

# PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

1. Agency/Subagency originating request DOJ-Executive Office for Immigration Review	2. OMB control number a. <u>P</u> - <u>0001</u> b. <input type="checkbox"/> None
3. Type of information collection (check one) a. <input type="checkbox"/> New collection b. <input checked="" type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension, without change, of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number	4. Type of review requested (check one) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by: <u>        </u> / <u>        </u> / <u>        </u> c. <input type="checkbox"/> Delegated  5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3a. Public Comments Has the agency received public comments on this information collection?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other: Specify <u>        </u> / <u>        </u> / <u>        </u>
7. Title Application for Cancellation of Removal (42A) for certain Permanent Residents; & Adjustment of Status for Certain Nonpermanent Residents	
6. Agency form number(s) (if applicable) Form EOIR-42A; Form EOIR-42B	
8. Keywords Aliens, Immigration, Cancellation, Removal	
10. Abstract This information collection is necessary to determine the statutory eligibility for cancellation of removal of individual aliens determined to be removable from the US, and to provide information relevant to a favorable exercise of discretion.	
11. Affected public (Mark primary with "P" and all others that apply with "X") a. <input type="checkbox"/> Individuals or households b. <input type="checkbox"/> Business or other for-profit c. <input type="checkbox"/> Not-for-profit institutions d. <input type="checkbox"/> Farms e. <input type="checkbox"/> Federal Government f. <input type="checkbox"/> State, Local or Tribal Government	12. Obligation to respond (Mark primary with "P" and all others that apply with "X") a. <input type="checkbox"/> Voluntary b. <input checked="" type="checkbox"/> Required to obtain or retain benefits c. <input checked="" type="checkbox"/> Mandatory
13. Annual reporting and recordkeeping hour burden a. Number of respondents <u>12,000</u> b. Total annual responses <u>12,000</u> 1. Percentage of these responses collected electronically <u>0</u> % c. Total annual hours requested <u>69,660</u> d. Current OMB inventory <u>64,130</u> e. Difference <u>5,530</u> f. Explanation of difference 1. Program change _____ 2. Adjustment <u>5530 (increased number of applicants)</u>	14. Annual reporting and recordkeeping cost burden (in thousands of dollars) a. Total annualized capital/startup costs <u>0</u> b. Total annual costs (O&M) <u>0</u> c. Total annualized cost requested <u>1,200 (filing fees)</u> d. Current OMB inventory <u>1,200</u> e. Difference <u>0</u> f. Explanation of difference 1. Program change <u>0</u> 2. Adjustment <u>0</u>
15. Purpose of information collection (Mark primary with "P" and all others that apply with "X") a. <input type="checkbox"/> Application for benefits b. <input type="checkbox"/> Program evaluation c. <input type="checkbox"/> General purpose statistics d. <input type="checkbox"/> Audit e. <input type="checkbox"/> Program planning or management f. <input type="checkbox"/> Research g. <input type="checkbox"/> Regulatory or compliance	16. Frequency of recordkeeping or reporting (check all that apply) a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input checked="" type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input checked="" type="checkbox"/> Other (describe): <u>as needed</u>
17. Statistical methods Does this information collection employ statistical methods?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Agency contact (person who can best answer questions regarding the content of this submission)  Name: <u>Gustavo D. Villageliu</u>  Phone: <u>703-305-1189</u>