

Instructions

Read these instructions carefully to properly complete your Form I-929. If you do not follow the instructions, U.S. Citizenship and Immigration Services (USCIS), may have to return your Form I-929, which may delay final action. If you need more space to complete an answer, use a separate sheet(s) of paper. Write your name and Alien Registration Number (A-Number), if any, at the top of each sheet(s) and indicate the number of the item relating to your answer. Include the Part and letter or number referring to the additional information you are providing.

What Is the Purpose of This Form?

The purpose of Form I-929 is to request immigration benefits on behalf of a family member who never held U nonimmigrant status. To process your Form I-929, you will need to supply USCIS with a signed Form I-929 and the filing fee. In addition, you will need to supply the appropriate supporting documents for your petition. Any non-English language document must be translated into English.

Who May File?

A U-1 nonimmigrant status holder may file this form with U.S. Citizenship and Immigration Services (USCIS) on behalf of a family member who does not hold U nonimmigrant status and who wishes to immigrate to the United States. You must demonstrate that:

- A. You became a lawful permanent resident, or have a pending Application to Register Permanent Residence or Adjust Status (Form I-485), based on your status as a U-1 nonimmigrant (victim of criminal activity);
- B. Your alien relative is eligible for immigrant classification based on his or her relationship to you; and
- C. You can establish that you or your alien relative will suffer extreme hardship if not allowed to remain in or to enter the United States.

You must file a separate petition for each eligible relative.

For Whom May You File?

- A. If you are under 21 years of age, you may file this petition on behalf of your:
 - 1. Spouse;
 - 2. Unmarried child(ren) under 21 years of age; and
 - 3. Parent(s).
- B. If you are over 21 years of age, you may file this petition on behalf of your:
 - 1. Spouse; and
 - 2. Unmarried child(ren) under 21 years of age.

What Are the General Filing Instructions?

- A. Type or print legibly in black ink.
- B. If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and date and sign each sheet.
- C. Answer all questions fully and accurately. If any item does not apply, write "N/A."

Translations

Any document containing a foreign language submitted to USCIS shall be accompanied by a full English language translation which the translator has certified as complete and accurate, and by the translator's certification that he or she is competent to translate from the foreign language into English.

Copies

If these instructions state that a copy of a document may be filed with your Form I-929, submit a copy. If you choose to send the original, USCIS may keep that original for our records. If USCIS requires the original, it will be requested.

What Initial Evidence Is Required To Support This Petition?

You are required to provide documentary evidence of the following:

- A. Your lawful permanent resident status or evidence that you have a pending Application to Register Permanent Residence or Adjust Status (Form I-485) based on your status as a U-1 nonimmigrant;
- B. Your relationship to the alien beneficiary; and
- C. Extreme hardship to you or your alien relative if he or she is not allowed to remain in or to enter the United States.

NOTE: Form I-929 cannot be approved for your alien relative until your Form I-485 is approved based on your U-1 nonimmigrant status.

What Documents Do You Need Demonstrate Your Status?

Provide the following to demonstrate you are eligible to file this petition:

- A.** If you are a permanent resident, you must file your petition with a copy of the front and back of your permanent resident card. If you have not yet received your card, submit copies of your passport biographic page, and the page showing admission as a permanent resident, or other evidence of permanent resident status issued by USCIS.
- B.** If your Form I-485 is pending, you must submit a copy of your approval notice for your Petition for U Nonimmigrant Status (Form I-918) and a receipt notice showing that your Form I-485 has been filed with USCIS.

What Documents Do You Need to Prove a Family Relationship?

Certain documents are required to be submitted with this petition to show that a relationship exists between you and your relative. In all cases, submit a recently taken clear **photograph** of the family member for whom you are filing, and if you are filing for:

A. A Husband or wife: Submit the following documentation:

1. A copy of your marriage certificate.
2. If either you or your spouse were previously married, submit copies of documents showing that all prior marriages were legally terminated.
3. Evidence of any legal name change.

B. A child and you are the mother: Submit a copy of the child's birth certificate showing your name and the name of your child.

C. A child born in wedlock and you are the father: Submit a copy of the child's birth certificate showing both parents' names and your marriage certificate.

D. A child born out of wedlock and you are the father: If the child was not legitimated before reaching 18 years of age, you must file your petition with copies of evidence that a bonafide parent-child relationship existed between the father and the child before the child reached 21 years of age. This may include evidence that the father lived with the child, supported him or her, or otherwise showed continuing parental interest in the child's welfare.

E. A mother: Submit a copy of your birth certificate showing your name and your mother's name. Evidence of any legal name change must also be submitted if the names on the birth certificate do not match the names on the petition.

F. A father: Submit a copy of your birth certificate showing the names of both parents. Also give a copy of your parent's marriage certificate establishing that your father was married to your mother before you were born, and copies of documents showing that any prior marriages of either your father or mother were legally terminated. If you are filing for a stepparent or adoptive parent, or if you are filing for your father and were not legitimated before your 18th birthday, also see **D, G, and H.**

G. Stepparent/stepchild: If your petition is based on a stepparent-stepchild relationship, you must file your petition with a copy of the marriage certificate of the stepparent to the child's natural parent showing that the marriage occurred before the child's 18th birthday. If you or the child's natural parent were ever previously married to other people, submit copies of documents showing that any prior marriages were legally terminated. Evidence of any legal name changes must also be submitted.

H. Adoptive parent of adopted child: If you and the person you are filing for are related by adoption, you must submit a certified copy of the adoption decree(s) showing that the adoption took place before the child became 16 years of age.

If you adopted the child's sibling, you must submit a copy of the adoption decree(s) showing that the adoption of the sibling occurred before that child's 18th birthday.

In either case, you must also submit copies of evidence that each child was in the legal custody of and resided with the parent(s) who adopted him or her for at least two years before or after adoption. Legal custody may only be granted by a court or recognized government entity and is usually granted at the time the adoption is finalized. However, if legal custody is granted by a court or recognized government agency prior to the adoption, that time may count to fulfill the two-year legal custody requirement.

What Documents Do You Need to Show Extreme Hardship?

Extreme hardship is determined on a case-by-case basis. You are encouraged to cite and document all applicable factors you believe demonstrate that you or your alien relative will suffer extreme hardship if he or she is not allowed to remain in or to enter the United States. You must demonstrate that refusal to allow the family member to remain or to enter the United States would result in a degree of hardship beyond that typically associated with such a removal or refusal. Factors to be considered may be, but are not limited to, the following:

- A. Age (both you or your alien relative's children).
- B. Language/cultural assimilation to the United States versus the ability of your alien relative (or the relative's children) ability to speak his or her native language.
- C. Health condition of you or your alien relative.
- D. Availability of necessary medical treatment for the alien relative in the country of return.
- E. Ability to obtain employment in the country of return.
- F. Alien relative's length of residence in the United States.
- G. Existence of other family members residing legally in the United States.
- H. Financial impact the departure would cause to you or your alien relative.
- I. Disruption of educational opportunities.
- J. Psychological impact.
- K. Current political and economic conditions in the country of return.
- L. Family ties to the other country.
- M. Contributions to the community in the United States.
- N. Availability of alien relative to adjust status through other means.

What If a Document Is Not Available?

In such a situation, submit a statement from the appropriate civil authority certifying that the document or documents are not available. You must also submit secondary evidence, including:

- A. **Church record:** A copy of a document bearing the seal of the church, showing the baptism, dedication, or comparable rite occurred within two months after birth, and showing the date and place of the child's birth, date of the religious ceremony, and the names of the child's parents.
- B. **School record:** A letter from the authority (preferably the first school attended) showing the date of admission to the school, the child's date of birth, or age at that time, place of birth, and names of the parents.
- C. **Census record:** State or Federal census record showing the names, place of birth, date of birth, or the age of the person listed.
- D. **Affidavits:** Written statements sworn to or affirmed by two persons who were living at the time and who have personal knowledge of the event you are trying to prove. For example, the date and place of birth, marriage, or death.

The person making the affidavit does not have to be a U. S. citizen. Each affidavit should contain the following information regarding the person making the affidavit: his or her full name, address, date, and place of birth, relationship to you, full information concerning the event, and complete details explaining how the person acquired knowledge of the event.

Where Should You File This Form?

Mail your complete petition package to the following address:

**USCIS
Vermont Service Center
75 Lower Welden Street
St. Albans, VT 05479-0001**

What Is the Filing Fee?

The filing fee for Form I-929 is **\$215**.

Use the following guidelines when you prepare your check or money order for filing the fee:

- 1. The check or money order must be drawn on a bank or other financial institution located in the United States and must be payable in U.S. currency; and

2. Make the check or money order payable to **U.S. Department of Homeland Security**, unless:

- A. If you live in Guam, make it payable to **Treasurer, Guam**.
- B. If you live in the U.S. Virgin Islands, make it payable to **Commissioner of Finance of the Virgin Islands**.

NOTE: Please spell out U.S. Department of Homeland Security; do not use the initials "USDHS" or "DHS."

Notice to Those Making Payment by Check. If you send us a check, it will be converted into an electronic funds transfer (EFT). This means we will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will usually take 24 hours, and will be shown on your regular account statement.

You will not receive your original check back. We will destroy your original check, but we will keep a copy of it. If the EFT cannot be processed for technical reasons, you authorize us to process the copy in place of your original check. If the EFT cannot be completed because of insufficient funds, we may try to make the transfer up to two times.

How to Check If the Fees Are Correct.

The fee for Form I-929 is current as of the edition date appearing in the lower right corner of this page. However, because USCIS fees change periodically, you can verify if the fees are correct by following one of the steps below:

- 1. Visit our website at **www.uscis.gov**, select "Immigration Forms" and check the appropriate fee;
- 2. Review the Fee Schedule included in your form package, if you called us to request the form; or
- 3. Telephone our National Customer Service Center at **1-800-375-5283** and ask for the fee information.

USCIS Forms and Information

To order USCIS forms, call our toll-free number at **1-800-870-3676**. You can also get USCIS forms and information on immigration laws, regulations, and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our Internet website at **www.uscis.gov**.

As an alternative to waiting in line for assistance at your local USCIS office, you can now schedule an appointment through our Internet-based system, **InfoPass**. To access the system, visit our website. Use the **InfoPass** appointment scheduler and follow the screen prompts to set up your appointment. **InfoPass** generates an electronic appointment notice that appears on the screen.

Penalties

If you knowingly and willfully falsify or conceal a material fact or submit a false document with your Form I-929, we will deny your Form I-929 and may deny any other immigration benefit.

In addition, you will face severe penalties provided by law and may be subject to criminal prosecution.

Privacy Act Notice

We ask for the information on this form, and associated evidence, to determine if you have established eligibility for the immigration benefit that you are filing. Our legal right to ask for this information can be found in the Immigration and Nationality Act, as amended. We may provide this information to other government agencies. Failure to provide this information, and any requested evidence, may delay a final decision or result in denial of your Form I-929.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 1 hour per response, including the time for reviewing instructions, and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W. 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-XXXX. **Do not mail your application to this address.**

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Checklist

- Did you answer each question on the Form I-929 according to the instructions on the form?
- Did you sign and date Form I-929?
- Did you submit proof of your lawful permanent resident status or pending Form I-485 based on U-1 nonimmigrant status?
- Did you submit proof of relationship, including documents needing copies and/or translations?
- Did you submit proof of extreme hardship?
- Did you submit the beneficiary's photo?
- Did you provide the beneficiary's address where he or she is residing now?

DO NOT WRITE IN THIS BLOCK-- FOR USCIS USE ONLY

| | | |
|---|--------------|--|
| Bene. A-file reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No U-1 A-file reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No Bene. filed I-485 <input type="checkbox"/> Yes <input type="checkbox"/> No U-1 adjusted <input type="checkbox"/> Yes <input type="checkbox"/> No U-1 I-485 pending <input type="checkbox"/> Yes <input type="checkbox"/> No | Action Block | Bar Code (USCIS Use only) Remarks |
|---|--------------|--|

START HERE -- TYPE OR PRINT LEGIBLY USING BLACK INK

I am filing for my: (Check one)

- Spouse
- Child: Biological Child Stepchild Adopted Child
- Parent: Biological Parent Stepparent Parent who adopted me

Part 1. Information About You

Last Name (Family Name)

First Name (Given Name)

Middle Name

Current Address

| | |
|----------------------|----------------------|
| Street Address | Apt. Number |
| <input type="text"/> | <input type="text"/> |
| City | State |
| <input type="text"/> | <input type="text"/> |
| Zip Code | |
| <input type="text"/> | |

Safe Mailing Address if Other Than Above

| | |
|----------------------|----------------------|
| Street Address | Apt. Number |
| <input type="text"/> | <input type="text"/> |
| City | State |
| <input type="text"/> | <input type="text"/> |
| Zip Code | |
| <input type="text"/> | |

Date of Birth

A-Number

Part 2. Information About Your Alien Relative

Last Name (Family Name)

First Name (Given Name)

Middle Name

Current Address

| | |
|----------------------|----------------------|
| Street Address | Apt. Number |
| <input type="text"/> | <input type="text"/> |
| City | State/Province |
| <input type="text"/> | <input type="text"/> |
| Country | Postal/Zip Code |
| <input type="text"/> | <input type="text"/> |

Mailing Address if Other Than Above

Date of Birth

A-Number

Part 1. Information About You (Con't)

Part 2. Information About Your Alien Relative (Con't)

| | |
|---|------------------------|
| Country of Birth | Social Security Number |
| <input type="text"/> | <input type="text"/> |
| Country of Citizenship/Nationality | |
| <input type="text"/> | |
| Gender: (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female | |

| | |
|---|------------------------|
| Country of Birth | Social Security Number |
| <input type="text"/> | <input type="text"/> |
| Country of Citizenship/Nationality | |
| <input type="text"/> | |
| Gender: (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female | |

If you ever used other names, provide them below:

| | |
|-------------------------|-------------------------|
| Last Name (Family Name) | First Name (Given Name) |
| <input type="text"/> | <input type="text"/> |
| Middle Name | |
| <input type="text"/> | |

| | |
|-------------------------|-------------------------|
| Last Name (Family Name) | First Name (Given Name) |
| <input type="text"/> | <input type="text"/> |
| Middle Name | |
| <input type="text"/> | |

| | |
|-------------------------|-------------------------|
| Last Name (Family Name) | First Name (Given Name) |
| <input type="text"/> | <input type="text"/> |
| Middle Name | |
| <input type="text"/> | |

If your relative ever used other names, provide them below:

| | |
|-------------------------|-------------------------|
| Last Name (Family Name) | First Name (Given Name) |
| <input type="text"/> | <input type="text"/> |
| Middle Name | |
| <input type="text"/> | |

| | |
|-------------------------|-------------------------|
| Last Name (Family Name) | First Name (Given Name) |
| <input type="text"/> | <input type="text"/> |
| Middle Name | |
| <input type="text"/> | |

| | |
|-------------------------|-------------------------|
| Last Name (Family Name) | First Name (Given Name) |
| <input type="text"/> | <input type="text"/> |
| Middle Name | |
| <input type="text"/> | |

Marital Status: (Check one)

- Single (Never Married) Married
 Divorced Widowed

Spouse's Name:

| | |
|----------------------|----------------------|
| Last Name | First Name |
| <input type="text"/> | <input type="text"/> |
| Middle Name | Date of Marriage |
| <input type="text"/> | <input type="text"/> |
| Place of Marriage | |
| <input type="text"/> | |

Marital Status: (Check one)

- Single (Never Married) Married
 Divorced Widowed

Spouse's Name:

| | |
|----------------------|----------------------|
| Last Name | First Name |
| <input type="text"/> | <input type="text"/> |
| Middle Name | Date of Marriage |
| <input type="text"/> | <input type="text"/> |
| Place of Marriage | |
| <input type="text"/> | |

Part 1. Information About You (Con't)

Number of marriages including current marriage:

List most previous marriage first. If you need more space, attach an additional sheet of paper.

Prior Spouse's Name:

Last Name

First Name

Middle Name

Date of Marriage

Place of Marriage

Date of Termination

Place of Termination

Reason for Termination:

Divorce Death Annulment

Other _____

Prior Spouse's Name:

Last Name

First Name

Middle Name

Date of Marriage

Place of Marriage

Date of Termination

Place of Termination

Reason for Termination:

Divorce Death Annulment

Other _____

Part 2. Information About Your Alien Relative (Con't)

Number of marriages including current marriage:

List most previous marriage first. If you need more space, attach an additional sheet of paper.

Prior Spouse's Name:

Last Name

First Name

Middle Name

Date of Marriage

Place of Marriage

Date of Termination

Place of Termination

Reason for Termination:

Divorce Death Annulment

Other _____

Prior Spouse's Name:

Last Name

First Name

Middle Name

Date of Marriage

Place of Marriage

Date of Termination

Place of Termination

Reason for Termination:

Divorce Death Annulment

Other _____

Part 1. Information About You (Con't)

Part 2. Information About Your Alien Relative (Con't)

Prior Spouse's Name:
 Last Name First Name
 Middle Name
 Date of Marriage Place of Marriage
 Date of Termination Place of Termination
 Reason for Termination:
 Divorce Death Annulment
 Other

Prior Spouse's Name:
 Last Name First Name
 Middle Name
 Date of Marriage Place of Marriage
 Date of Termination Place of Termination
 Reason for Termination:
 Divorce Death Annulment
 Other

(Check One):
 I am a Lawful Permanent Resident
 I obtained my Lawful Permanent Residence on:
 My Form I-485 is currently pending
 Receipt Number

Complete if your relative is in the United States
 Date of Admission Place of Admission
 Class of Admission Date Authorized to Stay

Part 3. Information About Your Alien Relative's Children

Last Name First Name Middle Name
 Date of Birth Place of Birth
 Biological Child Stepchild Adopted Child
 Gender: (Check one) Male Female
 Street Address Apt. Number City State/Province
 Country Postal/Zip Code A-Number Country of Birth

Part 3 Information About Your Alien Relative Children (Cont'd)

Name of Mother

| | | |
|----------------------|----------------------|----------------------|
| Last Name | First Name | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Name of Father

| | | |
|----------------------|----------------------|----------------------|
| Last Name | First Name | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| Last Name | First Name | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | |
|----------------------|----------------------|---|------------------------------------|--|
| Date of Birth | Place of Birth | <input type="checkbox"/> Biological Child | <input type="checkbox"/> Stepchild | <input type="checkbox"/> Adopted Child |
| <input type="text"/> | <input type="text"/> | Gender: (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female | | |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Street Address | Apt. Number | City | State/Province |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Country | Postal/Zip Code | A-Number | Country of Birth |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Name of Mother:

| | | |
|----------------------|----------------------|----------------------|
| Last Name | First Name | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Name of Father:

| | | |
|----------------------|----------------------|----------------------|
| Last Name | First Name | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| Last Name | First Name | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | |
|----------------------|----------------------|---|------------------------------------|--|
| Date of Birth | Place of Birth | <input type="checkbox"/> Biological Child | <input type="checkbox"/> Stepchild | <input type="checkbox"/> Adopted Child |
| <input type="text"/> | <input type="text"/> | Gender: (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female | | |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Street Address | Apt. Number | City | State/Province |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Country | Postal/Zip Code | A-Number | Country of Birth |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Name of Mother:

| | | |
|----------------------|----------------------|----------------------|
| Last Name | First Name | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Name of Father:

| | | |
|----------------------|----------------------|----------------------|
| Last Name | First Name | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |



| | | |
|----------------------|----------------------|----------------------|
| Last Name | First Name | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | |
|----------------------|----------------------|---|------------------------------------|--|
| Date of Birth | Place of Birth | <input type="checkbox"/> Biological Child | <input type="checkbox"/> Stepchild | <input type="checkbox"/> Adopted Child |
| <input type="text"/> | <input type="text"/> | Gender: (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female | | |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Street Address | Apt. Number | City | State/Province |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Country | Postal/Zip Code | A-Number | Country of Birth |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Name of Mother:

| | | |
|----------------------|----------------------|----------------------|
| Last Name | First Name | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Name of Father:

| | | |
|----------------------|----------------------|----------------------|
| Last Name | First Name | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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| | | |
|----------------------|----------------------|----------------------|
| Last Name | First Name | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | |
|----------------------|----------------------|---|------------------------------------|--|
| Date of Birth | Place of Birth | <input type="checkbox"/> Biological Child | <input type="checkbox"/> Stepchild | <input type="checkbox"/> Adopted Child |
| <input type="text"/> | <input type="text"/> | Gender: (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female | | |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Street Address | Apt. Number | City | State/Province |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Country | Postal/Zip Code | A-Number | Country of Birth |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Name of Mother:

| | | |
|----------------------|----------------------|----------------------|
| Last Name | First Name | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Name of Father:

| | | |
|----------------------|----------------------|----------------------|
| Last Name | First Name | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Name and address of your alien relative in the language written in the country where he/she currently resides.

| | | |
|-------------------------|----------------------|----------------------|
| Last Name (Family Name) | First Name | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| Address C/O | Street Address | Apt. Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|------------------------|----------------------|----------------------|
| City/State or Province | Country | Postal/Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Part 4. Processing Information

1. Check one:

- a. The person named in Part 2 is now in the United States
- b. The person named in Part 2 is now outside the United States, (Please indicate below at which U.S. Embassy or consulate your relative will apply for a visa).

U.S. Embassy or consulate at _____
City and Country

2. Is the person named in Part 2 or has this person ever been in deportation or removal proceedings in the United States?

- a. No
- b. Yes (Indicate when and where) _____

Part 5. Signature

DRAFT

I certify, or if outside the United States, I swear or affirm, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it, is all true and correct. I authorize the release of any information from my record which U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

| | | |
|-----------|------------|------|
| Signature | Print Name | Date |
| | | |

Part 5. Preparer's Information, if Other Than Person Signing Above

I declare that I prepared this petition at the request of the above person, and it is based on all the information that I have knowledge.

| | | |
|------------------------|------------------------|------------------|
| Signature | Print Name | Date |
| | | |
| Firm Name | Street Number and Name | Suite Number |
| | | |
| City/State or Province | Postal/Zip Code | Telephone Number |
| | | |