TABLE OF CHANGES – FORM

Form I-191, Application for Relief Under Former Section 212(c) of the Immigration and Nationality Act (INA) OMB Number: 1615-0016 09/15/2020

Reason for Revision: Comprehensive revision with standard language updates including formatting, plain

language, and consistency edits.

Project Phase: 30 Day

Legend for Proposed Text:

• Black font = Current text

• Red font = Changes

Expires 02/28/2021 Edition Date 12/02/2019

Current Page Number and Section	Current Text	Proposed Text
Page 1, For USCIS Use Only	[Page 1]	[Page 1]
Omy	For USCIS Use Only	For USCIS Use Only
	Date	Date
	Fee Stamp	Fee Stamp
	Action Block	Action Block
	Received	Received
	Completed	Completed
	Retd/Trans out	Retd/Trans out
	Trans in	Trans in
Page 1, To be completed	[Page 1]	[Page 1]
by an attorney or	T- 1	To be considered by an Address of the
accredited	To be completed by an attorney or	To be completed by an Attorney or
representative (if any).	accredited representative (if any).	Accredited Representative.
	Select this box if Form G-28 is attached.	Select this box if Form G-28 is attached.
	Attorney State Bar Number (if applicable)	Attorney State Bar Number
	Attorney or Accredited Representative	Attorney or Accredited Representative
	USCIS Online Account Number (if any)	USCIS Online Account Number
Page 1-3, Part 1.	[Page 1]	[Page 1]
Information About You	START HERE- Type or print in black ink.	START HERE- Type or print in black ink. 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

Part 1. Information About You

I am applying for permission to return to the United States under the authority contained in former section 212(c) of the Immigration and Nationality Act (INA).

1. Your Full Name (do **not** provide a nickname) Family Name (Last Name) Given Name (First Name) Middle Name

2. Other Names Used

List all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

Family Name (Last Name) Given Name (First Name) Middle Name

[Page 2]

Country

8. Mailing Address
In Care Of Name (if any)
Street Number and Name
Apt./Ste./Flr.
Number
City or Town
State
ZIP Code
Province
Postal Code

9. Physical Address Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province

Postal Code

States?"), type or print "None" unless otherwise directed.

Part 1. Information About You

The individual applying for relief under former Immigration and Nationality Act (INA) section 212(c) completes this section.

1. Your Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name

2. Other Names Used

Provide any other names you have used at any time since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in Part 12. Additional Information.

Family Name (Last Name) [x2] Given Name (First Name)[x2] Middle Name [x2]

3. Current Mailing Address In Care Of Name

Street Number and Name Apt./Ste./Flr. Number City or Town State

ZIP Code Province Postal Code Country

4. Is your current mailing address the same as your physical address?

Yes No

NOTE: If you answered "No" to **Item Number 4.**, provide your physical address below.

[Page 2]

5. Current Physical Address (if different from the address above)

Street Number and Name

Apt./Ste./Flr. Number City or Town State ZIP Code

Province

Country

[Page 1]

- 3. Date of Birth (mm/dd/yyyy)
- **4.** Alien Registration Number (A-Number) (if any)
- **5.** USCIS Online Account Number (if any)
- 7. Country of Citizenship or Nationality
- 6. Place of Birth

City/Town/Village of Birth State/Province of Birth Country of Birth

[Page 2]

- **10.** Information About When and How You Became a Lawful Permanent Resident (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 Means of Transportation

Adjustment of Status While in the United States USCIS Office

Postal Code Country

Other Information

- 6. Date of Birth (mm/dd/yyyy)
- 7. Alien Registration Number (A-Number)
- 8. USCIS Online Account Number
- 9. Your Country of Citizenship or Nationality List the country where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 12. Additional Information.
- 10. Place of Birth

List the city/town/village, state/ province, and country where you were born.

City/Town/Village of Birth State/Province of Birth Country of Birth

- 11. Information About Your Lawful Permanent Resident (LPR) Status
- **A.** Date You Obtained Your LPR Status (mm/dd/yyyy)
- **B.** How You Obtained Your LPR Status (select only one box)

Admission with an Immigrant Visa at a Port of Entry (Complete **Item Number 12.**)

Adjustment of Status Granted by USCIS While in the United States (Complete **Item Number 13.**)

Adjustment of Status Granted by Immigration Judge or Board of Immigration Appeals While Inside the United States (Complete **Item Number 14.**)

12. If you selected "Admission with an Immigrant Visa at a Port of Entry," provide the information requested below.

Port-of-Entry City or Town Port-of-Entry State Means of Transportation

- 13. If you selected "Adjustment of Status Granted by USCIS While in the United States," provide the USCIS Office location that granted your adjustment of status application below. USCIS Office Location
- **14.** If you selected "Adjustment of Status by Immigration Judge or Board of Immigration Appeals While inside the United States"
- **11.** Passport Number Used at Last Entry
- **12.** Travel Document Number Used at Last Entry
- **13.** Country of Issuance for Passport or Travel Document
- 14. Expiration Date of This Passport or Travel

Document (mm/dd/yyyy)

[Page 3]

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 [Table with

three columns/three rows]

Place or Port-of-Departure

Date of Departure (mm/dd/yyyy)

Means of Transportation

Returned To The United States [Table with

three columns/three rows]

Place or Port-of-Entry

Date of Entry (mm/dd/yyyy)

Means of Transportation

Purpose of Trips [Fillable field]

provide the date your status was granted and the location of the Immigration Judge below.

Date Adjustment of Status was Granted
Location of Immigration Judge

Information About Your Last Arrival in the United States

- **15.** Passport or Travel Document Number
- **16.** Country That Issued Your Passport or Travel Document
- **17.** Expiration Date for Your Passport or Travel Document (mm/dd/yyyy)
- **18.** Date of Your Last Arrival into United States, On or About (mm/dd/yyyy)

[Page 3]

Information About Your Travels From and To the United States

Provide the information requested below about your travels from and to the United States since you were admitted as, or adjusted your status to, an LPR. If you need extra space to complete this section, use the space provided in **Part 12.** Additional Information.

19. Trip 1

City of Departure

State of Departure

Date of Departure (mm/dd/yyyy)

Means of Transportation for Departure

City of Arrival

State of Arrival

Date of Arrival (mm/dd/yyyy)

Means of Transportation for Arrival

Purpose of Trip

Is this information approximate?

Yes

No

20. Trip 2

City of Departure

State of Departure

Date of Departure (mm/dd/yyyy)

Means of Transportation for Departure

City of Arrival

State of Arrival

Date of Arrival (mm/dd/yyyy)

Means of Transportation for Arrival

Purpose of Trip

Is this information approximate?

Yes

No

21. Trip 3

Page 4-5, Part 3. Information About Your Criminal Convictions	[Page 4] Part 3. Information About Your Criminal Convictions	[Page 4] Part 3. Information About Your Criminal Convictions
	Unknown/Other	Unknown/Other
	White	White
	Red Sandy	Red Sandy
	Gray	Gray
	Brown	Brown
	Blond	Blond
	Black	Black
	6. Hair Color (Select only one box) Bald (No hair)	6. Hair Color (Select only one box) Bald (No hair)
	Unknown/Other	Unknown/Other
	Maroon Pink	Maroon Pink
	Hazel	Hazel
	Green	Green
	Gray	Gray
	Blue Brown	Blue Brown
	Black	Black
	5. Eye Color (Select only one box)	5. Eye Color (Select only one box)
	4. Weight Pounds	4. Weight Pounds
	Feet Inches	Feet Inches
	3. Height	3. Height
	Native Hawaiian or Other Pacific Islander	White
	Black or African American American Indian or Alaska Native	Black or African American Native Hawaiian or Other Pacific Islander
	Asian	Asian
	2. Race (Select all applicable boxes) White	2. Race (Select all applicable boxes) American Indian or Alaska Native
	Hispanic or Latino Not Hispanic or Latino	Hispanic or Latino Not Hispanic or Latino
	1. Ethnicity (Select only one box)	1. Ethnicity (Select only one box)
Biographic Information	Part 2. Biographic Information	Part 2. Biographic Information
Page 4, Part 2.	[Page 4]	[Page 4]
		No
		Yes
		Is this information approximate?
		Means of Transportation for Arrival Purpose of Trip
		Date of Arrival (mm/dd/yyyy) Means of Transportation for Arrival
		State of Arrival
		City of Arrival
		Means of Transportation for Departure
		State of Departure Date of Departure (mm/dd/yyyy)
		City of Departure

The information you provide below relates to the criminal convictions for which you are seeking relief under former section 212(c) of the Immigration and Nationality Act. The information requested below relates to your criminal convictions for which you are seeking relief under former INA section 212(c).

1. Criminal Conviction 1

- **A.** Date (mm/dd/yyyy)
- B. Name of CourtC. Location of CourtTown or CityState
- 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.) [Fillable field]
- **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.)
 [Fillable field]
- **H.** Sentence, Probation, or Other Punishment Imposed

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- 2. Criminal 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 After Trial

1. Conviction 1

- A. Date (mm/dd/yyyy)
- B. Name of Court[Deleted]C. City or Town of CourtState of Court
- **D.** Court Case Number
- E. Conviction Entered After Trial Based on Guilty or No Contest Plea

If you selected "Based on Guilty or No Contest Plea," provide the date the plea was entered (mm/dd/yyyy).

F. Specific Offense as Stated in the Judgment of Conviction
[Fillable field]

NOTE: If the conviction is related to more than one offense, provide the name of each specific offense.

G. Citation to Federal, State, or Local Law, as Stated in the Judgment of Conviction [Fillable field]

NOTE: If the conviction is related to more than one citation, provide each separate citation.

H. Sentence, Probation, or Other Punishment Imposed

Imprisonment Served From (mm/dd/yyyy) Imprisonment Served To (mm/dd/yyyy)

2. Conviction 2

- **A.** Date (mm/dd/yyyy)
- B. Name of Court[Deleted]C. City or Town of CourtState of Court
- 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)

provide the name of each specific offense.)

F. Specific Offense as Stated in the Conviction Judgment (If there is more than one 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. Criminal Conviction 3

A. Date (mm/dd/yyyy)

B. Name of CourtC. Location of CourtTown or CityState

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.)

Based on Guilty or No Contest Plea

If you selected "Based on Guilty or No Contest Plea," provide the date the plea was entered (mm/dd/yyyy).

[Page 5]

F. Specific Offense as Stated in the Judgment of Conviction
[Fillable field]

NOTE: If the conviction is related to more than one offense, provide the name of each specific offense.

G. Citation to Federal, State, or Local Law, as Stated in the Judgment of Conviction [Fillable field]

NOTE: If the conviction is related to more than one citation, provide each separate citation.

H. Sentence, Probation, or Other Punishment Imposed

Imprisonment Served From (mm/dd/yyyy) Imprisonment Served To (mm/dd/yyyy)

3. Conviction 3

A. Date (mm/dd/yyyy)

B. Name of Court[Deleted]C. City or Town of CourtState of Court

D. Court Case Number

E. Conviction Entered After Trial Based on Guilty or No Contest Plea

If you selected "Based on Guilty or No Contest Plea," provide the date the plea was entered (mm/dd/yyyy).

F. Specific Offense as Stated in the Judgment of Conviction
[Fillable field]

NOTE: If the conviction is related to more than one offense, provide the name of each specific offense.

G. Citation to Federal, State, or Local Law, as Stated in the Judgment of Conviction [Fillable field]

NOTE: If the conviction is related to more

than one citation, provide each separate citation. H. Sentence, Probation, or Other Punishment **H.** Sentence, Probation, or Other Punishment **Imposed Imposed** Imprisonment Served From (mm/dd/yyyy) Imprisonment Served To (mm/dd/yyyy) **NOTE:** If you were convicted more than three **NOTE:** If you have more than three times, include the information for each convictions (including conviction after trial, additional conviction in Part 12. Additional guilty pleas, and no contest pleas), use the space provided in Part 12. Additional Information Information. to provide the requested information about each additional conviction. [Page 6] [Page 5] Page 6-7, Part 4. **Information About Your** Part 4. Information About Your Residence Part 4. Information About Your Residences Residence Provide the following information about where Provide the following information about where you have lived during the last seven years. you have lived during the last seven years. List your most recent residence first and then every residence where you have lived during the last List your most recent residence first and then every other residence where you have lived seven years. You should not have any gaps in during the last seven years. There should be no time. If you need extra space to complete this section, use the space provided in Part 12. gaps in time. If you need extra space to complete this section, use the space provided in Additional Information. Part 12. Additional Information. 1. Physical Address 1 1. Physical Address 1 In Care Of Name (if any) [Deleted] Street Number and Name Street Number and Name Apt./Ste./Flr. Apt./Ste./Flr. Number Number City or Town City or Town State State ZIP Code ZIP Code Province Province Postal Code Postal Code Country Country Date of Residence [Deleted] From (mm/dd/yyyy) Resided From (mm/dd/yyyy) Resided To (mm/dd/yyyy) To (mm/dd/yyyy) [Page 6] 2. Physical Address 2 2. Physical Address 2 In Care Of Name (if any) [Deleted] Street Number and Name Street Number and Name Apt./Ste./Flr. Apt./Ste./Flr. Number

In Care Of Name (if any)
Street Number and Name
Apt./Ste./Flr.
Number
City or Town
State
ZIP Code
Province
Postal Code
Country

Date of Residence From (mm/dd/yyyy) Number
City or Town
State
ZIP Code
Province
Postal Code

[Deleted]

Country

Resided From (mm/dd/yyyy)

	To (mm/dd/yyyy)	Resided To (mm/dd/yyyy)
	3. Physical Address 3 In Care Of Name (if any)	3. Physical Address 3 [Deleted]
	Street Number and Name	Street Number and Name
	Apt./Ste./Flr.	Apt./Ste./Flr.
	Number	Number
	City or Town	City or Town
	State ZIP Code	State ZIP Code
	Province	Province
	Postal Code	Postal Code
	Country	Country
	Date of Residence	[Deleted]
	From (mm/dd/yyyy)	Resided From (mm/dd/yyyy)
	To (mm/dd/yyyy)	Resided To (mm/dd/yyyy)
	4. Physical Address 4	4. Physical Address 4
	In Care Of Name (if any)	[Deleted]
	Street Number and Name	Street Number and Name
	Apt./Ste./Flr.	Apt./Ste./Flr.
	Number	Number City or Town
	City or Town State	State
	ZIP Code	ZIP Code
	Province	Province
	Postal Code	Postal Code
	Country	Country
	Date of Residence	[Deleted]
	From (mm/dd/yyyy)	Resided From (mm/dd/yyyy)
	To (mm/dd/yyyy)	Resided To (mm/dd/yyyy)
	[Page 7]	
	5. Physical Address 5	[Deleted]
	In Care Of Name (if any)	
	Street Number and Name	
	Apt./Ste./Flr.	
	Number City or Town	
	State	
	ZIP Code	
	Province	
	Postal Code	
	Country	
	Date of Residence	
	From (mm/dd/yyyy)	
	To (mm/dd/yyyy)	
Page 7-8, Part 5.	[Page 7]	[Page 6]
Information About Your Employment	Part 5. Information About Your Employment	Part 5. Information About Your Employment
	Provide the following information about your	Provide the following information about where
	employment.	you have worked full-time or part-time during
		the last seven years. List your most recent

List where you have worked full-time or parttime during the last seven years. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**. employer first and then list every other employer where you worked at any time during the last seven years. If you were unemployed, type or print "Unemployed" in the "Name of Employer" field and provide applicable information. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

1. Employer 1

Name of Employer 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

2. Employer 2

Name of Employer 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

[Page 8]

3. Employer 3Name of Employer
Street Number and Name

Apt./Ste./Flr. Number City or Town

City or Town State ZIP Code Province Postal Code Country

1. Employer 1

Name of Employer Street Number and Name Apt./Ste./Flr.

Number City or Town State ZIP Code Province Postal Code Country

[Deleted]

Employed From (mm/dd/yyyy)
Employed To (mm/dd/yyyy)

[Page 7]

Your Occupation

2. Employer 2

Name of Employer Street Number and Name

Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country

[Deleted]

Employed From (mm/dd/yyyy) Employed To (mm/dd/yyyy)

Your Occupation

3. Employer 3

Name of Employer Street Number and Name

Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country

	I	
	Date From (mm/dd/yyyy) To (mm/dd/yyyy) Vour Occupation	[Deleted] Employed From (mm/dd/yyyy) Employed To (mm/dd/yyyy)
	Your Occupation	4. Employer 4 Name of Employer Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country Employed From (mm/dd/yyyy) Employed To (mm/dd/yyyy)
		Your Occupation
Page 8-11, Part 6.	[Page 8]	[Page 7]
Information About Your Family	Part 6. Information About Your Family	Part 6. Information About Your Family
	Provide the following information about your family (for example, spouse, children, and parents). If you need extra space to complete this section, use the space provided in Part 12. Additional Information.	Provide the following information about your spouse, all children, and your parents. If you need extra space to complete this section, use the space provided in Part 12. Additional Information.
	A. Information About Your Spouse	[Deleted]
	Spouse's Current Legal Name Family Name (Last Name) Given Name (First Name) Middle Name	1. Spouse's Current Legal Name Family Name (Last Name) Given Name (First Name) Middle Name
		 Spouse's Other Information 2. A-Number 3. USCIS Online Account Number 4. Spouse's Gender Male Female
	Spouse's Country of Birth Spouse's Date of Birth (mm/dd/yyyy) Spouse's Country of Citizenship or Nationality	5. Date of Birth (mm/dd/yyyy) [Page 8]
	Spouse's Physical Address Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code	 6. Country of Birth 7. Country of Citizenship or Nationality 8. Spouse's Physical Address Same as applicant's Street Number and Name Apt./Ste./Flr.
	Province Postal Code	Number City or Town

Country State ZIP Code Province Postal Code Country [Page 9] **B.** Information About Your Children [Deleted] Provide the following information about all of your children. Child 1 Current Legal Name 9. Current Legal Name of Child 1 Family Name (Last Name) Family Name (Last Name) Given Name (First Name) Given Name (First Name) Middle Name Middle Name Other Information for Child 1 10. A-Number 11. USCIS Online Account Number Country of Birth 12. Child's Gender Date of Birth (mm/dd/yyyy) Male Country of Citizenship or Nationality Female Current Address 13. Date of Birth (mm/dd/yyyy) Street Number and Name **14.** Country of Birth Apt./Ste./Flr. **15.** Country of Citizenship or Nationality Number City or Town 16. Physical Address of Child 1 State [] Same as applicant's ZIP Code Street Number and Name Apt./Ste./Flr. Province Number Postal Code City or Town Country State ZIP Code Province Postal Code Country Child 2 Current Legal Name 17. Current Legal Name of Child 2 Family Name (Last Name) Given Name (First Name) Family Name (Last Name) Middle Name Given Name (First Name) Middle Name Other Information for Child 2 18. A-Number Country of Birth 19. USCIS Online Account Number Date of Birth (mm/dd/yyyy) 20. Child's Gender Country of Citizenship or Nationality Male Female Current Address

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

24. Physical Address of Child 2

23. Country of Citizenship or Nationality

22. Country of Birth

Street Number and Name

Apt./Ste./Flr.

City or Town

Number

State

ZIP Code [] Same as applicant's Province Street Number and Name Postal Code Apt./Ste./Flr. Country Number City or Town State ZIP Code Province Postal Code Country [Page 10] [Page 9] Child 3 25. Current Legal Name of Child 3 Current Legal Name Family Name (Last Name) Family Name (Last Name) Given Name (First Name) Given Name (First Name) Middle Name Middle Name Other Information for Child 3 **26.** A-Number 27. USCIS Online Account Number Country of Birth 28. Child's Gender Date of Birth (mm/dd/yyyy) Male Country of Citizenship or Nationality Female Current Address 29. Date of Birth (mm/dd/yyyy) Street Number and Name **30.** Country of Birth Apt./Ste./Flr. **31.** Country of Citizenship or Nationality Number City or Town **32.** Physical Address of Child 3 [] Same as applicant's State ZIP Code Street Number and Name Province Apt./Ste./Flr. Number Postal Code City or Town Country State ZIP Code Province Postal Code Country Child 4 33. Current Legal Name of Child 4 Current Legal Name Family Name (Last Name) Family Name (Last Name) Given Name (First Name) Given Name (First Name) Middle Name Middle Name Other Information for Child 4 **34.** A-Number 35. USCIS Online Account Number Country of Birth **36.** Child's Gender Date of Birth (mm/dd/yyyy) Male Country of Citizenship or Nationality Female Current Address **37.** Date of Birth (mm/dd/yyyy) Street Number and Name **38.** Country of Birth

Apt./Ste./Flr.
Number
City or Town

39. Country of Citizenship or Nationality

40. Physical Address of Child 4

State [] Same as applicant's ZIP Code Street Number and Name Province Apt./Ste./Flr. Postal Code Number City or Town Country State ZIP Code [Page 11] Province Postal Code Country C. Information About Your Parents **Information About Your Parents 41.** Current Legal Name of Parent 1 Parent 1 Parent 1's Current Legal Name Family Name (Last Name) Given Name (First Name) Family Name (Last Name) Given Name (First Name) Middle Name Middle Name Other Information for Parent 1 **42.** A-Number 43. USCIS Online Account Number 44. Gender Sex Male Male Female Female **45.** Date of Birth (mm/dd/yyyy) Parent 1's Date of Birth (mm/dd/yyyy) 46. Country of Birth Parent 1's Country of Birth [Page 10] Parent 1's Country of Citizenship or Nationality 47. Country of Citizenship or Nationality Parent 1's Physical Address 48. Physical Address of Parent 1 Street Number and Name [] Same as applicant's Apt./Ste./Flr. Street Number and Name Number Apt./Ste./Flr. City or Town Number State City or Town ZIP Code State ZIP Code Province Postal Code Province Country Postal Code Country Parent 2 Parent 2's Current Legal Name **49.** Current Legal Name of Parent 2 Family Name (Last Name) Given Name (First Name) Family Name (Last Name) Middle Name Given Name (First Name) Middle Name Other Information for Parent 2 **50.** A-Number 51. USCIS Online Account Number Sex Male **52.** Gender

Male

Female

Parent 2's Date of Birth (mm/dd/yyyy)

Parent 2's Country of Birth

Parent 2's Country of Citizenship or Nationality

Parent 2's Physical Address Street Number and Name Apt./Ste./Flr.

Number

City or Town

State

ZIP Code Province

Postal Code

Country

Female

- **53.** Date of Birth (mm/dd/yyyy)
- **54.** Country of Birth
- 55. Country of Citizenship or Nationality

56. Physical Address of Parent 2 Same as applicant's

Street Number and Name

Apt./Ste./Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Page 12, Part 7. Other Grounds for Removal

[Page 12]

Part 7. Other Grounds for Removal

If you need extra space to complete your statement, use the space provided in **Part 12. Additional Information** or attach a separate letter.

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 courtcertified copy of the complete arrest record and/or disposition for each incident (for example, a dismissal order or an acquittal

[Page 10]

Part 7. Other Grounds for Removal

NOTE: If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

1. Provide an explanation in the space provided why you may be subject to removal on any grounds besides the criminal convictions listed in Part 3. Information About Your Criminal Convictions. The other grounds of removal may include any inadmissibility grounds in INA section 212(a) or any deportability grounds in INA section 237(a).

[Fillable field]

[Page 11]

2. In addition to the criminal convictions listed in **Part 3.**, list and provide a full explanation of any other time you committed, or were accused of committing, a criminal offense inside or outside of the United States, as well as any other time you were arrested, cited, detained, charged, investigated, received deferred adjudication of guilt, withholding of adjudication of guilt, or pretrial diversion, or plead guilty to or were convicted of a criminal offense inside or outside of the United States.

NOTE: If you were ever arrested, detained, or investigated 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

	order). [Fillable field]	were ever arrested, detained, or investigated 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). [Fillable field]
		[i made nea]
Page 12, Part 8.	[Page 12]	[Page 11]
Discretion	Part 8. Discretion	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.	1. In the space provided below, explain why U.S. Citizenship and Immigration Services (USCIS) or the immigration judge should approve your Form I-191 as a matter of discretion, with the favorable factors outweighing the unfavorable factors in your case. For more information on discretion, see the Form I-191 Instructions. If you need extra space to complete your statement, use the space provided in Part 12. Additional Information. NOTE: You may provide your explanation on a separate sheet of paper. If you use a separate sheet, select the box below and include that sheet with your Form I-191. You must submit your explanation at the same time as your Form I-191. [Fillable field] 2. [] I provided my explanation on a separate sheet and included that sheet with this Form I-191.
Page 13, Part 9.	[Page 13]	[Page 12]
Applicant's Statement, Contact Information, Certification, and	Part 9. Applicant's Statement, Contact Information, Certification, and Signature	Part 9. Applicant's Statement, Contact Information, Certification, and Signature
Signature	NOTE: Read the Penalties section of the Form I-191 Instructions before completing this part.	NOTE: Read the Penalties section of the Form I-191 Instructions before completing this section.
	Applicant's Statement NOTE: Select the box for either Item A. or B.	Applicant's Statement NOTE: Select the box for either Item Number A. or B. in Item Number 1. If applicable,
	in Item Number 1. If applicable, select the box for Item Number 2.	select the box for Item Number 2 .
	1. Applicant's Statement Regarding the Interpreter	1. Applicant's Statement Regarding the Interpreter
	A. I can read and understand English, and I have read and understand every question and	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.

- **B.** The interpreter named in **Part 10.** read to me every question and instruction on this application and my answer to every question, in [Fillable field], 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.**, [Fillable field], prepared this application for me based only upon information I provided or authorized.

Applicant'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

instruction on this application and my answer to every question.

- **B.** The interpreter named in **Part 10.** read to me every question and instruction on this application and my answer to every question in [Fillable Field], 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.**, [Fillable field], prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- **3.** Applicant's Daytime Telephone Number
- **4.** Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address

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 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 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 law.

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. information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant'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.

Applicant'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 the immigration judge may deny your application.

Page 14, Part 10. Interpreter's Contact Information, Certification, and Signature

[Page 14]

Part 10. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter'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)

Interpreter's Mailing Address

3. Street Number and Name

Apt./Ste./Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

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, under penalty of perjury, that:

I am fluent in English and [Fillable field], which is the same language specified in **Part 9.**, **Item B.**, in **Item Number 1.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The

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Part 10. Interpreter's Contact Information, Certification, and Signature

If you used an interpreter (as indicated in Part 9. **Item B.** in **Item Number 1**.), you must provide the following information about the interpreter. The interpreter must sign the Interpreter's Certification below.

Interpreter'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)

Interpreter's Mailing Address

3. Street Number and Name

Apt./Ste./Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

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, under penalty of perjury, that:

I am fluent in English and [Fillable Field], which is the same language specified in **Part 9.**, **Item B.**, in **Item Number 1.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she

understands every instruction, question, and answer on the application, including the answer on the application, including the Applicant's Certification, and has verified the Applicant's Certification, and has verified the accuracy of every answer. accuracy of every answer. Interpreter's Signature Interpreter's Signature 7. Interpreter's Signature 7. Interpreter's Signature Date of Signature (mm/dd/yyyy) Date of Signature (mm/dd/yyyy) Page 15, Part 11. [Page 15] [Page 13] **Contact Information,** Part 11. Contact Information, Declaration, Part 11. Contact Information, Declaration, Declaration, and and Signature of the Person Preparing This and Signature of the Person Preparing this **Signature of the Person Application, if Other Than the Applicant Application, if Other Than the Applicant Preparing This** Provide the following information about the Provide the following information about the **Application, if Other** preparer. preparer. Than the Applicant Preparer's Full Name Preparer's Full Name **1.** Preparer's Family Name (Last Name) **1.** Preparer's Family Name (Last Name) Preparer's Given Name (First Name) Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name (if 2. Preparer's Business or Organization Name (if Preparer's Mailing Address Preparer's Mailing Address 3. Street Number and Name 3. Street Number and Name Apt./Ste./Flr. Apt./Ste./Flr. Number City or Town Number City or Town State State ZIP Code ZIP Code Province Province Postal Code Postal Code Country Country Preparer's Contact Information Preparer's Contact Information **4.** Preparer's Daytime Telephone Number **4.** Preparer's Daytime Telephone Number **5.** Preparer's Mobile Telephone Number (if **5.** Preparer's Mobile Telephone Number (if **6.** Preparer's Email Address (if any) any) **6.** Preparer's Email Address (if any) [Page 14] Preparer's Statement Preparer's Statement 7.A. I am not an attorney or accredited representative but have prepared this **7. A.** I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with application on behalf of the applicant and with the applicant's consent.

applicant informed me that he or she

the applicant's consent.

B. I am an attorney or accredited representative and my representation of the applicant in this case extends/does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

understands every instruction, question, and

B. I am an attorney or accredited representative and my representation of the applicant in this case extends/does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature
Date of Signature (mm/dd/yyyy)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature Date of Signature (mm/dd/yyyy)

Page 16, Part 12. Additional Information

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Part 12. Additional Information

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 (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. Family Name (Last Name) Given Name (First Name) Middle Name
- **2.** A-Number (if any)
- **3. A.** Page Number
- **B.** Part Number
- C. Item Number
- **D.** [Fillable field]
- **4. A.** Page Number
- **B.** Part Number
- C. Item Number
- **D.** [Fillable field]
- **5. A.** Page Number
- **B.** Part Number
- C. Item Number
- **D.** [Fillable field]
- **6. A.** Page Number
- **B.** Part Number
- C. Item Number

[Page 15]

Part 12. Additional Information

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. Family Name (Last Name) [Auto-populated field]

Given Name (First Name) [Auto-populated field]

Middle Name [Auto-populated field]

- **2.** A-Number [Auto-populated field]
- **3.A.** Page Number
- B. Part Number
- C. Item Number
- **D.** [Fillable field]
- **4.A.** Page Number
- **B.** Part Number
- C. Item Number
- **D.** [Fillable field]
- **5.A.** Page Number
- B. Part Number
- C. Item Number
- **D.** [Fillable field]
- **6.A.** Page Number
- **B.** Part Number
- C. Item Number

	D (7)	D 07111 11 01 113
	D. [Fillable field]	D. [Fillable field]
		7.A. Page Number B. Part Number C. Item Number D. [Fillable field] NOTE TO ALL APPLICANTS: Do not complete Part 13. USCIS will complete this section.
Page 17, For USCIS Use	[Page 17]	[Page 16]
,	[- 480 - 7]	[1 480 10]
Only	For USCIS Use Only	Part 13. USCIS Decision (For Official Use Only)
	Decision	[Deleted]
	Application granted upon the following terms	1. This application is:
	and conditions:	Granted
	[Fillable field]	Denied
		2. Terms and Conditions [Fillable field]
	Date of Action (mm/dd/yyyy)	3. Date of Action (mm/dd/yyyy)