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

NOTE: Use this form only if you are applying to adjust status to that of a lawful permanent resident under section 245(i) of the Immigration and Nationality Act.

Name First Name Middle Name ess: In Care Of t Number and Name Apt. # State Zip Code	Action Block
t Number and Name Apt. #	
t Number and Name Apt. #	
State Zip Code	
n Registration Number (A #) if any Date of Birth (mm/dd/yyyy)	
ntry of Birth Country of Citizenship/Nationality	
phone Number E-Mail Address, if any	
I am the beneficiary of a visa petition filed on or before January 14, 1998.	
I am the beneficiary of a visa petition filed on or after January 15, 1998, and on or before	• '
I am the beneficiary of an application for a labor certification filed on or before January 1	
I am the beneficiary of an application for a labor certification filed on or after January 15	
ou checked box b or d in Question 1, you must submit evidence demonstrating that you we ted States on December 21, 2000.	ere physically present in the
d I fall into one or more of these categories: (Check all that apply to you.)	
I entered the United States as an alien crewman;	
I have accepted employment without authorization; I am in unlawful immigration status because I entered the United States without inspection	on or I remained in the United
States past the expiration of the period of my lawful admission;	on of 1 femamed in the Officed
I have failed (except through no fault of my own or for technical reasons) to maintain, co	ntinuously, lawful status;
I was admitted to the United States in transit without a visa;	
I was admitted as a nonimmigrant visitor without a visa;	
I was admitted as a nonimmigrant visitor without a visa; I was admitted to the United States as a nonimmigrant in the S classification; or	

1. Are you applying to adjust status based on any of the below reasons?

- a. You were granted asylum in the United States;
- **b.** You have continuously resided in the United States since January 1, 1972;
- c. You entered as a K-1 fiancé(e) of a U.S. citizen;
- **d.** You have an approved Form I-360, Petition for Amerasian, Widow(er), Battered or Abused Spouse or Child, or Special Immigrant, and are applying for adjustment as a special immigrant juvenile court dependent or a special immigrant who has served in the U.S. armed forces, or a battered or abused spouse or child;
- e. You are a native or citizen of Cuba, or the spouse or child of such alien, who was not lawfully inspected or admitted to the United States;
- f. You are a special immigrant retired international organization employee or family member;
- g. You are a special immigrant physician;

Part C. Additional eligibility information	. (Continued.)	_
h. You are a public interest parolee, who was d Cambodia (a "Lautenberg Parolee" under Pu		former Soviet Union, Vietnam, Laos or
i. You are eligible under the Immigration Nurs	ing Relief Act.	
No. I am not applying for adjustment of sta	itus for any of these reasons. (Go to ne:	xt question.)
Yes. I am applying for adjustment of status	for any one of these reasons. (If you a	nswered "Yes," do not file this form.)
2. Do any of the following conditions describ	e you?	
a. You are already a lawful permanent reside	ent of the United States.	
b. You have continuously maintained lawful	immigration status in the United State	s since November 5, 1986.
c. You are applying to adjust status as the sp child at least 21 years of age, and you wer		
No. None of these conditions describe r	ne. (Go to Part D . Signature.)	
Yes. If you answered "Yes," do not fil	e this form.	
Part D. Signature. Read the information on		
Tart D. Signature. Redu the information on	——————————————————————————————————————	inpleting this section.
I certify, under penalty of perjury under the laws with it is all true and correct. I authorize the releaservices needs to determine eligibility for the be	ease of any information from my record	
Signature	Print Name	Date
Part E. Signature of person preparing for before completing this section.	rm, if other than above. Read the	information on penalties in the instructions
I certify, under penalty of perjury under the laws person and that to the best of my knowledge the		
Signature	Print Name	Date
Firm Name and Address	Daytime Ph	none Number (Area Code and Number)
	()	
	E-Mail Add	lress if any
	E-Mail Add	ness, ii any