

**START HERE - Please type or print in black ink.**

**Part 1. Information about you.** *(Person requesting Family Unity Benefits)*

|                                   |                                |   |
|-----------------------------------|--------------------------------|---|
| Family Name <i>(Last Name)</i>    | Given Name <i>(First Name)</i> | Full Middle Name  |
| <input type="text"/>              | <input type="text"/>           | <input type="text"/>  |
| Date of Birth <i>(mm/dd/yyyy)</i> | A # <i>(if any)</i>            | U.S. Social Security No. <i>(if any)</i>                      |
| <input type="text"/>              | <input type="text"/>           | <input type="text"/>  |
| Country of Birth                  | Country of Citizenship         | Gender  |
| <input type="text"/>              | <input type="text"/>           | <input type="checkbox"/> Male <input type="checkbox"/> Female |

**Home Address:** Street Number and Name *(include apartment number)*

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> |                      |                      |
| City                 | State                | Zip Code             |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Mailing Address:** *(If different from home address)*

|                          |                      |                      |
|--------------------------|----------------------|----------------------|
| <input type="text"/>     |                      |                      |
| C/O: <i>(In Care Of)</i> |                      |                      |
| <input type="text"/>     |                      |                      |
| City                     | State                | Zip Code             |
| <input type="text"/>     | <input type="text"/> | <input type="text"/> |

Daytime Phone Number *(Area Code)*

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

**Part 2. Basis for application.**

1. I am applying for family unity benefits because: *(check one box)*

- A.  I am the spouse of an alien who was legalized under section 245A of the INA and we have been married since at least May 5, 1988.
- B.  I am the spouse of an alien who was legalized as a Special Agricultural Worker under section 210 of the INA and we have been married since at least December 1, 1988.
- C.  As of May 5, 1988, I was the unmarried child under the age of 21 of an alien who was legalized under section 245A of the INA. I am currently the child, son or daughter of the same parent. That parent is either a legalized alien or a naturalized U.S. citizen who was a legalized alien on or before May 5, 1988 and maintained such status until his or her naturalization.
- D.  As of December 1, 1988, I was the unmarried child under the age of 21 of an alien who was legalized as a Special Agricultural Worker under section 210 of the INA. I am currently the child, son or daughter of the same parent. That parent is either a legalized alien or a naturalized U.S. citizen who was a legalized alien on or before December 1, 1988 and maintained such status until his or her naturalization.
- E.  I am the spouse of a legalized alien who adjusted under section 202 of the Immigration Reform and Control Act of 1986 (Cuban/Haitian Adjustment) and we have been married since at least May 5, 1988
- F.  As of May 5, 1988, I was the unmarried child under the age of 21 of an alien who adjusted under section 202 of the Immigration Reform and Control Act of 1986 (Cuban/Haitian Adjustment). I am currently the child, son or daughter of the same parent. That parent is either a legalized alien or a naturalized U.S. citizen who was a legalized alien on or before May 5, 1988 and maintained such status until his or her naturalization.
- G.  I am the spouse of an alien who is eligible for and has filed for adjustment pursuant to section 1504 of P. L. 106-554, the LIFE Act Amendments. I entered the United States before December 1, 1988 and was in the United States on that date.
- H.  I am the unmarried child of an alien who is eligible for and has filed for adjustment pursuant to section 1504 of P. L. 106-554, the LIFE Act Amendments. I entered the United States before December 1, 1988 and was in the United States on that date.

**For USCIS Use Only**

|   |                |
|---|----------------|
| Returned  | <b>Receipt</b> |
| Date  |                |
| Date  |                |
| Resubmitted   |                |
| Date  |                |
| Date  |                |
| Reloc Sent  |                |
| Date  |                |
| Date  |                |
| Date  |                |
| Reloc Rec'd   |                |
| Date  |                |
| Date  |                |
| <input type="checkbox"/> Applicant Interviewed on _____   |                |
| <b>Remarks</b>  |                |
| <br><br><br><br><br>  |                |
| <b>Action Block</b>   |                |
| <br><br><br><br><br>  |                |
| <input type="checkbox"/> <b>Initial Application</b><br><input type="checkbox"/> Approved <input type="checkbox"/> Denied<br>Valid from: _____ to: _____                             |                |
| <input type="checkbox"/> <b>Request for Extension</b><br><input type="checkbox"/> Approved <input type="checkbox"/> Denied<br>Valid from: _____ to: _____                           |                |
| <p align="center"><b>To Be Completed by</b><br/><i>Attorney or Representative, if any.</i></p> <input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant. |                |
| ATTY State License #  |                |

**Part 2. Basis for application.** (Continued.)

2. I am requesting: (check one box)

- Initial family unity benefits under section 301 of IMMACT 90.
- An extension of family unity benefits under section 301 of IMMACT 90.
- Initial family unity benefits under section 1504 of P. L. 106-554, the LIFE Act Amendments.

3. I am claiming relationship to: (check one box)

- A legalized alien under section 301 of IMMACT 90.
- An alien who is eligible for and has filed for adjustment under section 1504 of P. L. 106-554, the LIFE Act Amendments.

**Part 3. Additional information.**

1. At the time of your last entry into the United States, you:

- a.  were inspected and admitted     were inspected and paroled     entered without inspection

b. Date of last arrival (mm/dd/yyyy)    I-94, Arrival Departure Document No.    Current or most recent immigration status    Date status expires (mm/dd/yyyy)    Date continuous U.S. residence began (mm/dd/yyyy)

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

2. Give the U.S. address where you lived on May 5, 1988 (sec. 245A/Cuban Haitian Adjustment) or December 1, 1988 (sec. 210/LIFE Act)  
Street number and name (include apartment number)

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|      |       |          |

3. Have you ever applied before for the Family Unity Program?     No     Yes (If "Yes," provide the following information)  
Name under which you applied:

City and state where application was filed    Date filed (mm/dd/yyyy)    USCIS (or former INS) action taken on case:

|  |  |   |
|--|--|---|
|  |  | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
|--|--|---|

4. If separate applications for Family Unity benefits are being submitted at this time for other relatives, give the following information:

| Family Name (Last Name) | First Name | Middle Name | Relationship | A # |
|-------------------------|------------|-------------|--------------|-----|
|                         |            |             |              |     |
|                         |            |             |              |     |
|                         |            |             |              |     |
|                         |            |             |              |     |
|                         |            |             |              |     |
|                         |            |             |              |     |

5. List all other names you have used (including maiden name)

|  |  |
|--|--|
|  |  |
|--|--|

6. List all absences from the United States since May 5, 1988 or December 1, 1988, as appropriate, or since the approval of your last Family Unity application (Form I-817), whichever date is later.

| Date of Departure (mm/dd/yyyy) | Date of Return (mm/dd/yyyy) | Date of Departure (mm/dd/yyyy) | Date of Return (mm/dd/yyyy) |
|--------------------------------|-----------------------------|--------------------------------|-----------------------------|
|                                |                             |                                |                             |
|                                |                             |                                |                             |
|                                |                             |                                |                             |

**NOTE; If you need more space to complete an answer, use a separate sheet(s) of paper. Write your name and A #, if you have one, at the top of each sheet and indicate the number of the item to which the answer refers.**

**Part 3. Additional information. (Continued.)**

7. List all residences in the United States since May 5, 1988 or December 1, 1988, as appropriate, or since the approval of your last Family Unity application (Form I-817), whichever date is later.

| Street Number and Name (Include Apartment #) | City | State | Zip Code | Dates of Residence |            |
|--|------|-------|----------|--------------------|------------|
|  |      |       |          | From               | To Present |
|  |      |       |          | From               | To         |
|  |      |       |          | From               | To         |
|  |      |       |          | From               | To         |
|  |      |       |          | From               | To         |
|  |      |       |          | From               | To         |
|  |      |       |          | From               | To         |

8. Do you have or have you ever had:

- a. A communicable disease of public health significance (including chancroid, gonorrhea, granuloma inguinal, humanimmunodeficiency virus (HIV) infection, infectious leprosy, lymphogranuloma venereum, infectious stage syphilis, and active tuberculosis)?  Yes  No
- b. A physical or mental disorder and behavior associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others?  Yes  No

9. Have you ever:

- a. Knowingly committed a crime for which you have not been arrested?  Yes  No
- b. Been convicted of a felony or three (3) or more misdemeanors in the United States?  Yes  No
- c. Been convicted of two (2) or more offenses for which the aggregate sentences were five (5) or more years of confinement?  Yes  No
- d. Been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance?  Yes  No
- e. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action?  Yes  No
- f. Illicitly trafficked in any controlled substance or knowingly assisted, abetted or colluded with others in the illicit trafficking of any controlled substance?  Yes  No
- g. Committed a criminal offense in the United States and asserted immunity from prosecution?  Yes  No

**If you answered "Yes" to any of questions in Number 9, attach a copy of the arrest record and court disposition to this petition.**

- 10. Have you, at any time within the past three (3) years, engaged in the non-medical use of any drug listed in section 202 of the Controlled Substances Act (including, but not limited to, sedative, hypnotic, or anxiolytic substances [tranquilizers], amphetamines, cannabinoids, cocaine, hallucinogens, opioids, phencyclidine [PCP], and related substances)?  Yes  No
- 11. Have you, at any time within the past two (2) years, engaged in the use of any psychoactive substance not listed in section 202 of the Controlled Substance Act (including, but not limited to, alcohol and inhalants) which resulted in behavior that has posed a threat to the property, safety or welfare of yourself or others or which behavior is likely to recur or to lead to other harmful behavior?  Yes  No
- 12. Have you ever committed an act of juvenile delinquency, which if committed by an adult would be classified as follows: **(If you are a LIFE ACT applicant skip this question.)**
  - a. A felony crime of violence that has as an element the use or attempted use of physical force against another?  Yes  No
  - b. A felony offense that by its nature involves a substantial risk that physical force against another may be used in the course of committing the offense?  Yes  No
- 13. Do you intend to engage solely, principally, or incidentally in prostitution in the United States, or are you now or have you within the past ten (10) years, engaged in, procured, or received income from prostitution?  Yes  No
- 14. Have you been or do you intend to be involved in any commercial vice?  Yes  No
- 15. Have you ever practiced or do you intend to practice polygamy?  Yes  No
- 16. 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 other immigration benefit?  Yes  No

**Part 3. Additional information. (Continued.)**

17. Have you ever falsely represented yourself to be a citizen of the United States for any purpose or benefit under the Immigration and Nationality Act or any Federal or State law?  Yes  No
18. Are you a former citizen of the United States who renounced your U.S. citizenship for the purpose of avoiding taxation by the United States?  Yes  No
19. Have you ever been an F-1 nonimmigrant student who violated status by attending a public elementary or secondary school in violation of immigration law?  Yes  No
20. Have you ever failed or refused to attend or remain in attendance at a hearing to determine your admissibility to or deportability from the United States?  Yes  No
21. Have you ever been identified by USCIS (or former INS) as having obtained transportation to the United States without the consent of the owner, charterer, master or person in charge of the vessel or aircraft through concealment onboard such vessel or aircraft on which you arrived?  Yes  No
22. Have you been ordered deported, excluded, or removed from the United States?  Yes  No
23. Have you ever departed the United States after having been unlawfully present for 180 days but less than 365 days?  Yes  No
24. Have you ever departed the United States after having been unlawfully present for 365 days or longer?  Yes  No
25. Have you ever knowingly encouraged, induced, assisted, abetted, or aided, anyone to enter the United States in violation of the law?  Yes  No
26. Were you a guardian required to accompany an individual certified as helpless who was found to be inadmissible to the United States?  Yes  No
27. Have you detained, retained, or withheld the custody of a U.S. citizen child outside the United States from a person granted custody of such child by a U.S. court order?  Yes  No
28. Have you ever engaged in, conspired to engage in, or intended to engage solely, principally, or incidentally in:
- a. Any activity to violate any U.S. law relating to espionage or sabotage?  Yes  No
  - b. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information?  Yes  No
  - c. Any other activity the purpose of which is in opposition to, or the control of, or overthrow of the government of the United States, by force, violence, or other unlawful means?  Yes  No
  - d. Any other unlawful activity?  Yes  No
29. Have you:
- a. Ever engaged in, conspired to engage in, or intended to engage in a terrorist activity?  Yes  No
  - b. Ever incited terrorist activity with intent to cause death or serious bodily harm?  Yes  No
  - c. Ever been a representative of a terrorist organization or a member of an organization which you knew or should have known is a terrorist organization?  Yes  No
30. Have you ever engaged in or do you intend to engage in any activity in the United States that would have potentially serious adverse foreign policy consequences for the United States?  Yes  No
31. Have you:
- a. Ever been, or are you now, a member of the Communist or other totalitarian party?  Yes  No
  - b. Ever engaged in genocide, or ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion?  Yes  No
32. During the periods of 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, did you ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion?  Yes  No
33. Have you ever left the United States to avoid being drafted into the U.S. Armed Forces?  Yes  No
34. Have you received public assistance from any source, including the U.S. government or any state, county, city, or other municipality or, are you likely to request public assistance in the future?  Yes  No
35. Have you ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not yet complied with the requirement?  Yes  No
36. Have you ever voted in violation of any Federal, State, or local constitutional provision, statute, ordinance, or regulation?  Yes  No

**NOTE: If you answered "Yes" to any of the above questions, provide a full explanation on a separate sheet(s) of paper.**

**Part 4. Information about your spouse or parent. Your spouse or parent must be either a legalized alien or an alien eligible for adjustment pursuant to the LIFE Act.**

1. Provide the following information about the alien through whom you are claiming your eligibility.

|   |                         |                                   |                               |   |
|---|-------------------------|-----------------------------------|-------------------------------|---|
| Family Name (Last Name)   | Given Name (First Name) | Full Middle Name                  |                               |   |
| <input type="text"/>  | <input type="text"/>    | <input type="text"/>              |                               |   |
| Date of Birth (mm/dd/yyyy)                                      | A # (if any)            | U.S. Social Security No. (if any) | Class of Admission            | Gender  |
| <input type="text"/>  | <input type="text"/>    | <input type="text"/>              | <input type="text"/>          | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Address: Street Number and Name (include apartment number) |                         |                                   |                               |   |
| <input type="text"/>  |                         |                                   |                               |   |
| City  | State                   | Zip Code                          | Daytime Phone No. (Area Code) |   |
| <input type="text"/>  | <input type="text"/>    | <input type="text"/>              | <input type="text"/>          |   |

2. List all other names used, including maiden name.

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

**Part 5. Complete only if you are applying based on a marital relationship.**

1. Provide the following information about you and your spouse.

|  |  |
|--|--|
| Number of times you have been married. | Number of times your spouse has been married |
| <input type="text"/>                   | <input type="text"/>                         |

2. Provide the following information about your current marriage.

|                               |   |
|-------------------------------|---|
| Date of marriage (mm/dd/yyyy) | Place of marriage (city, state or province and country) |
| <input type="text"/>          | <input type="text"/>                                    |

3. Type of ceremony.

Religious  Civil  None

4. We are:

Living together  Not living together

**Part 6. Complete only if you are applying based on a child/parent relationship.**

1. Please indicate how your parent is related to you.

Biological mother.

Biological father who was married to my mother when I was born.

Biological father who was not married to my mother when I was born.

Stepparent - based on marriage to my parent which occurred before my 18th birthday.

Adoptive parent and:

    a. The adoption occurred before my 16th birthday.  Yes  No

    b. My adoptive parent had legal custody of me for at least two years prior to May 5, 1988 or December 1, 1988, as appropriate.  Yes  No

    c. I lived with my adoptive parent for at least two years prior to May 5, 1988 or December 1, 1988, as appropriate.  Yes  No

Parent based on circumstances not described above. (Explain in detail on a separate sheet of paper.)

2. Give the following information about your marital status.

Single  Married  Divorced  Widowed

3. Provide the following information if you are married, divorced or widowed.

|                               |   |
|-------------------------------|---|
| Date of marriage (mm/dd/yyyy) | Place of marriage (city, state or province and country) |
| <input type="text"/>          | <input type="text"/>                                    |

4. Type of ceremony.

Religious  Civil  None

5. We are:

Living together  Not living together

6. If divorced or widowed:

|                                  |  |
|----------------------------------|--|
| Date marriage ended (mm/dd/yyyy) | Place marriage ended (city, state or province and country) |
| <input type="text"/>             | <input type="text"/>                                       |

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**Part 7. Signature. (Read the information on penalties in the instructions before completing this section.)**

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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 needs to determine eligibility for the benefit being sought.

**Signature****Date (mm/dd/yyyy)**

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**Part 8. Signature of person preparing form, if other than above. (Sign below.)**

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I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge. I have not knowingly withheld any material information that would affect the outcome of this application.

**Attorney or Representative:** In the event of a Request for Evidence (RFE) may USCIS contact you by Fax or E-mail?

Yes  No

**Preparer's Signature****Date (mm/dd/yyyy)****Preparer's Printed Name****Preparer's Firm Name (if applicable)****Preparer's Address**

Daytime Phone Number (with area code)

Fax Number (if any)

E-Mail Address (if any)

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**Signature for placement on Employment Authorization Document.**

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Please provide your signature below. This signature will be scanned and duplicated for placement on your Employment Authorization Document. **When signing, make sure that no part of your signature goes outside the lines of the box.**

**Signature**