

**Form I-687, Application for Status as a Temporary Resident Under Section 245A of the INA**

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

**Do not write in this block. For USCIS Use Only.**

Action Block	Fee Stamp	
	Principal Applicant's A#	This applicant's A#

**START HERE - Please type or print in capital letters in black ink.** *If you need more space, use a separate sheet(s) of paper.*

1. I hereby apply for status as indicated by the block checked below.

- A.** Temporary Resident Status as an alien who illegally entered the U.S. prior to January 1, 1982.
- B.** Temporary Resident Status as an alien who entered the U.S. as a nonimmigrant prior to January 1, 1982, and whose authorized stay expired before such date or whose unlawful status was known to the Government as of January 1, 1982.

<b>2. Name</b>			<b>3. Date of Birth (mm/dd/yyyy)</b>
Family Name (in capital letters)	Given Name	Middle Name	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

<b>4. Other Names Used or Known by (Including maiden name, if married)</b>	<b>5. Telephone Numbers (Including Area Codes)</b>
<input style="width:100%;" type="text"/>	Home: <input style="width:150px;" type="text"/> Work: <input style="width:150px;" type="text"/>

<b>6. Home Address in the U.S.</b>		<b>U.S. Social Security #</b>
In care of	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Number and Street	<input style="width:100%;" type="text"/>	Apt. # <input style="width:100px;" type="text"/>
City	State	Zip Code
<input style="width:100%;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>

<b>7. Mailing Address in the U.S. (if different from address in Number 6.)</b>		
In care of	<input style="width:100%;" type="text"/>	
Number and Street	<input style="width:100%;" type="text"/>	Apt. # <input style="width:100px;" type="text"/>
City	State	Zip Code
<input style="width:100%;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>

<b>8. Last Address Outside the U.S.</b>			
Number and Street	<input style="width:100%;" type="text"/>		Apt. # <input style="width:100px;" type="text"/>
City	County, Province, or State	Country	<input style="width:100px;" type="text"/>
<input style="width:100%;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>	

<b>9. Country of Citizenship</b>	<input style="width:100%;" type="text"/>
----------------------------------	--

<b>10. Place of Birth</b>			
City or Town	County, Province, or State	Country	<input style="width:100px;" type="text"/>
<input style="width:100%;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>	

**11. Marital Status**

Now Married     Never Married     Separated     Divorced     Widowed

**12. Gender**

Male  
 Female

**13. Race**

Asian or Pacific Islander     Black, not of Hispanic origin     Other (specify below)  
 Hispanic     White, not of Hispanic origin

**14. Have you previously applied for temporary residence as a Legalization applicant?**

No     Yes    If Yes, give date, place of filing and final disposition, if known.

**15. Do you have other records with USCIS (or the former INS)?**

No     Yes    If Yes, give file numbers.    A#    Other

**16. When did you last come to the U.S.?**    **17. Manner of Entry**

(mm/dd/yyyy)     Without a visa     With a visa (visitor, student, etc.) specify

**18. Place of last entry into U.S.**

Port of Entry (City and State)     Border - Not through a Port of Entry (State)

**19. Mother's Name**

(Give maiden name, last name, first name)

Living

Deceased (year)

**20. Father's Name**

(Give last name, first name)

Living

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 where visa issued (City and Country)**

**24. Type of visa issued (B-2, F-1, etc.)**

**25. Date visa issued (mm/dd/yyyy)**

**26. Authorized stay in U.S. Expired (mm/dd/yyyy)**

**27. Class of admission (Student, visitor, etc.)**

**28. Did you violate your legal status prior to January 1, 1982?**

No     Yes

**29. Was your status violation known to the Government prior to January 1, 1982?**

No     Yes    If Yes, how was your status violation known to the Government?

**30. RESIDENCES IN THE UNITED STATES:**

List all of your residences in the United States since your first entry, beginning with your present address.

If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information refers to question **Number 30**.

Street Name and Number (Apt. No.)

City    State and Zip Code    From (mm/yy)    To (mm/yy)    Present

Street Name and Number (Apt. No.)

City    State and Zip Code    From (mm/yy)    To (mm/yy)

Street Name and Number (Apt. No.)

City    State and Zip Code    From (mm/yy)    To (mm/yy)

**30. RESIDENCES IN THE UNITED STATES, continued:**

Street Name and Number (Apt. No.)					
City		State and Zip Code		From (mm/yy)	To (mm/yy)

Street Name and Number (Apt. No.)					
City		State and Zip Code		From (mm/yy)	To (mm/yy)

Street Name and Number (Apt. No.)					
City		State and Zip Code		From (mm/yy)	To (mm/yy)

Street Name and Number (Apt. No.)					
City		State and Zip Code		From (mm/yy)	To (mm/yy)

Street Name and Number (Apt. No.)					
City		State and Zip Code		From (mm/yy)	To (mm/yy)

Street Name and Number (Apt. No.)					
City		State and Zip Code		From (mm/yy)	To (mm/yy)

Street Name and Number (Apt. No.)					
City		State and Zip Code		From (mm/yy)	To (mm/yy)

Street Name and Number (Apt. No.)					
City		State and Zip Code		From (mm/yy)	To (mm/yy)

Street Name and Number (Apt. No.)					
City		State and Zip Code		From (mm/yy)	To (mm/yy)

Street Name and Number (Apt. No.)					
City		State and Zip Code		From (mm/yy)	To (mm/yy)

Street Name and Number (Apt. No.)					
City		State and Zip Code		From (mm/yy)	To (mm/yy)



**32. ABSENCES 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.)

City  State and Zip Code  Occupation

Annual Wage  Hourly Wage  From (mm/yy)  To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City  State and Zip Code  Occupation

Annual Wage  Hourly Wage  From (mm/yy)  To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City  State and Zip Code  Occupation

Annual Wage  Hourly Wage  From (mm/yy)  To: (mm/yy)

**33. EMPLOYMENT IN THE UNITED STATES SINCE ENTRY, continued.**

Full Name of Employer

Street Name and Number (Apt. No.)

City  State and Zip Code  Occupation

Annual Wage  Hourly Wage  From (mm/yy)  To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City  State and Zip Code  Occupation

Annual Wage  Hourly Wage  From (mm/yy)  To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City  State and Zip Code  Occupation

Annual Wage  Hourly Wage  From (mm/yy)  To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City  State and Zip Code  Occupation

Annual Wage  Hourly Wage  From (mm/yy)  To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City  State and Zip Code  Occupation

Annual Wage  Hourly Wage  From (mm/yy)  To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City  State and Zip Code  Occupation

Annual Wage  Hourly Wage  From (mm/yy)  To: (mm/yy)

**33. EMPLOYMENT IN THE UNITED STATES SINCE ENTRY, continued.**

Full Name of Employer

Street Name and Number (Apt. No.)

City  State and Zip Code  Occupation

Annual Wage  Hourly Wage  From (mm/yy)  To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City  State and Zip Code  Occupation

Annual Wage  Hourly Wage  From (mm/yy)  To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City  State and Zip Code  Occupation

Annual Wage  Hourly Wage  From (mm/yy)  To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City  State and Zip Code  Occupation

Annual Wage  Hourly Wage  From (mm/yy)  To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City  State and Zip Code  Occupation

Annual Wage  Hourly Wage  From (mm/yy)  To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City  State and Zip Code  Occupation

Annual Wage  Hourly Wage  From (mm/yy)  To: (mm/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 Act and have not done so. I wish to register at this time. My SSS Form 1 is attached.
- 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

36. Have you ever been treated for a mental disorder, drug addiction, or alcoholism? Yes  No

37. Have you **ever** committed a crime or offense for which you were **not** arrested? Yes  No

Have you **ever** 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 **ever** been charged with committing any crime or offense? Yes  No

Have you **ever** been convicted of a crime or offense? Yes  No

Have you **ever** been in jail or prison? Yes  No

Have you **ever** been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)? Yes  No

Have you **ever** 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 U.S. Government, any state, county, city, or municipality? Yes  No





39. 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

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

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

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

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

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

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? Yes  No



Have you ever left the United States to avoid being drafted into the U.S. Armed Forces? Yes  No

Have you ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? Yes  No

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

Do you plan to practice polygamy in the United States? Yes  No

40. If your native alphabet is in other than Roman letters, write your name in your native alphabet.

41. Language of your native alphabet.

**42. Signature and Certification of Applicant.**

I CERTIFY, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. I hereby consent and authorize U.S. Citizenship and Immigration Services to verify the information provided and to conduct police, welfare, and other record checks pertinent to this application.

Signature  Date

43. Signature of person preparing form, if other than applicant.

I declare under penalty of perjury that I prepared this application at the request of the above person.

The answers provided are based on information of which I have personal knowledge and/or were provided to me by the above named person in response to the exact questions contained on this form.

Signature  Date   
Print Name   
Address  Telephone number with area code

**U.S. Citizenship and Immigration Services Use Only**

44. Recommendation: Temporary Residence  Approved  Denied

45. Recommendation: Waiver of Inadmissibility under Section 212(a)  Approved  Denied

46. Class of Admission	47. Place of Adjustment	48. Date of Adjustment
49. Recommended by (Print Name and Title)	50. ID Number	51. Date

52. Final Action: Temporary Residence  Approved  Denied

53. Director, Regional Processing Center	54. ID Number	55. Date
--	---------------	----------

---

## 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 agreements reached in *Catholic Social Services v. Ridge et al.* (CSS) or *Newman v. USCIS* (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.

Family Name (in capital letters)	Given Name	Middle Name	A Number

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. During the period between May 5, 1987, and May 4, 1988, did you (or a parent or spouse) visit an office of the former Immigration and Naturalization Service (INS) to apply for legalization, but were turned away because the INS or the Qualified Designated Entity (QDE) believed that <b>(1)</b> you had traveled outside the United States after November 6, 1986, without advance parole, OR <b>(2)</b> you had traveled outside the United States and returned after January 1, 1982, with a visitor's visa, student visa, or any other type of visa or travel document?     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you enter the United States before January 1, 1982, and then reside in a continuous unlawful status, except for brief absences, from before 1982 until the date you (or your parent or spouse) were turned away by the INS when you (or your parent or spouse) tried to apply for legalization during 1987 to 1988?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were you continuously physically present in the United States, except for brief, casual, and innocent departures from November 6, 1986, until the date you (or your parent or spouse) were turned away by the INS when you (or your parent or spouse) tried to apply for legalization?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been convicted of a felony or three or more misdemeanors committed in the United States, or have you ever been convicted of crimes, or committed acts which make you inadmissible pursuant to any provision of the Immigration and Nationality Act, including but not limited to: section 212(a)(2)(A)(i)(I) (crime involving moral turpitude); section 212(a)(2)(B) (multiple criminal convictions); section 212(a)(2)(C) (controlled substance traffickers); section 212(a)(2)(A)(i)(II) (controlled substances); section 212(a)(3) (security and related grounds)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you (or your parent or spouse) apply for a work permit or otherwise register for class membership under <u>CSS</u> or <u>Newman/LULAC</u> before October 1, 2000. If "Yes," attach copies of any available proof (for example, your <u>CSS</u> or <u>Newman</u> work permit).   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. When you (or your parent or spouse) visited the INS or a QDE during the legalization application period, did you (or your parent or spouse) bring with you a completed legalization application and fee?  | <input type="checkbox"/> | <input type="checkbox"/> |

**NOTE:** If you answered "Yes" to Questions 1, 2, and 3 and "No" to Question 4, and "Yes" to either Question 5 or 6, your answers indicate that you may be eligible for Legalization under the settlement agreements.

---

### APPLICANT'S CERTIFICATION:

I certify, under the penalty of perjury under the laws of the United States of America, that this worksheet and the evidence submitted with it are all true and correct. I authorize the release of any information from the records that the U.S. Department of Homeland Security needs to determine eligibility for the benefit I am seeking.

I understand that information I provide in connection with this Class Membership Worksheet is confidential and may not be used to arrest, remove or deport me or for any purpose unrelated to the adjudication of this Class Membership Worksheet, except as provided in 8 U.S.C. 1255a(c)(5).

**Signature**

**Date**