Department of Homeland Security

U.S. Citizenship and Immigration Services

In the Matter of: File N			umber: A -	
START HERE - Please Type or Print (Use black ink)			For USCIS Use Only	
Part 1. Information About You (<i>A appeal or motion</i>)	Individual/Business/Or	ganization filing	Returned	Receipt
Family Name Given	Name	Middle Name	Date	
Name of Business/Organization (<i>if applicable</i>)			Date	
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Mailing Address - Street Number and Nam	ne Reference and the second se	Apt. #	Date	
C/O (in care of):			Date	
			Reloc Sent	
City State or Pro	ovince Z	Cip/Postal Code	Date	
Country	Daytime Phone # (Ar	rea/Country Code)	Date	
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Fax # (Area/Country Code) E-Mail Address (if any)				
()			Date	
\Box I am an attorney or representative. If you check this box, you must provide the			Date	
following information about the persor appearing. (NOTE: You must attach as Attorney or Representative.)			Remarks	
• •	Name	Middle Name		
Complete Name of Business/Organization/S	chool (<i>if applicable</i>)			
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() Part 2. Information About the Ap	peal or Motion			
the box below that best describes you	r request. (Check one b	pox.)		

- A. \Box 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.** \Box 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.

In the Matter of:	File Number: A -				
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				
Part 3. Basis for the Appeal or Motion					
	and must be supported by affidavits and/or documentary evidence. ed 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

Signature

Signer's Printed Name

Date (mm/dd/yyyy)

Make sure your appeal or motion is complete before filing.