

**Business Immigration, Workforce and
Compliance Law**

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Supplemental Materials

Class #10



Petition for a Nonimmigrant Worker

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2016

For USCIS Use Only	Receipt	Partial Approval (explain)	Action Block
Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____		<input type="checkbox"/> Classification Approved <input type="checkbox"/> Consulate/POE/PFI Notified At: _____ <input type="checkbox"/> Extension Granted <input type="checkbox"/> COS/Extension Granted	

▶ **START HERE - Type or print in black ink.**

Part 1. Petitioner Information

If you are an individual filing this petition, complete **Item Number 1**. If you are a company or an organization filing this petition, complete **Item Number 2**.

1. Legal Name of Individual Petitioner

Family Name (last name)	Given Name (first name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Company or Organization Name

3. Mailing Address of Individual, Company or Organization

In Care Of Name

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Province	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Contact Information

Daytime Telephone Number	Mobile Telephone Number	Email Address (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Other Information

Federal Employer Identification Number (FEIN)	Individual IRS Tax Number	U.S. Social Security Number (if any)
▶ <input type="text"/>	▶ <input type="text"/>	▶ <input type="text"/>

Part 2. Information About This Petition (See instructions for fee information)

1. **Requested Nonimmigrant Classification** (Write classification symbol):

2. **Basis for Classification** (select **only one** box):

- a. New employment.
- b. Continuation of previously approved employment without change with the same employer.
- c. Change in previously approved employment.
- d. New concurrent employment.
- e. Change of employer.
- f. Amended petition.

3. **Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."**

4. **Requested Action** (select **only one** box):

- a. Notify the office in **Part 4**, so each beneficiary can obtain a visa or be admitted. (**NOTE:** A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
- b. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in **Item Number 2.**, above.
- c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
- f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)

5. **Total number of workers included in this petition.** (See instructions relating to when more than one worker can be included.)

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.)

1. **If an Entertainment Group, Provide the Group Name**

2. **Provide Name of Beneficiary**

Family Name (last name)	Given Name (first name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. **Provide all other names the beneficiary has used.** Include nicknames, aliases, maiden name, and names from all previous marriages.

Family Name (last name)	Given Name (first name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. **Other Information**

Date of birth (mm/dd/yyyy) Gender Male Female U.S. Social Security Number (if any)

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.) (continued)

Alien Registration Number (A-Number) Country of Birth

▶ A-

Province of Birth Country of Citizenship or Nationality

5. If the beneficiary is in the United States, complete the following:

Date of Last Arrival (mm/dd/yyyy) I-94 Arrival-Departure Record Number Passport or Travel Document Number

Date Passport or Travel Document Issued (mm/dd/yyyy) Date Passport or Travel Document Expires (mm/dd/yyyy) Passport or Travel Document Country of Issuance

Current Nonimmigrant Status Date Status Expires or D/S (mm/dd/yyyy)

Student and Exchange Visitor Information System (SEVIS) Number (if any) Employment Authorization Document (EAD) Number (if any)

6. Current Residential U.S. Address (if applicable) (do not list a P.O. Box)

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Part 4. Processing Information

1. If a beneficiary or beneficiaries named in **Part 3.** is/are outside the United States, or a requested extension of stay or change of status cannot be granted, state the U.S. Consulate or inspection facility you want notified if this petition is approved.

a. Type of Office (select only one box): Consulate Pre-flight inspection Port of Entry

b. Office Address (City) **c. U.S. State or Foreign Country**

d. Beneficiary's Foreign Address

Street Number and Name Apt. Ste. Flr. Number

City or Town State

Province Postal Code Country

2. Does each person in this petition have a valid passport? Yes No. If no, go to **Part 9.** and type or print your explanation.

Part 4. Processing Information (continued)

3. Are you filing any other petitions with this one?
 Yes. If yes, how many? ▶ No
4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Web site at www.cbp.gov/i94 instead of filing an application for a replacement/initial I-94.
 Yes. If yes, how many? ▶ No
5. Are you filing any applications for dependents with this petition?
 Yes. If yes, how many? ▶ No
6. Is any beneficiary in this petition in removal proceedings?
 Yes. If yes, proceed to **Part 9.** and list the beneficiary's(ies) name(s). No
7. Have you ever filed an immigrant petition for any beneficiary in this petition?
 Yes. If yes, how many? ▶ No
8. Did you indicate you were filing a new petition in **Part 2.**?
 Yes. If yes, answer the questions below. No. If no, proceed to **Item Number 9.**
- a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No
- b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No
9. Have you ever previously filed a nonimmigrant petition for this beneficiary?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No
10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No
- 11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?
 Yes. If yes, proceed to **Item Number 11.b.** No
- 11.b. If you checked yes in **Item Number 11.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

1. Job Title
2. LCA or ETA Case Number

Part 5. Basic Information About the Proposed Employment and Employer (continued)

3. Address where the beneficiary(ies) will work if different from address in **Part 1**.

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

4. Did you include an itinerary with the petition? Yes No

5. Will the beneficiary(ies) work for you off-site at another company or organization's location? Yes No

6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? Yes No

7. Is this a full-time position? Yes No

8. If the answer to **Item Number 7** is no, how many hours per week for the position? ▶

9. Wages: \$ per (Specify hour, week, month, or year) ▶

10. Other Compensation (Explain)

11. Dates of intended employment From: (mm/dd/yyyy) To: (mm/dd/yyyy)

12. Type of Business 13. Year Established

14. Current Number of Employees in the United States 15. Gross Annual Income 16. Net Annual Income

Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

Select **Item Number 1** or **Item Number 2**, as appropriate. **DO NOT** select both boxes.

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

1. A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or
2. A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

1. Name and Title of Authorized Signatory

Family Name (last name)

Given Name (first name)

Title

2. Signature and Date

Signature of Authorized Signatory



Date of Signature

(mm/dd/yyyy)

3. Signatory's Contact Information

Daytime Telephone Number

Email Address (if any)

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (last name)

Given Name (first name)

2. Preparer's Business or Organization Name (if any)

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner (continued)

3. Preparer's Mailing Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

4. Preparer's Contact Information

Daytime Telephone Number

Fax Number

Email Address (if any)

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

5. Signature and Date

Signature of Preparer

Date of Signature

(mm/dd/yyyy)

Part 9. Additional Information About Your Petition For Nonimmigrant Worker

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of **Part 9.** to complete and file with this petition. In order to assist us in reviewing your response, you must identify the **Page Number, Part Number and Item Number** corresponding to the additional information.

1. A-Number ► A-

2. **Page Number** **Part Number** **Item Number**

3. **Page Number** **Part Number** **Item Number**

4. **Page Number** **Part Number** **Item Number**



Immigrant Petition for Alien Worker

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-140
OMB No. 1615-0015
Expires 04/30/2018

For USCIS Use Only	Fee Stamp	Priority Date	Consulate	Action Block
	Classification <input type="checkbox"/> 203(b)(1)(A) Alien of Extraordinary Ability <input type="checkbox"/> 203(b)(1)(B) Outstanding Professor or Researcher <input type="checkbox"/> 203(b)(1)(C) Multinational Executive or Manager <input type="checkbox"/> 203(b)(2) Member of Professions with Advanced Degree/Exceptional Ability <input type="checkbox"/> 203(b)(3)(A)(i) Skilled Worker <input type="checkbox"/> 203(b)(3)(A)(ii) Professional <input type="checkbox"/> 203(b)(3)(A)(iii) Other Worker	Certification <input type="checkbox"/> National Interest Waiver (NIW) <input type="checkbox"/> Schedule A, Group I <input type="checkbox"/> Schedule A, Group II		

▶ **START HERE - Type or print in black ink.**

Part 1. Information About the Person or Organization Filing This Petition *(If an individual is filing, use numbers 1.a. - 1.c. If a Company or Organization is filing, use number 2).*

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Company or Organization Name

Mailing Address

5.a. In Care of Name

5.b. Street Number and Name

5.c. Apt. Ste. Flr.

5.d. City or Town

5.e. State 5.f. Zip Code

5.g. Postal Code

5.h. Province

5.i. Country

Other Information

3. IRS Tax Number *must be 9 digits; no dashes* ▶

4. U.S. Social Security Number *(if any) must be 9 digits; no dashes* ▶

Part 2. Petition Type

This petition is being filed for: (Select **only one** box):

- 1.a. An alien of extraordinary ability.
- 1.b. An outstanding professor or researcher.
- 1.c. A multinational executive or manager.
- 1.d. A member of the professions holding an advanced degree or an alien of exceptional ability (who is **NOT** seeking a National Interest Waiver).
- 1.e. A professional (at a minimum, possessing a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree).
- 1.f. A skilled worker (requiring at least 2 years of specialized training or experience).

- 1.g. Any other worker (requiring less than 2 years of training or experience).
- 1.h. (Reserved)
- 1.i. An alien applying for a National Interest Waiver (who **IS** a member of the professions holding an advanced degree or an alien of exceptional ability).

Check below if this petition is being filed:

- 2.a. To amend a previously filed petition.
Previous Petition Receipt Number:
- 2.b. For the Schedule A, Group I or II designation.

Part 3. Information About the Person for Whom You Are Filing

1.a. Family Name (Last Name)
1.b. Given Name (First Name)
1.c. Middle Name

Mailing Address

2.a. In Care of Name
2.b. Street Number and Name
2.c. Apt. Ste. Flr.
2.d. City or Town
2.e. State 2.f. Zip Code
2.g. Postal Code
2.h. Province
2.i. Country

Other Information

3. E-mail Address (if any)
4. Daytime Phone Number () -
5. Date of Birth (mm/dd/yyyy) ▶
6. City/Town/Village of Birth
7. State/Province of Birth
8. Country of Birth

9. Country of Citizenship
10. Country of Nationality
11. Alien Registration Number (A-Number) ▶ A-
12. U.S. Social Security Number (if any) must be 9 digits; no dashes ▶

If in the United States, please provide the following (complete all sections, as applicable):

13. Date of Arrival (mm/dd/yyyy) ▶
14.a. I-94 Arrival-Departure Record Number: ▶
14.b. Passport Number
14.c. Travel Document Number
14.d. Country of Issuance for Passport or Travel Document
14.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy) ▶
15. Current Nonimmigrant Status
16. Date Status Expires: (mm/dd/yyyy) ▶

Part 4. Processing Information

Complete the following for the person named in **Part 3**:
(Check one)

1.a. Alien will apply for a visa abroad at a U.S. Embassy or consulate at:
City or Town
Country

1.b. Alien is in the United States and will apply for adjustment of status to that of lawful permanent resident.

Alien's country of current residence or, if now in the United States, last country of permanent residence abroad.

Part 4. Processing Information *(continued)*

If you provided a United States address in **Part 3**, provide the person's foreign address:

2.a. Street Number and Name

2.b. Apt. Ste. Flr.

2.c. City or Town

2.d. Postal Code

2.e. Province

2.f. Country

If the person's native alphabet is other than Roman letters, write the person's foreign name and address in the native alphabet:

3.a. Family Name *(Last Name)*

3.b. Given Name *(First Name)*

3.c. Middle Name

Mailing Address

3.d. Street Number and Name

3.e. Apt. Ste. Flr.

3.f. City or Town

3.g. Postal Code

3.h. Province

3.i. Country

4. Are any other petition(s) or application(s) being filed with this Form I-140? Yes No

If you answered "Yes," check any applicable boxes:

- Form I-485
- Form I-131
- Form I-765
- Other-Attach an explanation

5. Is the person for whom you are filing in removal proceedings? Yes - Attach an explanation No

6. Has any immigrant visa petition ever been filed by or on behalf of this person? Yes - Attach an explanation No

7. Is the petition being filed without an original labor certification because the original labor certification was previously submitted in support of another Form I-140? Yes - Attach an explanation No

8. If the petition is being filed without an original labor certification, are you requesting that USCIS request a duplicate labor certification from the Department of Labor? Yes - Attach an explanation No

If you answered "Yes" to any of questions 4 through 8, provide the case number, office location, date of decision, and disposition of the decision on a separate sheet of paper.

Part 5. Additional Information About the Petitioner

Type of petitioner (Select **only one** box):

- 1.a. Employer
- 1.b. Self
- 1.c. Other (Explain, e.g., Permanent Resident, U.S. citizen or any other person filing on behalf of the alien)

If a company, give the following:

2.a. Type of Business

2.b. Date Established *(mm/dd/yyyy)* ▶

2.c. Current Number of U.S. Employees

2.d. Gross Annual Income

2.e. Net Annual Income

2.f. NAICS Code ▶

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2.g. Labor Certification DOL/ETA Case Number

Part 5. Additional Information About the Petitioner (continued)

2.h. Labor Certification DOL/ETA Filing Date

(mm/dd/yyyy) ▶

2.i. Labor Certification Expiration Date

(mm/dd/yyyy) ▶

If an individual, give following:

3.a. Occupation

3.b. Annual Income

Part 6. Basic Information About the Proposed Employment

1. Job Title

2. SOC Code

▶ -

3. Nontechnical Description of Job

4. Is this a full-time position?

Yes No

5. If the answer to **Number 4** is "No," how many hours per week for the position?

6. Is this a permanent position?

Yes No

7. Is this a new position?

Yes No

8. Wages: \$

per

(Specify hour, week, month, or year)

Address where the person will work if different from address in **Part 1.**

9.a. Street Number and Name

9.b. Apt. Ste. Flr.

9.c. City or Town

9.d. State

9.e. Zip Code

Part 7. Information on Spouse and All Children of the Person for Whom You Are Filing

List husband/wife and all children related to the individual for whom the petition is being filed. Also, note if the individual will be applying for a visa abroad or for adjustment of status as the dependent of the individual for whom the petition is filed. Provide an attachment of additional family members, if needed.

Person 1

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

1.d. Date of Birth (mm/dd/yyyy) ▶

1.e. Country of Birth

1.f. Relationship

1.g. Applying for Adjustment of Status?

Yes No

1.h. Applying for Visa Abroad?

Yes No

Person 2

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

2.d. Date of Birth (mm/dd/yyyy) ▶

2.e. Country of Birth

2.f. Relationship

2.g. Applying for Adjustment of Status?

Yes No

2.h. Applying for Visa Abroad?

Yes No

Part 7. Information on Spouse and All Children of the Person for Whom You Are Filing (continued)

Person 3

- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
- 3.d. Date of Birth (mm/dd/yyyy) ▶
- 3.e. Country of Birth
- 3.f. Relationship
- 3.g. Applying for Adjustment of Status? Yes No
- 3.h. Applying for Visa Abroad? Yes No

Person 4

- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name
- 4.d. Date of Birth (mm/dd/yyyy) ▶
- 4.e. Country of Birth
- 4.f. Relationship
- 4.g. Applying for Adjustment of Status? Yes No
- 4.h. Applying for Visa Abroad? Yes No

Person 5

- 5.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name
- 5.d. Date of Birth (mm/dd/yyyy) ▶
- 5.e. Country of Birth
- 5.f. Relationship
- 5.g. Applying for Adjustment of Status? Yes No
- 5.h. Applying for Visa Abroad? Yes No

Person 6

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 6.d. Date of Birth (mm/dd/yyyy) ▶
- 6.e. Country of Birth
- 6.f. Relationship
- 6.g. Applying for Adjustment of Status? Yes No
- 6.h. Applying for Visa Abroad? Yes No

Part 8. Signature of Petitioner

I certify, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it are all true and correct. I authorize U.S. Citizenship and Immigration Services (USCIS) to release to other government agencies any information from my USCIS records, if USCIS determines that such action is necessary to determine eligibility for the benefit sought.

- 1.a. Signature of Petitioner
➔
- 1.b. Date of Signature (mm/dd/yyyy) ▶

- 2. Daytime Phone Number () -
- 3. Mobile Phone Number () -
- 4. E-mail Address (if any)
- 5. Job Title of Position with Petitioning Employer, If the Petition Is Being Filed by an Employer

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

Part 9. Signature of Person Preparing This Petition, If Other Than the Petitioner

1. Attorney or Representative: In the event of a Request for Evidence (RFE), may USCIS contact you by e-mail?

Yes No

Preparer's Full Name

Provide the following information concerning the preparer:

2.a. Preparer's Family Name (*Last Name*)

2.b. Preparer's Given Name (*First Name*)

3. Preparer's Business or Organization Name

Preparer's Contact Information

4. Preparer's Daytime Phone Number Extension

() -

5. Preparer's E-mail Address (*if any*)

Preparer's Mailing Address

6.a. Street Number and Name

6.b. Apt. Ste. Flr.

6.c. City or Town

6.d. State 6.e. Zip Code

6.f. Postal Code

6.g. Province

6.h. Country

Declaration

To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this petition at the request of the petitioner, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.

7.a. Signature of Preparer

7.b. Date of Signature (*mm/dd/yyyy*) ►

START HERE - Type or Print (Use black ink)

For USCIS Use Only

Part 1. Information About You

Family Name (<i>Last Name</i>)	Given Name (<i>First Name</i>)	Middle Name
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Address - Street Number and Name		Apt. No.
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>
C/O (<i>in care of</i>)		
<input style="width:95%;" type="text"/>		
City	State	ZIP Code
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Date of Birth (<i>mm/dd/yyyy</i>)	Country of Birth	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
Country of Citizenship/Nationality	U.S. Social Security No. (<i>if any</i>)	A-Number (<i>if any</i>)
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Date of Last Arrival (<i>mm/dd/yyyy</i>)	I-94 Arrival-Departure Record Number	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
Current USCIS Status	Expires on (<i>mm/dd/yyyy</i>)	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
Applicant Interviewed	

Part 2. Application Type (*Select one*)

I am applying for an adjustment to permanent resident status because:

- a. An immigrant petition giving me an immediately available immigrant visa number that has been approved. (Attach a copy of the approval notice, or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b. My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
- c. I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate.)
- d. I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. I am a native or citizen of Cuba admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- f. I am the husband, wife, or minor unmarried child of a Cuban described above in (e), and I am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- g. I have continuously resided in the United States since before January 1, 1972.
- h. Other basis of eligibility. Explain (for example, I was admitted as a refugee, my status has not been terminated, and I have been physically present in the United States for 1 year after admission). If additional space is needed, see **Page 3** of the instructions.

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and: (*Select one*)

- i. I am a native or citizen of Cuba and meet the description in (e) above.
- j. I am the husband, wife, or minor unmarried child of a Cuban and meet the description in (f) above.

<p>Section of Law</p> <input type="checkbox"/> Sec. 209(a), INA <input type="checkbox"/> Sec. 209(b), INA <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> Sec. 245, INA <input type="checkbox"/> Sec. 249, INA <input type="checkbox"/> Sec. 1 Act of 11/2/66 <input type="checkbox"/> Sec. 2 Act of 11/2/66 <input type="checkbox"/> Other _____
<p>Country Chargeable</p> <p>_____</p>
<p>Eligibility Under Sec. 245</p> <input type="checkbox"/> Approved Visa Petition <input type="checkbox"/> Dependent of Principal Alien <input type="checkbox"/> Special Immigrant <input type="checkbox"/> Other _____
<p>Preference</p> <p>_____</p>
<p>Action Block</p> <p>_____</p>
<p style="text-align: center;">To be Completed by Attorney or Representative, if any</p> <input type="checkbox"/> Fill in box if Form G-28 is attached to represent the applicant.
<p>VOLAG No _____</p>
<p>ATTY State License Number _____</p>

Part 3. Processing Information

A. City/Town/Village of Birth

Current Occupation

Your Mother's First Name

Your Father's First Name

Provide your name exactly as it appears on your Form I-94, Arrival-Departure Record Number

Place of Last Entry Into the United States
(City/State)

In what status did you last enter? (Visitor, student, exchange visitor, crewman, temporary worker, without inspection, etc.)

Were you inspected by a U.S. Immigration Officer? Yes

No

Nonimmigrant Visa Number

Consulate Where Visa Was Issued

Date Visa Issued (mm/dd/yyyy)

Gender

Male Female

Marital Status

Married Single Divorced Widowed

Have you ever applied for permanent resident status in the U.S.?

Yes (If "Yes" give date and place of filing and final disposition.)

No

B. List your present spouse and all of your children (include adult sons and daughters). (If you have none, write "None." If additional space is needed, see **Page 3** of the instructions.)

Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A-Number (if any)	Applying with you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A-Number (if any)	Applying with you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A-Number (if any)	Applying with you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A-Number (if any)	Applying with you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A-Number (if any)	Applying with you? Yes <input type="checkbox"/> No <input type="checkbox"/>

Part 3. Processing Information *(Continued)*

C. List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society, or similar group in the United States or in other places since your 16th birthday. Include **any military service** in this part. If none, write "None." Include the name of each organization, location, nature, and dates of membership. If additional space is needed, attach a separate sheet of paper. Continuation pages must be submitted according to the guidelines provided on **Page 3** of the instructions under **General Instructions**.

Name of Organization	Location and Nature	Date of Membership From	Date of Membership To

Answer the following questions. (If your answer is "Yes" to any question, explain on a separate piece of paper. Continuation pages must be submitted according to the guidelines provided on **Page 3** of the instructions under **General Instructions**. Information about documentation that must be included with your application is also provided in this section.) Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for permanent residence.

1. Have you **EVER**, in or outside the United States:
 - a. Knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? Yes No
 - b. Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? Yes No
 - c. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action? Yes No
 - d. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes No

2. Have you received public assistance in the United States from any source, including the U.S. Government or any State, county, city, or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? Yes No

3. Have you **EVER**:
 - a. Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? Yes No
 - b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes No
 - c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes No
 - d. Illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes No

4. Have you **EVER** engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity? Yes No

Part 3. Processing Information *(Continued)*

5. Do you intend to engage in the United States in:
- a. Espionage? Yes No
 - b. Any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means? Yes No
 - c. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes No
6. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? Yes No
7. Did you, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion? Yes No
8. Have you **EVER** been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal, or rescission proceedings? Yes No
9. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act (INA) for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States, or any immigration benefit? Yes No
10. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces? Yes No
11. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? Yes No
12. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? Yes No
13. Do you plan to practice polygamy in the United States? Yes No
14. Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- a. Acts involving torture or genocide? Yes No
 - b. Killing any person? Yes No
 - c. Intentionally and severely injuring any person? Yes No
 - d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes No
 - e. Limiting or denying any person's ability to exercise religious beliefs? Yes No
15. Have you **EVER**:
- a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? Yes No
 - b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No
16. Have you **EVER** been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes No

Part 3. Processing Information *(Continued)*

17. Have you **EVER** assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes No

18. Have you **EVER** received any type of military, paramilitary, or weapons training? Yes No

Part 4. Accommodations for Individuals With Disabilities and/or Impairments *(See Page 7 of the instructions before completing this section.)*

Are you requesting an accommodation because of your disability(ies) and/or impairment(s)? Yes No

If you answered "Yes," select any applicable box:

- a. I am deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):

- b. I am blind or sight-impaired and request the following accommodation(s):

- c. I have another type of disability and/or impairment (describe the nature of your disability(ies) and/or impairment(s) and accommodation(s) you are requesting):

Part 5. Signature *(Read the information on penalties on Page 8 of the instructions before completing this section. You must file this application while in the United States.)*

Your Registration With U.S. Citizenship and Immigration Services

"I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (INA), as an alien who has been or will be in the United States for more than 30 days, I am required to register with U.S. Citizenship and Immigration Services (USCIS). I understand and acknowledge that, under section 265 of the INA, I am required to provide USCIS with my current address and written notice of any change of address within **10** days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested, and removed from the United States."

Selective Service Registration

The following applies to you if you are a male at least 18 years of age, but not yet 26 years of age, who is required to register with the Selective Service System: "I understand that my filing Form I-485 with U.S. Citizenship and Immigration Services (USCIS) authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth, and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached 26 years of age."

Part 5. Signature (Continued)

Applicant's Statement (Select one)

- I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question.
- Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the _____ language, a language in which I am fluent, by the person named in **Interpreter's Statement and Signature**. I understand each and every question and instruction on this form, as well as my answer to each question.

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this application is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this application.

I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

Signature (Applicant)	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit, and this application may be denied.

Interpreter's Statement and Signature

I certify that I am fluent in English and the below-mentioned language.

Language Used (language in which applicant is fluent)

I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.

Signature (Interpreter)	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 6. Signature of Person Preparing Form, If Other Than Above

I declare that I prepared this application at the request of the above applicant, and it is based on all information of which I have knowledge.

Signature	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Firm Name and Address

Email Address (if any)