) (<i>if any</i>) Passport/ID Card Number (<i>if any</i>) Date of Birth (<i>mm/dd/yyyy</i>) U.S. Social Security Number (<i>if any</i>) 	 Alien Registration Number (A-Number) (<i>if any</i>) Passport/ID Card Number (<i>if any</i>) Date of Birth (<i>mm/dd/yyyy</i>) U.S. Social Security Number (<i>if any</i>)
	 Complete Last Name First Name Middle Name 	[No change]
	8. Other names used (<i>include maiden name and aliases</i>)	
	 9. Date of Marriage (mm/dd/yyyy) 10. Place of Marriage 11. City and Country of Birth 12. Nationality (<i>Citizenship</i>) 13. Race, Ethnic, or Tribal Group 	
	14. Gender Male Female	
	15. Is this person in the U.S.? Yes (<i>Complete Blocks 16 to 24.</i>) No (<i>Specify location</i>): [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 (<i>if any</i>) 19. Status when last admitted (<i>Visa type, if any</i>) 20. What is your spouse's current status? 21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) 	 18. I-94 Number 19. Status when last admitted (<i>Visa type</i>) 20. What is your spouse's current status? 21. What is the expiration date of his/her authorized stay? (<i>mm/dd/yyyy</i>)

22. Is your spouse in Immigration Court proceedings? Yes No	[No change]
23. If previously in the U.S., date of previous arrival (<i>mm/dd/yyyy</i>)	
24. If in the U.S., is your spouse to be included in this application? (<i>Check the appropriate</i> <i>box.</i>) 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.) No	
Your Children. List all of your children, regardless of age, location, or marital status. I do not have any children. <i>(Skip to Part A.III.,</i> <i>Information about your background.)</i> I have children. Total number of children: [Fillable field]	
(NOTE: Use Form I-589 Supplement A or attach additional sheets of paper and documentation if you have more than four children.)	
 Alien Registration Number (A-Number) (<i>if any</i>) Passport/ID Card Number (<i>if any</i>) Marital Status (<i>Married, Single, Divorced, Widowed</i>) U.S. Social Security Number (<i>if any</i>) 	 Alien Registration Number (A-Number) Passport/ID Card Number) Marital Status (<i>Married, Single, Divorced, Widowed</i>) U.S. Social Security Number
 Complete Last Name First Name Middle Name 	[No change]
 8. Date of Birth (mm/dd/yyyy) 9. City and Country of Birth 10. Nationality (<i>Citizenship</i>) 11. Race, Ethnic, or Tribal Group 	
12. Gender Male Female	
13. Is this child in the U.S.? Yes (<i>Complete Blocks 14 to 21.</i>) No (<i>Specify location</i>):	
 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 (<i>If any</i>) 17. Status when last admitted (<i>Visa type, if any</i>) 18. What is your child's current status? 19. What is the expiration date of his/her 	 16. I-94 Number (<i>If any</i>) 17. Status when last admitted (<i>Visa type</i>) 18. What is your child's current status? 19. What is the expiration date of his/her

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

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1. Alien Registration Number (A-Number) (<i>if</i>	1. Alien Registration Number (A-Number)
 any) 2. Passport/ID Card Number (<i>if any</i>) 3. Marital Status (<i>Married, Single, Divorced, Widowed</i>) 4. U.S. Social Security Number (<i>if any</i>) 	 2. Passport/ID Card Number 3. Marital Status (<i>Married, Single, Divorced, Widowed</i>) 4. U.S. Social Security Number
5. Complete Last Name6. First Name7. Middle Name	[No change]
 8. Date of Birth (mm/dd/yyyy) 9. City and Country of Birth 10. Nationality (<i>Citizenship</i>) 11. Race, Ethnic, or Tribal Group 	
12. Gender Male Female	
13. Is this child in the U.S.? Yes (<i>Complete Blocks 14 to 21.</i>) No (<i>Specify location</i>):	
 14. Place of last entry into the U.S. 15. Date of last entry into the U.S. (<i>mm/dd/yyyy</i>) 16. I-94 Number (<i>If any</i>) 17. Status when last admitted (<i>Visa type, if any</i>) 18. What is your child's current status? 19. What is the expiration date of his/her authorized stay, if any? (<i>mm/dd/yyyy</i>) 	 16. I-94 Number 17. Status when last admitted (<i>Visa type</i>) 18. What is your child's current status? 19. What is the expiration date of his/her authorized stay? (<i>mm/dd/yyyy</i>)
20. Is your child in Immigration Court proceedings? Yes No	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? (<i>Check the appropriate box.</i>) Yes (<i>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.</i>) No	21. If in the U.S., is this child to be included in this application? (<i>Check the appropriate box.</i>) Yes (<i>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.</i>) No
 Alien Registration Number (A-Number) (<i>if any</i>) Passport/ID Card Number (<i>if any</i>) Marital Status (<i>Married, Single, Divorced, Widowed</i>) U.S. Social Security Number (<i>if any</i>) 	 Alien Registration Number (A-Number) Passport/ID Card Number Marital Status (Married, Single, Divorced, Widowed) U.S. Social Security Number
 Complete Last Name First Name Middle Name 	[No change]
 8. Date of Birth (mm/dd/yyyy) 9. City and Country of Birth 10. Nationality (<i>Citizenship</i>) 11. Race, Ethnic, or Tribal Group 	

1		
	 12. Gender Male Female 13. Is this child in the U.S.? Yes (<i>Complete Blocks 14 to 21.</i>) No (<i>Specify location</i>): 14. Place of last entry into the U.S. 15. Date of last entry into the U.S. (<i>mm/dd/yyyy</i>) 16. I-94 Number (<i>If any</i>) 17. Status when last admitted (<i>Visa type, if any</i>) 18. What is your child's current status? 19. What is the expiration date of his/her authorized stay, if any? (<i>mm/dd/yyyy</i>) 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? (<i>Check the appropriate box.</i>) Yes (<i>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.</i>) No 	 16. I-94 Number 17. Status when last admitted (<i>Visa type</i>) 18. What is your child's current status? 19. What is the expiration date of his/her authorized stay? (<i>mm/dd/yyyy</i>) 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? (<i>Check the appropriate box.</i>) Yes (<i>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.</i>)
		No
Page 4, Information About Your	[Page 4] Part A.III. Information About Your	[Page 4] Part A.III. Information About Your
Background	Background	
Background	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.)	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. (<i>List Address, City/Town, Department, Province, or State and Country.</i>)
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. (<i>List Address, City/Town</i> ,	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. <i>(List Address, City/Town,</i>
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. (<i>List Address, City/Town, Department, Province, or State and Country.</i>) (NOTE: Use Form I-589 Supplement B, or 	 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. (<i>List Address, City/Town, Department, Province, or State and Country.</i>) (NOTE: Use Form I-589 Supplement B, or
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. (<i>List Address, City/Town, Department, Province, or State and Country.</i>) (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 (<i>Provide if available</i>) City/Town Department, Province, or State Country Dates From (<i>Mo/Yr</i>) 	 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. (<i>List Address, City/Town, Department, Province, or State and Country.</i>) (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 City/Town Department, Province, or State Country Dates From (Mo/Yr)

Page 11,	[Page 11]	[Page 11]
Supplement A, Form I- 589	Supplement A, Form I-589	Supplement A, Form I-589
	A-Number (If available)	A-Number
	Date	Date
	Applicant's Name Applicant's Signature	Applicant's Name Applicant's Signature
	Appread of organization	ipprovide 5 organization
	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)	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) (<i>if any</i>)	1. Alien Registration Number (A-Number)
	 2. Passport/ID Card Number (<i>if any</i>) 3. Marital Status (<i>Married, Single, Divorced, Widowed</i>) 4. U.S. Social Security Number (<i>if any</i>) 	 Passport/ID Card Number Marital Status (<i>Married, Single, Divorced, Widowed</i>) U.S. Social Security Number
	 Complete Last Name First Name Middle Name 	[No change]
	 8. Date of Birth (mm/dd/yyyy) 9. City and Country of Birth 10. Nationality (<i>Citizenship</i>) 11. Race, Ethnic, or Tribal Group 	
	12. Gender Male Female	
	13. Is this child in the U.S.? Yes (<i>Complete Blocks 14 to 21.</i>) No (<i>Specify location</i>):	
	14. Place of last entry into the U.S.15. Date of last entry into the U.S. (<i>mm/dd/yyyy</i>)	
	 16. I-94 Number (<i>If any</i>) 17. Status when last admitted (<i>Visa type, if any</i>) 18. What is your child's current status? 19. What is the expiration date of his/her authorized stay, if any? (<i>mm/dd/yyyy</i>) 	 16. I-94 Number 17. Status when last admitted (<i>Visa type</i>) 18. What is your child's current status? 19. What is the expiration date of his/her authorized stay? (<i>mm/dd/yyyy</i>)
	20. Is your child in Immigration Court proceedings? Yes No	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? (<i>Check the appropriate box.</i>) Yes (<i>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.</i>) No	21. If in the U.S., is this child to be included in this application? (<i>Check the appropriate box.</i>) Yes (<i>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.</i>) No
	1. Alien Registration Number (A-Number) (<i>if</i>	1. Alien Registration Number (A-Number)

	 any) 2. Passport/ID Card Number (<i>if any</i>) 3. Marital Status (<i>Married, Single, Divorced, Widowed</i>) 4. U.S. Social Security Number (<i>if any</i>) 	 Passport/ID Card Number Marital Status (Married, Single, Divorced, Widowed) U.S. Social Security Number
	 Complete Last Name First Name Middle Name 	[No change]
	 B. Date of Birth (mm/dd/yyyy) 9. City and Country of Birth 10. Nationality (<i>Citizenship</i>) 11. Race, Ethnic, or Tribal Group 	
	12. Gender Male Female	
	13. Is this child in the U.S.? Yes (<i>Complete Blocks 14 to 21.</i>) No (<i>Specify location</i>):	
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Page 12,	[Page 12]	[Page 12]
Supplement B, Form I- 589	Supplement B, Form I-589	Supplement B, Form I-589
	Additional Information About Your Claim to Asylum	Additional Information About Your Claim to Asylum
	A-Number (if available) Date Applicant's Name	A-Number Date Applicant's Name
	Applicant's Signature	Applicant's Signature
	NOTE: Use this as a continuation page for any additional information requested. Copy and complete as needed.	NOTE: Use this as a continuation page for any additional information requested. Copy and complete as needed.
	Part [Fillable field]	Part [Fillable field]

Question [Fillable field]	Question [Fillable field]
[Fillable field]	[Fillable field]