

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

I-102, Application for Replacement/Initial Nonimmigrant Arrival - Departure Document

START HERE - Please type or print in black ink.

Part 1. Information about you.

| | | |
|---|---|--|
| Family Name | Given Name | Middle Name |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Address - In care of - | | |
| <input style="width: 98%;" type="text"/> | | |
| Street Number and Name | | Apt./Suite # |
| In care of - | | |
| <input style="width: 95%;" type="text"/> | | <input style="width: 95%;" type="text"/> |
| City | State | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | |
| Zip/Postal Code | Country | Date of Birth (mm/dd/yyyy) |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Country of Birth | Country of Citizenship/Nationality | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | |
| A # (if any) | U.S. Social Security # (if any) | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | |
| Date (mm/dd/yyyy) and Place of Last Admission | | Current Nonimmigrant Status |
| <input style="width: 95%;" type="text"/> | | <input style="width: 95%;" type="text"/> |
| Status Expires on (mm/dd/yyyy) | I-94, I-94W, or I-95 Arrival/Departure Document # | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | |

Part 2. Reason for application.

Check the box that best describes your reason for requesting a replacement document.
(Check one box.)

- a. I am applying to replace my lost or stolen Form I-94 (or I-94W).
- b. I am applying to replace my lost or stolen Form I-95.
- c. I am applying to replace Form I-94 (or I-94W) because it is mutilated. I have attached my original I-94 (or I-94W).
- d. I am applying to replace Form I-95 because it is mutilated. I have attached my original I-95.
- e. I was not issued a Form I-94 when I entered as a nonimmigrant, and I am filing this application together with an application for an extension of stay/change of status.
- f. I was issued a Form I-94, I-94W, or Form I-95 with incorrect information, and I am requesting USCIS to correct the document. I have attached my original Form I-94, I-94W, or Form I-95.
- g. I was not issued a Form I-94 when I entered as a nonimmigrant member of the military, and I am filing this application for an initial Form I-94.

For USCIS Use Only

| | |
|--|---------|
| Returned | Receipt |
| Date | |
| Date | |
| Resubmitted | |
| Date | |
| Date | |
| Reloc Sent | |
| Date | |
| Date | |
| Reloc Rec'd | |
| Date | |
| Date | |
| <input type="checkbox"/> Applicant Interviewed on _____ | |
| New I-94 # | |
| Remarks | |
| | |
| Action Block | |
| | |
| To Be Completed by <i>Attorney or Representative, if any.</i> | |
| <input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant. | |
| ATTY State License # | |
| | |

Part 3. Processing information.

1. Are you filing this application with any other petition or application?

No

Yes - Form #

2. Are you now in removal proceedings?

No

Yes (Give detailed information regarding the proceedings. If you need more space to complete the answer, use a separate sheet(s) of paper. Write your name and A #, if any, and "Part 3, Number 2" at the top of each sheet.)

3. If you are unable to provide the original of your Form I-94, I-94W, or I-95, give the following information:

Your name exactly as it appears on Form I-94, I-94W, or I-95, if known (*print clearly*)

Class of Admission:

Place of Admission:

Part 4. Signature. (*Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.*)

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature

Daytime Telephone Number (*with area code*)

Date (*mm/dd/yyyy*)

Part 5. Signature of person preparing form, if other than above. (*Sign below.*)

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.

Signature

Print or Type Your Name

Firm Name

Firm Address (*Street Number and Name or P.O. Box, City, State, Zip Code*)

Daytime Telephone Number (*with area code*)

E-Mail Address (*if any*)

Date (*mm/dd/yyyy*)