# **Department of Homeland Security**

U.S. Citizenship and Immigration Services

| Do no  | t write in this block. Fo          | r USCIS Use Only  | y <b>.</b>      |                               |
|--|------------------------------------|-------------------|-----------------|-------------------------------|
| Action Block   | Fee Stamp                          |                   |                 |                               |
|  |                                    |                   |                 |                               |
|  |                                    |                   |                 |                               |
|  |                                    |                   |                 |                               |
|  | Principal Applicant's              | A#                | This applican   | t's A#                        |
|  |                                    |                   |                 |                               |
| START HERE - Please type or print in capit:                                  | al letters in black ink. <i>If</i> | you need more spa | ce, use a separ | cate sheet(s) of paper.       |
| <b>1.</b> I hereby apply for status as indicated by the b                    |                                    | <b>T</b> C        | 4 4000          |                               |
| A. Temporary Resident Status as an alice                                     |                                    |                   |                 | 1 1002 and whose outhorized   |
| B. Temporary Resident Status as an alie stay expired before such date or who |                                    |                   |                 |                               |
| 2. Name Family Name (in capital letters) Given:                              | ven Name                           | Middle Name       |                 | 3. Date of Birth (mm/dd/yyyy) |
|  |                                    |                   |                 |                               |
| 4. Other Names Used or Known by (Including n                                 | asidan nama if marriad)            | 5 Talanhana Num   | phore (Includin | g Area Codes)                 |
| 4. Other Ivalies Osed of Known by (metading in                               | maiden name, ii mairied)           | 5. Telephone Ivan | ioers (includin | g Aica Codes)                 |
|  |                                    | Home:             |                 | Work:                         |
| 6. Home Address in the U.S.  |                                    |                   | U.S. Social Sec | curity #                      |
| In care of   |                                    |                   |                 |                               |
| Number and Street  |                                    |                   |                 | Apt. #                        |
| City   | State                              | Zip<br>Code       |                 |                               |
| 7. Mailing Address in the U.S. (if different from                            | address in <b>Number 6.</b> )      |                   |                 |                               |
| In care of   |                                    |                   |                 |                               |
| Number and   |                                    |                   |                 |                               |
| Street   |                                    |                   |                 | Apt. #                        |
| City   | State                              | Zip<br>Code       |                 |                               |
| <b>8.</b> Last Address Outside the U.S.                                      |                                    |                   |                 |                               |
| Number and Street  |                                    |                   |                 | Apt. #                        |
|  | nty, Province                      |                   | Country         |                               |
| 9. Country of  |                                    |                   | Country         |                               |
| Citizenship  |                                    |                   |                 |                               |
| 10. Place of Birth   | County, Province                   |                   |                 |                               |
| City or Town   | or State                           |                   | Country         | 7                             |

| 11. Marital Status  |   |                                       |  |  |  |  |  |
|---|---|---------------------------------------|--|--|--|--|--|
| Now Married Never Married   | Separated Divorc                        | ced Widowed                           |  |  |  |  |  |
| 12. Gender 13. Race Asian or Pacific Islan  | nder Black, not of Hispanic             | origin Other (specify below)          |  |  |  |  |  |
| Male Hispanic   | White, not of Hispanic                  |                                       |  |  |  |  |  |
|   |   | Oligin                                |  |  |  |  |  |
| <b>14.</b> Have you previously applied for temporary residence a No Yes If Yes, give date, place of filing a                              |   |                                       |  |  |  |  |  |
| 15. Do you have other records with USCIS (or the former   |   |                                       |  |  |  |  |  |
| No ☐ Yes If Yes, give file numbers.   | ·                                       | Other                                 |  |  |  |  |  |
| 16. When did you last come to the U.S.? 17. Manner of Entry   |   |                                       |  |  |  |  |  |
|   | ·                                       |                                       |  |  |  |  |  |
| (mm/dd/yyyy) Without a v  | visa With a visa (visitor, stude        | ent, etc.) specify                    |  |  |  |  |  |
| <b>18.</b> Place of last entry into U.S.  |   |                                       |  |  |  |  |  |
|   | through a Port of Entry (State)         |                                       |  |  |  |  |  |
| 19. Mother's Name (Give maiden name,  |   | Living                                |  |  |  |  |  |
| last name, first name)  |   | Deceased (year)                       |  |  |  |  |  |
| 20. Father's Name (Give last name, first  |   | Living                                |  |  |  |  |  |
| name) Deceased (year)   |   |                                       |  |  |  |  |  |
| If you were admitted as a nonimmigrant prior to January 1, 1982, complete Numbers 21 through 29. If not, leave blank and go to Number 30. |   |                                       |  |  |  |  |  |
| 21. Passport Number 22. Country that issued   | Passport 23. Location who               | ere visa issued (City and Country)    |  |  |  |  |  |
|   |   | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |
| 24. Type of visa issued 25. Date visa issued (mi  | m/ddyyyy) <b>26.</b> Authorized stay in | U.S. 27. Class of admission           |  |  |  |  |  |
| (B-2, F-1, etc.)  | Expired (mm/dd/yyyy)                    | (Student, visitor, etc.)              |  |  |  |  |  |
|   |   |                                       |  |  |  |  |  |
| 28. Did you violate your legal 29. Was your status violate  | tion known to the                       |                                       |  |  |  |  |  |
|   | If Yes, how was your status violation   |                                       |  |  |  |  |  |
|   | to the Government?                      |                                       |  |  |  |  |  |
| 30. RESIDENCES IN THE UNITED STATES:  | C 1                                     | annocut a librar                      |  |  |  |  |  |
| List all of your residences in the United States since y<br>If you need more space, attach an additional sheet(s).                        |   |                                       |  |  |  |  |  |
| Street Name and Number (Apt. No.)   | .,                                      | <u> </u>                              |  |  |  |  |  |
| City State and Zip Code   |   | om To (mm/ Present yy)                |  |  |  |  |  |
| Zap code  | (III                                    | JJ/                                   |  |  |  |  |  |
| Street Name and Number (Apt. No.)   |   |                                       |  |  |  |  |  |
| City State and Zip Code   |   | om To (mm/<br>yy) yy)                 |  |  |  |  |  |
| Street Name and Number (Apt. No.)   |   |                                       |  |  |  |  |  |
| State and True Code   |   | om To (mm/                            |  |  |  |  |  |
| City Zip Code   | (m                                      | nm/yy) yy)                            |  |  |  |  |  |

#### 30. RESIDENCES IN THE UNITED STATES, continued: Street Name and Number (Apt. No.) State and From To (mm/ City Zip Code (mm/yy) yy) Street Name and Number (Apt. No.) State and From To (mm/ City Zip Code (mm/yy) yy) Street Name and Number (Apt. No.) State and To (mm/ From City Zip Code (mm/yy) yy) Street Name and Number (Apt. No.) State and From To (mm/ City Zip Code (mm/yy) yy) Street Name and Number (Apt. No.) State and From To (mm/ City Zip Code (mm/yy) yy) Street Name and Number (Apt. No.) State and From To (mm/ City Zip Code (mm/yy) yy) Street Name and Number (Apt. No.) State and From To (mm/ City Zip Code (mm/yy) yy) Street Name and Number (Apt. No.) From To (mm/ State and City (mm/yy) Zip Code yy) Street Name and Number (Apt. No.) State and To (mm/ From City Zip Code (mm/yy) yy) Street Name and Number (Apt. No.) State and From To (mm/ Zip Code City (mm/yy) yy) Street Name and Number (Apt. No.) From To (mm/ State and City (mm/yy) Zip Code yy)

| 32. ABSENCES FROM THE UNITED STATES SINCE ENTRY: List most recent absence first and then all previous absences back to January 1, 1982. If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information refequention Number 32.  Country  Purpose of Trip  From (mm/yy) To (mm/ | Name of Organization | Location (City and State) | From (mm/yy) To (mm/y |
|--|----------------------|---------------------------|-----------------------|
| back to January 1, 1982. If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information refequestion <b>Number 32</b> .  |                      |                           |                       |
| back to January 1, 1982. If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information refequestion <b>Number 32</b> .  |                      |                           |                       |
| back to January 1, 1982. If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information refequestion <b>Number 32</b> .  |                      |                           |                       |
| back to January 1, 1982. If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information refequestion <b>Number 32</b> .  |                      |                           |                       |
| back to January 1, 1982. If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information refequestion <b>Number 32</b> .  |                      |                           |                       |
| back to January 1, 1982. If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information refequestion <b>Number 32</b> .  |                      |                           |                       |
| back to January 1, 1982. If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information refequestion <b>Number 32</b> .  |                      |                           |                       |
| back to January 1, 1982. If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information refequestion <b>Number 32</b> .  |                      |                           |                       |
| back to January 1, 1982. If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information refequestion <b>Number 32</b> .  |                      |                           |                       |
| back to January 1, 1982. If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information refequestion <b>Number 32</b> .  |                      |                           |                       |
| back to January 1, 1982. If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information refequestion <b>Number 32</b> .  |                      |                           |                       |
| back to January 1, 1982. If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information refequestion <b>Number 32</b> .  |                      |                           |                       |
| back to January 1, 1982. If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information refequestion <b>Number 32</b> .  |                      |                           |                       |
| back to January 1, 1982. If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information reference question <b>Number 32</b> .  |                      |                           |                       |
| back to January 1, 1982. If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information refequestion <b>Number 32</b> .  |                      |                           |                       |
| back to January 1, 1982. If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information refequestion <b>Number 32</b> .  |                      |                           |                       |
| back to January 1, 1982. If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information refequestion <b>Number 32</b> .  |                      |                           |                       |
|  | ountry               | Purpose of Trip           | From (mm/yy) To (mm/y |
|  |                      |                           |                       |
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## 32. ABSCENCES FROM THE UNITED STATES SINCE ENTRY continued. Country Purpose of Trip From (mm/yy) To (mm/yy) 33. EMPLOYMENT IN THE UNITED STATES SINCE ENTRY: Show most recent employment first and then all previous employment dating back to January 1, 1982. If none, write "None." If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information refers to question Number 33. Full Name of Employer Street Name and Number (Apt. No.) State and City Occupation Zip Code Annual Hourly From To: Wage Wage (mm/yy) (mm/yy) Full Name of Employer Street Name and Number (Apt. No.) State and Occupation City Zip Code Annual Hourly From To: Wage Wage (mm/yy) (mm/yy) Full Name of Employer Street Name and Number (Apt. No.) State and City Occupation Zip Code Hourly From Annual To: Wage (mm/yy) Wage (mm/yy)

| 33. EM                            | PLOYMENT IN THE UNITED    | STATES SI          | NCE ENTRY, continued. |              |             |  |
|-----------------------------------|---------------------------|--------------------|-----------------------|--------------|-------------|--|
| Full Nan                          | ne of Employer            |                    |                       |              |             |  |
| Street Na                         | ame and Number (Apt. No.) |                    |                       |              |             |  |
| City                              |                           | State and Zip Code |                       | Occupation   |             |  |
| Annual<br>Wage                    |                           | Hourly<br>Wage     |                       | From (mm/yy) | To: (mm/yy) |  |
| Full Nan                          | ne of Employer            |                    |                       |              |             |  |
| Street Na                         | ame and Number (Apt. No.) |                    |                       |              |             |  |
| City                              |                           | State and Zip Code |                       | Occupation   |             |  |
| Annual<br>Wage                    |                           | Hourly<br>Wage     |                       | From (mm/yy) | To: (mm/yy) |  |
| Full Nan                          | ne of Employer            |                    |                       |              |             |  |
| Street Na                         | ame and Number (Apt. No.) |                    |                       |              |             |  |
| City                              |                           | State and Zip Code |                       | Occupation   |             |  |
| Annual<br>Wage                    |                           | Hourly<br>Wage     |                       | From (mm/yy) | To: (mm/yy) |  |
| Full Nan                          | ne of Employer            |                    |                       |              |             |  |
| Street Name and Number (Apt. No.) |                           |                    |                       |              |             |  |
| City                              |                           | State and Zip Code |                       | Occupation   |             |  |
| Annual<br>Wage                    |                           | Hourly<br>Wage     |                       | From (mm/yy) | To: (mm/yy) |  |
| Full Nan                          | ne of Employer            |                    |                       |              |             |  |
| Street Na                         | ame and Number (Apt. No.) |                    |                       |              |             |  |
| City                              |                           | State and Zip Code |                       | Occupation   |             |  |
| Annual<br>Wage                    |                           | Hourly<br>Wage     |                       | From (mm/yy) | To: (mm/yy) |  |
| Full Nan                          | ne of Employer            |                    |                       |              |             |  |
| Street Na                         | ame and Number (Apt. No.) |                    |                       |              |             |  |
| City                              |                           | State and Zip Code |                       | Occupation   |             |  |
| Annual<br>Wage                    |                           | Hourly<br>Wage     |                       | From (mm/yy) | To: (mm/yy) |  |

| 33. EMI                           | PLOYMENT IN THE UNITED    | STATES SIN            | NCE ENTRY, continued. |              |            |       |            |
|-----------------------------------|---------------------------|-----------------------|-----------------------|--------------|------------|-------|------------|
| Full Nam                          | ne of Employer            |                       |                       |              |            |       |            |
| Street Na                         | me and Number (Apt. No.)  |                       |                       |              |            |       |            |
| City                              |                           | State and Zip Code    |                       |              | Occupation |       |            |
| Annual<br>Wage                    |                           | Hourly<br>Wage        |                       | From (mm/    |            | To (m | :<br>m/yy) |
|                                   | ne of Employer            |                       |                       |              |            |       |            |
|                                   | ame and Number (Apt. No.) |                       |                       |              |            |       |            |
| City                              |                           | State and Zip Code    |                       |              | Occupation |       |            |
| Annual<br>Wage                    |                           | Hourly<br>Wage        |                       | From (mm/    | · [        | To (m | :<br>m/yy) |
| Full Nan                          | ne of Employer            |                       |                       |              |            |       |            |
| Street Na                         | ame and Number (Apt. No.) |                       |                       |              |            |       |            |
| City                              | _                         | State and<br>Zip Code |                       |              | Occupation |       |            |
| Annual<br>Wage                    |                           | Hourly<br>Wage        |                       | From (mm/    |            | To (m | :<br>m/yy) |
| Full Nan                          | ne of Employer            |                       |                       |              |            |       |            |
| Street Name and Number (Apt. No.) |                           |                       |                       |              |            |       |            |
| City                              |                           | State and Zip Code    |                       |              | Occupation |       |            |
| Annual<br>Wage                    |                           | Hourly<br>Wage        |                       | From<br>(mm/ |            | To (m | :<br>m/yy) |
| Full Nan                          | ne of Employer            |                       |                       |              |            |       |            |
| Street Na                         | ame and Number (Apt. No.) |                       |                       |              |            |       |            |
| City                              |                           | State and<br>Zip Code |                       |              | Occupation |       |            |
| Annual<br>Wage                    |                           | Hourly<br>Wage        |                       | From (mm/    |            | To (m | :<br>m/yy) |
| Full Nan                          | ne of Employer            |                       |                       |              |            |       |            |
| Street Na                         | ame and Number (Apt. No.) |                       |                       |              |            |       |            |
| City                              |                           | State and<br>Zip Code |                       |              | Occupation |       |            |
| Annual<br>Wage                    |                           | Hourly<br>Wage        |                       | From (mm/    |            | To (m | :<br>m/yy) |

|     |  |            |          |           | =             |
|-----|--|------------|----------|-----------|---------------|
| 34. | ☐ I have registered under the Military Selective Service Act. My Selective Service Number is:  |            |          |           |               |
|     | I am a male over the age of 17 and under the age of 26 required to register under the Military Selective Service done so. I wish to register at this time. My SSS Form 1 is attached.  | rice A     | ct and   | have no   | t             |
|     | I am a male born after 1959 and over the age of 26 and cannot now register.  |            |          |           |               |
|     | I am exempt from Selective Service Registration either because I am a female or I was born before 1960.  |            |          |           |               |
| 35. | Have you ever assisted in the persecution of any person or persons on account of race, religion, political opinion, nationality or membership in a particular social group?  | Yes        |          | No $\Box$ | 1             |
| 36  | Have you ever been treated for a mental disorder, drug addiction or alcoholism?  | Yes        | <u> </u> | No $\Box$ | <u></u>       |
|     |  |            | <u> </u> |           | <u>_</u>      |
| 37. | Have you <b>ever</b> committed a crime or offense for which you were <b>not</b> arrested?  | Yes        |          | No        | ]             |
|     | Have you <b>eve</b> r been arrested, cited or detained by any law enforcement officer (including USCIS or former INS and military officers) for any reason?  | Yes        |          | No [      | ]             |
|     | Have you <b>ever</b> been charged with committing any crime or offense?  | Yes        |          | No [      | ]             |
|     | Have you <b>ever</b> been convicted of a crime or offense?   | Yes        |          | No [      | ]             |
|     | Have you <b>ever</b> been in jail or prison?   | Yes        |          | No [      | ]             |
|     | Have you <b>ever</b> been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)?  | Yes        |          | No [      | 1             |
|     | Have you <b>ever</b> received a suspended sentence, been placed on probation or been paroled?  | Yes        |          | No [      | ]             |
| 38. | Have you, or a dependent member of your immediate family, ever received public assistance from any source, including, but not limited to, the United States Government, any state, county, city or municipality?   | Yes        |          | No [      | <u>-</u><br>1 |
|     | If yes, provide the names(s) of the recipients(s) and U.S. Social Security number(s).  |            |          |           | ,             |
|     |  |            |          |           |               |
|     |  |            |          |           | =             |
| 39  | Have you ever:   |            |          |           | =             |
| 57. | a. within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future?   | V.         |          | No.       | ,             |
|     | b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?   | Yes<br>Yes |          | No No     | ]<br>         |
|     | c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the United States illegally?  | Yes        |          | No [      | ]<br>]        |
|     | d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance?  | Yes        |          | No $\Box$ | J<br>T        |
|     | 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  |            | Ш        | NO _      | J             |
|     | that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking or any other form of terrorist activity?  | Yes        |          | No [      | ]             |
|     | 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<br>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<br>sensitive information?  | Yes        |          | No [      | 7             |
|     | Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party?  | Yes        |          | No        | ]             |
|     | 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 [      | ٦             |
|     | Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin or political opinion?  | Yes        |          | No $\Box$ | ]             |
|     | 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 recision proceedings?   | Yes        |          | No $\Box$ | ]             |
|     | Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act 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?                           |            |          |           | ا<br>ا        |
|     | procured, a visa, other documentation, entry into the Office States of any miningration benefit?   | Yes        | Ш        | No _      |               |

|               | Have you ever left the United States to avoid be   | eing drafted into the  | e United States Armed For   | rces?          |                 | Yes           | No 🗌 |  |
|---------------|--|------------------------|-----------------------------|----------------|-----------------|---------------|------|--|
|               | Have you ever been a J nonimmigrant exchange and have not yet complied with that requiremen  |                        | •                           | eign residen   | ce requirement  | Yes           | No   |  |
|               | Are you now withholding custody of a United Soustody of the child?   | States citizen child   | outside the United States f | rom a perso    | on granted      | Yes $\square$ | No 🖂 |  |
|               | Do you plan to practice polygamy in the United   | States?                |                             |                |                 | Yes           | No   |  |
| <b>40.</b> If | your native alphabet is in other than Rom  | an letters, write y    | our name in your nativ      | e alphabet.    |                 |               |      |  |
|               |  |                        |                             |                |                 |               |      |  |
| <b>41.</b> L  | anguage of your native alphabet.   |                        |                             |                |                 |               |      |  |
| 42. S         | ignature and Certification of Applicant.   |                        |                             |                |                 |               |      |  |
| conse         | TIFY,under penalty of perjury under the lent and authorize the U.S. Citizenship and I record checks pertinent to this application. | mmigration Serv        |                             |                |                 |               |      |  |
| Signa         | ture   |                        |                             | Date           |                 |               |      |  |
| 43. S         | ignature of person preparing form, if other  | than applicant.        |                             |                |                 |               |      |  |
|               | are under penalty of perjury that I prepared   |                        | at the request of the abo   | ove person     |                 |               |      |  |
|               | nswers provided are based on information in response to the exact questions contain  |                        | personal knowledge and      | l/or were p    | rovided to me b | y the above n | amed |  |
| Signa         | ture   |                        |                             | Date           |                 |               |      |  |
| Print N       | Print Name   |                        |                             |                |                 |               |      |  |
| Addre         | ss   |                        | Telep                       | ohone number w | rith area code  |               |      |  |
|               |  |                        |                             |                |                 |               |      |  |
|               | ILS. Citiz   | enshin and Ir          | nmigration Service          | es Use O       | nlv             |               |      |  |
| <b>44.</b> Re | ecommendation: Temporary Residence [   | Approved               | Denied                      |                | J               |               |      |  |
| <b>45.</b> R  | ecommendation: Waiver of Inadmissibilit  | ty under Section 2     | 212(a)                      |                | Approve         | d Denie       | ed   |  |
| <b>46.</b> C  | lass of Admission  | <b>47.</b> Place of Ad | ljustment                   | 48.            | Date of Adjust  | ment          |      |  |
| <b>49.</b> Re | ecommended by (Print Name and Title)   | <b>50.</b> ID Number   |                             | 51.            | Date            |               |      |  |
| <b>52.</b> F  | inal Action: Temporary Residence [   | Approved               | Denied                      |                |                 |               |      |  |
| <b>53.</b> D  | irector, Regional Processing Center  |                        | <b>54.</b> ID Number        |                | <b>55.</b> Date |               |      |  |
|               |  |                        |                             |                |                 |               |      |  |

## Form I-687 Supplement

### CSS/Newman (LULAC) Class Membership Worksheet

**LEGALIZATION APPLICANTS**: You must complete this Class Membership Worksheet and file it with your Form I-687 if you are applying for legalization under the Immigration Reform and Control Act of 1986 (IRCS), 8 U.S.C. 1255a, pursuant to the settlement agreeents reached in <u>Catholic Social Services v. Ridge et al.</u> (CSS) or <u>Newman v. USCIS</u>. (Newman/LULAC). Your completed Form I-687, with fee, together with this worksheet must be received by USCIS no later than December 31, 2005.

In order to apply, answer every question on this Class Membership Worksheet, which is a supplement to your application for temporary resident status. Provide your complete name and Alien Registration Number (A#) and mark your responses in the boxes provided below.

| raminy Name (in capital letters)  | Given Name   | Middle Name   | A   | Number           |             |
|---|--|---|---|------------------|-------------|
|   |  |   |   |                  |             |
| 1. During the period between May 5, 19  | 987 and May 4, 1988, did you   | (or a parent or spouse  | e) visit an office of the   | ne Yes           | No          |
| former Immigration and Naturalization INS or the Qualified Designated Entity November 6, 1986, without advance pa January 1, 1982, with a visitor's visa, st  | (QDE) believed that (1) you role, OR (2) you had traveled                                      | had traveled outside the outside the United Sta                             | e United States after<br>ates and returned after                            | r                |             |
| 2. Did you enter the United States befor<br>for brief absences, from before 1982 un<br>when you (or your parent or spouse) trie   | til the date you (or your pare   | nt or spouse) were turn   |   | ept              |             |
| 3. Were you continuously physically pr from November 6, 1986, until the date your parent or spouse) tried to apply for  | you (or your parent or spouse  |   |   |                  |             |
| <b>4</b> . Have you ever been convicted of a fethave you ever been convicted of crimes of the Immigration and Nationality Act moral turpitude); section 212(a)(2)(B) (traffickers); Section 212(a)(2)(A)(i)(II) | , or committed acts which ma<br>including but not limited to:<br>multiple criminal convictions | ake you inadmissible p<br>section 212(a)(2)(A)(i<br>s); section 212(a)(2)(C | ursuant to any provi<br>(i)(I) (crime involving<br>(c) (controlled substate | sion<br>g<br>nce |             |
| <b>5</b> . Did you (or your parent or spouse) ap or Newman/LULAC before October 1, or Newman work permit).  |  |   |   |                  |             |
| <b>6</b> . When you (or your parent or spouse) (or your parent or spouse) bring with you  |  |   | oplication period, dic  | l you            |             |
| <b>NOTE:</b> If you answered "Yes" to Questhat you may be eligible for legalization   |  |   | to either Question 5  | or 6, your answe | rs indicate |
| APPLICANT'S CERTIFICATION:  |  |   |   |                  |             |
| I certify, under the penalty of perjury us it are all true and correct. I authorize the to determine eligibility for the benefit I  | e release of any information   |   |   |                  |             |
| I understand that information I provide remove or deport me or for any purpose 1255a(c)(5).   |  | *   |   | •                |             |
| Signature   |  |   | Date  |                  |             |
|   |  |   |   |                  |             |