

**I-929, Petition for Qualifying Family Member of a U-1 Nonimmigrant**

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**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)

<input type="checkbox"/> Spouse	Child: <input type="checkbox"/> Biological Child	Parent: <input type="checkbox"/> Biological Parent
	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Stepparent
	<input type="checkbox"/> Adopted Child	<input type="checkbox"/> Parent who adopted me

**Part 1. Information About You**

**Part 2. Information About Your Alien Relative**

Last Name (Family Name)

First Name (Given Name)

Middle Name

Last Name (Family Name)

First Name (Given Name)

Middle Name

Current Address

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"/>	

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"/>

**Safe Mailing Address if Other Than Above**

**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



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  
[ ] [ ] [ ] [ ]

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**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"/>

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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"/>

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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"/>

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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"/>

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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"/>

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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"/>

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**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**

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Firm Name	Street Number and Name	Suite Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
City/State or Province	Postal/Zip Code	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>