

I-243, Application for Removal

NOTE: Complete the application in duplicate. Take or mail it to a Department of Homeland Security office nearest your place of residence. A separate application must be filed by each applicant except that children under age 14 years may be included in a parent's application.

Applicant's Request for Removal: Being in distress or in need of public aid from causes arising after entry, I hereby request to be removed from the United States at government expense.

1. Name (Family name in capital letters) (First Name) (Middle Name)			2. File Number (Alien Registration Number)		
3. Present Address (Apt. No.) (Number and Street) (City or Town) (Country)					
4. Date of Birth		5. Place of Birth (City or Town) (Country, Province or State) (Country of Citizenship/Nationality)			
6. Date of Entry into U.S.		Port-of-Entry		Name of vessel, airline or other means of conveyance	
7. Status at Entry ("X" one) <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Visitor <input type="checkbox"/> Entered Without Inspection <input type="checkbox"/> Other (Specify) _____					
Please attach any documents issued to you at time of entry					
8. I <input type="checkbox"/> do I <input type="checkbox"/> do not have a Permanent Resident Card.			9. I <input type="checkbox"/> have I <input type="checkbox"/> have not been issued a Reentry Permit.		
10. Removal is requested to: (City or town) (Country, district, province or state)					
11. I <input type="checkbox"/> do I <input type="checkbox"/> do not have a Valid Passport or Travel Document for entry into the country shown above.			12. I <input type="checkbox"/> have I <input type="checkbox"/> have not previously filed an application for removal.		
13. The persons listed below depend on me for support: (If, none, so state)					
Name		Age	Relationship	Address	
14. List your nearest relatives in the country to which removal is requested:					
Name		Age	Relationship	Complete Address	
15. I <input type="checkbox"/> have <input type="checkbox"/> have not received assistance from a public or charitable institution association. (If so complete the following and have an official of such organization complete the certificate on the reverse side. If not, skip to Question 16 .)					
Name of institution or association			Complete Address		
16. If you have not received such assistance, indicate the financial circumstances that cause you to need public aid and attach any documentary evidence available to support your statements.					
17. APPLICANT'S CERTIFICATION: I understand that if this application is granted and I am removed from the United States, I will be ineligible to apply for or receive a visa or other documents for readmission, or to apply for admission to the United States, except with the prior approval of the Secretary of the Department of Homeland Security. I certify that the above statements are true and correct to the best of my knowledge and belief.					
_____ (Signature of Applicant)			_____ (Date)		
18. Signature of person preparing form, if other than applicant					
I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.					
_____ (Signature of Preparer)		_____ (Address)		_____ (Date)	
()					
_____ (Telephone Number)		_____ E-mail address (If any)			

**Certificate of Accredited Representative of Public or Charitable Institution
From Which Alien Named Has Received Aid**

I, _____, being an accredited representative
of _____
(Give name of institution or association with which connected)

hereby certify that the said _____, an applicant for removal
under section 250 of the Immigration and Nationality Act, has received the following aid or assistance from the:

(Name of institution or association)

(Nature and period(s) of such aid)

Date _____ _____
(Name)

(Title)

Our Authority to Collect This Information: The authority for collection of the information requested on this form is contained in 8 U.S.C. 1260. Submission of the information by an alien applicant for removal from the United States at U.S. Government expense is voluntary. The solicited information will be used principally by the Department of Homeland Security (DHS) to determine whether the applicant is eligible for removal from the United States under the provisions of section 250 of the Immigration and Nationality Act, 8 U.S.C. 1260. The information may also as a matter of routine use be disclosed to other Federal, state, local, and foreign law enforcement and regulatory agencies, the Department of Defense including any component thereof, (if the applicant has served or is serving in the Armed Forces of the United States), the U.S. Department of State, Central Intelligence Agency, Interpol, individuals and organizations, during the course of investigation to elicit further information required by the DHS to carry out its functions. Failure to provide any or all of the solicited information may result in the denial of the application for removal from the United States.

Reporting Burden: Under the Paperwork Reduction Act, an agency may not conduct or sponsor an information collection and a person is not required to respond to an information collection unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood and that impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is 30 minutes per application. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you may write to the U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue N.W., Washington, DC 20529; OMB No. 1615-0019. **Do not mail your completed application to this address.**