## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

In the Matter of: File Number: A -				
START HERE - Please Type or Print (Use black ink)		For USCIS Use Only		
Part 1. Information About You (Individual/Business/Organization filing appeal or motion)		Returned	Receipt	
Family Name	Given Name	Middle Name	Date	
			Date	
Name of Business/Organization (if a	oplicable)		Resubmitted	
Mailing Address - Street Number and Name Apt. #			Date	
C/O (in care of):			Date	
no (in care of).			Reloc Sent	
City Stat	te or Province	Zip/Postal Code	Date	
L	Daytime Phon		Date	
	( )	· · · · · · · · · · · · · · · · · · ·	Reloc Rec'd	
Fax # (Area/Country Code)	E-Mail Addres	ss (if any)	_   Reloc Rec u	
( )			Date	
Lam an attorney or representati	ve If you check this bo	y you must provide the	<b>-</b>	
I am an attorney or representative. If you check this box, you must provide the following information about the person or organization for whom you are			Date	
appearing. (NOTE: You must	attach a Form G-28, No	otice of Entry of Appearance	Remarks	
as Attorney or Representative.) Family Name	Given Name	Middle Name		
anniy ivanic	Given Name	Windle Ivame	<b>┐</b> ┃	
Complete Name of Business/Organiz	votion/School (if applied	<u>ubla)</u>	<b>-</b>	
Complete Name of Business/Organiz	ation/senoor(ij applica	iote)	٦	
A # (if any)	Daytime Phon	ne # (Area/Country Code)	<b>-</b>	
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Fax # (Area/Country Code)	E-mail Addres	ss (if any)	<b>-</b>	
( )				
Part 2. Information About the	ne Appeal or Motic	on.		
Check the box below that best descri	bes your request. (Check	k one box.)		
A. I am filing an appeal. My	orief and/or additional e	vidence is attached.		
<b>B.</b> I am filing an appeal. My	orief and/or additional e	vidence will be submitted to	the AAO within 30 day	ys.
C. I am filing an appeal. No s	upplemental brief and/c	or additional evidence will be	submitted.	
		f and/or additional evidence i		
E. I am filing a motion to reco	·			
	-	onsider a decision. My brief a	and/or additional evide	ence is attached.

In the Matter of: File Number: A -					
Part 2. Information About the Appeal or Motion (Continued)					
nformation on the relating application/	etition.				
Application/Petition Form # Receipt	# Date of Denial (mm	u/dd/yyyy) USCIS Office Where Decision Issued			
Part 3. Basis for the Appeal or	Motion				
Motion to Reopen: The motion must s	ate new facts and must be supported by aff	idavits and/or documentary evidence.			
Motion to Reconsider: The motion m	st be supported by citations to appropriate	statutes, regulations or precedent decisions.			
Appeal: Provide a statement explaining	any erroneous conclusion of law or fact in	the decision being appealed.			
Part 4. Signature of Person Fil	ng the Appeal/Motion or His or H	ler Authorized Representative			
Signature	Signer's Printed Name	Date (mm/dd/yyyy)			