

**Form I-290B, Notice  
of Appeal or Motion**

|                          |                         |
|--------------------------|-------------------------|
| <b>In the Matter of:</b> | <b>File Number: A -</b> |
|--------------------------|-------------------------|

**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)*

|             |            |             |
|-------------|------------|-------------|
| Family Name | Given Name | Middle Name |
|             |            |             |

Name of Business/Organization *(if applicable)*

**Mailing Address - Street Number and Name** Apt. #

C/O *(in care of)*:

|      |                   |                 |
|------|-------------------|-----------------|
| City | State or Province | Zip/Postal Code |
|      |                   |                 |

|         |  |
|---------|--|
| Country | Daytime Phone # <i>(Area/Country Code)</i> |
|         | (      )                                   |

|                                  |                                |
|----------------------------------|--------------------------------|
| Fax # <i>(Area/Country Code)</i> | E-Mail Address <i>(if any)</i> |
| (      )                         |                                |

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 appearing. **(NOTE: You must attach a Form G-28, Notice of Entry of Appearance as Attorney or Representative.)**

|             |            |             |
|-------------|------------|-------------|
| Family Name | Given Name | Middle Name |
|             |            |             |

Complete Name of Business/Organization/School *(if applicable)*

|                     |  |
|---------------------|--|
| A # <i>(if any)</i> | Daytime Phone # <i>(Area/Country Code)</i> |
|                     | (      )                                   |

|                                  |                                |
|----------------------------------|--------------------------------|
| Fax # <i>(Area/Country Code)</i> | E-mail Address <i>(if any)</i> |
| (      )                         |                                |

|             |         |
|-------------|---------|
| Returned    | Receipt |
| Date        |         |
| Date        |         |
| Resubmitted |         |
| Date        |         |
| Date        |         |
| Reloc Sent  |         |
| Date        |         |
| Date        |         |
| Reloc Rec'd |         |
| Date        |         |
| Date        |         |

**Remarks**

**Part 2. Information About the Appeal or Motion**

Check the box below that best describes your request. *(Check one box.)*

- A.  I am filing an appeal. My brief and/or additional evidence is attached.
- B.  I am filing an appeal. My brief and/or additional evidence will be submitted to the AAO within 30 days.
- C.  I am filing an appeal. No supplemental brief and/or additional evidence will be submitted.
- D.  I am filing a motion to reopen a decision. My brief and/or additional evidence is attached.
- E.  I am filing a motion to reconsider a decision. My brief is attached.
- F.  I am filing a motion to reopen and a motion to reconsider a decision. My brief and/or additional evidence is attached.

|                          |                         |
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**Part 2. Information About the Appeal or Motion** (Continued)

Information on the relating application/petition.

| Application/Petition Form # | Receipt #            | Date of Denial (mm/dd/yyyy) | USCIS Office Where Decision Issued |
|-----------------------------|----------------------|-----------------------------|------------------------------------|
| <input type="text"/>        | <input type="text"/> | <input type="text"/>        | <input type="text"/>               |

**Part 3. Basis for the Appeal or Motion**

**Motion to Reopen:** The motion must state new facts and must be supported by affidavits and/or documentary evidence.

**Motion to Reconsider:** The motion must 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 Filing the Appeal/Motion or His or Her Authorized Representative**

|                      |                              |                          |
|----------------------|------------------------------|--------------------------|
| <b>Signature</b>     | <b>Signer's Printed Name</b> | <b>Date (mm/dd/yyyy)</b> |
| <input type="text"/> | <input type="text"/>         | <input type="text"/>     |

**Make sure your appeal or motion is complete before filing.**