|  | DO NOT WRI            | TE IN THIS BLO        | CK FOR USCIS     | USE ONLY                                 |  |               |
|--|-----------------------|-----------------------|------------------|--|--|---------------|
| Bene. A-file Yes reviewed No U-1 A-file Yes reviewed No                | on Block              |                       | Bar Code (USC    | S Use only)                              |  |               |
| Yes   No   No   U-1 adjusted   Yes   No   U-1 I-485 pending   Yes   No |                       |                       | Remarks          |  |  |               |
| I am filing for my: (C   | START HERE TYPE       | OR PRINT LEGI         | BLY USING BLA    | ACK INK                                  |  |               |
| Spouse   | Child:                | Biological C          |                  | Parent:                                  | Biological P<br>Stepparent<br>Parent who |               |
| Part 1. Inf  | formation About You   |                       | Part 2. In       | formation Abo                            | out Your Alie                            | n Relative    |
| Las  | st Name (Family Name) |                       |                  | Last Name (Fa                            |  | <u> </u>      |
| Fir  | st Name (Given Name)  |                       |                  | First Name (G                            | Given Name)                              |               |
| Middle Name  |                       |                       | Middle Name      |  |  |               |
|  | Current Address       |                       |                  | Current A                                | ddragg                                   |               |
| Stroot   | Address               | Apt. Number           |                  | Current Address  Street Address Apt. Num |  | Apt. Number   |
| Sueet  | Address               | Apt. Number           |                  | Street Address                           |  | Apt. Number   |
| City   | State                 | Zip Code              |                  | City                                     | Sta                                      | ite/Province  |
|  |                       |                       |                  | Country                                  | Pos                                      | stal/Zip Code |
| Safe Mailing Address if Other Than Above                               |                       | Mailin                | ng Address if Ot | ther Than Abo                            | ve                                       |               |
| Street A City  |                       | Apt. Number  Zip Code |                  |  |  |               |
| Date of Birth  | A-Number              | r                     | Date of Birth    |  | A-Numb                                   | er            |
|  |                       |                       |                  |  |  |               |

| Part 1. Information                   | About You (Con't)         | Pa                        | art 2. Information About        | Your Alien Relative (Con't) |  |
|---------------------------------------|---------------------------|---------------------------|---------------------------------|-----------------------------|--|
| Country of Birth                      | Social Security<br>Number |                           | Country of Birth                | Social Security<br>Number   |  |
|                                       |                           |                           |                                 |                             |  |
| Country of Citizer                    | nship/Nationality         | Ш                         | Country of Citizer              | ship/Nationality            |  |
|                                       |                           | Ш                         |                                 |                             |  |
| Gender: (Check one)                   | Male Female               | ╢Ĺ                        | Gender: (Check one)             | Male Female                 |  |
| If you ever used other names, provide | de them below:            | If y                      | your relative ever used other n | ames, provide them below:   |  |
| Last Name (Family Name)               | First Name (Given Name)   | La                        | ast Name (Family Name)          | First Name (Given Name)     |  |
|                                       |                           |                           |                                 |                             |  |
| Middle Name                           |                           |                           | Middle Name                     |                             |  |
|                                       |                           |                           |                                 |                             |  |
| Last Name (Family Name)               | First Name (Given Name)   | La                        | st Name (Family Name)           | First Name (Given Name)     |  |
|                                       |                           | $\ \ $                    |                                 |                             |  |
| Middle Name                           |                           |                           | Middle Name                     |                             |  |
|                                       |                           |                           |                                 |                             |  |
| Last Name (Family Name)               | First Name (Given Name)   | La                        | st Name (Family Name)           | First Name (Given Name)     |  |
|                                       |                           | Ⅲ∟                        |                                 |                             |  |
| Middle Name                           |                           |                           | Middle Name                     |                             |  |
|                                       |                           |                           |                                 |                             |  |
| Marital Status: (Check one)           | <u></u>                   | Mai                       | rital Status: (Check one)       |                             |  |
| Single (Never Married) Ma             | arried                    |                           | Single (Never Married)          | Married                     |  |
| ☐ Divorced ☐ Widowed                  |                           |                           | ☐ Divorced ☐ Widowed            |                             |  |
| Spouse's Name:                        |                           | Spc                       | ouse's Name:                    |                             |  |
| Last Name                             | First Name                |                           | Last Name                       | First Name                  |  |
|                                       |                           | Ш                         |                                 |                             |  |
| Middle Name                           | Date of Marriage          |                           | Middle Name                     | Date of Marriage            |  |
|                                       |                           |                           |                                 |                             |  |
| Place of Marriage                     |                           | $\parallel \parallel^{-}$ | Place of                        | Marriage                    |  |
|                                       |                           |                           |                                 |                             |  |
|                                       |                           | ┨┖                        |                                 |                             |  |

## Part 2. Information About Your Alien Relative (Con't) Part 1. Information About You (Con't) Number of marriages including current marriage: Number of marriages including current marriage: List most previous marriage first. If you need more space, attach List most previous marriage first. If you need more space, an additional sheet of paper. attach an additional sheet of paper. Prior Spouse's Name: Prior Spouse's Name: First Name Last Name Last Name First Name Middle Name Middle Name Date of Marriage Date of Marriage Place of Marriage Place of Marriage Date of Termination Place of Termination Date of Termination Place of Termination Reason for Termination: Reason for Termination: Annulment Divorce Death Divorce Death Annulment Other \_\_\_\_ Other Prior Spouse's Name: Prior Spouse's Name: First Name Last Name Last Name First Name Middle Name Middle Name Date of Marriage Place of Marriage Date of Marriage Place of Marriage Date of Termination Place of Termination Date of Termination Place of Termination Reason for Termination: Reason for Termination: Divorce Death Annulment ☐ Divorce ☐ Death ☐ Annulment Other 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  | Prior Spouse's Name:  Last Name First Name  |  |  |
| Middle Name  Date of Marriage Place of Marriage   | Middle Name  Date of Marriage Place of Marriage   |  |  |
| Date of Termination Place of Termination  Reason for Termination:  Divorce Death Annulment  Other   | Date of Termination  Reason for Termination:  Divorce  Death  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 Fi  Date of Birth Place of Birth  | irst Name Middle Name  Biological Child Stepchild Adopted Child   |  |  |
| Street Address Apt. Number  Country Postal/Zip Code   | Gender: (Check one)   |  |  |

| Part 3 Information About Your Alien Relative Children (Cont'd) |                 |                               |                  |  |
|--|-----------------|-------------------------------|------------------|--|
| Name of Mother  Last Name                                      | Fi              | First Name                    |                  |  |
| Name of Father   |                 |                               |                  |  |
| Last Name  | Fi              | rst Name                      | Middle Name      |  |
|  |                 |                               |                  |  |
| Last Name  | Fi              | First Name                    |                  |  |
|  |                 |                               |                  |  |
| Date of Birth  | Place of Birth  | e of Birth Biological Child S |                  |  |
|  |                 | Gender: (Check one)           | Male  Female     |  |
| Street Address   | Apt. Number     | City                          | State/Province   |  |
|  |                 |                               |                  |  |
| Country  | Postal/Zip Code | A-Number                      | Country of Birth |  |
|  |                 |                               |                  |  |
| Name of Mother:<br>Last Name                                   | F               | irst Name                     | Middle Name      |  |
|  |                 |                               |                  |  |
| Name of Father:<br>Last Name                                   | F               | First Name                    |                  |  |
|  |                 |                               |                  |  |
| Last Name  | Fi              | rst Name                      | Middle Name      |  |
|  |                 |                               |                  |  |
| Date of Birth  | Place of Birth  | ☐ Biological Child ☐ S        | tepchild         |  |
|  |                 | Gender: (Check one)           | Male Female      |  |
| Street Address   | Apt. Number     | City                          | State/Province   |  |
|  |                 |                               |                  |  |
| Country  | Postal/Zip Code | A-Number                      | Country of Birth |  |
|  |                 |                               |                  |  |
| Name of Mother:  Last Name                                     | F               | First Name                    |                  |  |
| Dubt Fullic  | 1               | 1 Hot Ivalite                 |                  |  |
| Name of Father:  |                 |                               |                  |  |
| Last Name  | F               | First Name                    |                  |  |
|  |                 |                               |                  |  |
| •  |                 |                               |                  |  |

| Last Name  | Fi                       | First Name                      |    |                         |  |  |
|--|--------------------------|---------------------------------|----|-------------------------|--|--|
|  |                          |                                 |    |                         |  |  |
| Date of Birth Pla  | ce of Birth              | of Birth Biological Child       |    | Stepchild Adopted Child |  |  |
|  |                          | Gender: (Check one)             | Пν | Iale  Female            |  |  |
| Street Address   | Apt. Number              | City                            |    | State/Province          |  |  |
|  | Tr                       |                                 |    |                         |  |  |
| Country  | Postal/Zip Code          | A-Number                        |    | Country of Birth        |  |  |
| Country  | T OSLUT ZIP COLC         | 71 Tumoer                       |    | Country of Birth        |  |  |
| Name of Mother:  |                          |                                 |    |                         |  |  |
| Last Name  | F                        | irst Name                       |    | Middle Name             |  |  |
|  | ]                        |                                 |    |                         |  |  |
| Name of Father:  Last Name   | E                        | irst Name                       |    | Middle Name             |  |  |
| Last maine   |                          | iist Name                       |    | Wildle Name             |  |  |
|  |                          |                                 |    |                         |  |  |
| Last Name  | Fi                       | rst Name                        |    | Middle Name             |  |  |
|  |                          | T if st Ivaline                 |    |                         |  |  |
| D. ODIA  | OD: 4                    |                                 | [  |                         |  |  |
| Date of Birth Pla  | ce of Birth              | of Birth ☐ Biological Child ☐ S |    | tepchild Adopted Child  |  |  |
|  | Gender: (Check one)      |                                 |    | Male Female             |  |  |
| Street Address   | Apt. Number City         |                                 |    | State/Province          |  |  |
|  |                          |                                 |    |                         |  |  |
| Country  | Postal/Zip Code A-Number |                                 |    | Country of Birth        |  |  |
|  |                          |                                 |    |                         |  |  |
| Name of Mother:  Last Name   | First Name               |                                 |    | Middle Name             |  |  |
| East I valle   | 1 list rvaine            |                                 |    |                         |  |  |
| Name of Father:  |                          |                                 |    |                         |  |  |
| Last Name  | First Name               |                                 |    | Middle Name             |  |  |
|  |                          |                                 |    |                         |  |  |
| Name and address of constitution in the Language print of the state of |                          |                                 |    |                         |  |  |
| 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   |                          |                                 |    |                         |  |  |
| Last Ivaliie (Fallilly Ivaliie)  |                          | 1 115t 14tille                  |    | Tringule I valide       |  |  |
|  |                          |                                 |    |                         |  |  |
| Address C/O  | Street Address           |                                 |    | Apt. Number             |  |  |
|  |                          |                                 |    |                         |  |  |
| City/State or Province   | Co                       | Country                         |    | tal/Zip Code            |  |  |
|  |                          |                                 |    |                         |  |  |

| Part 4. Processing In                                   | nformation   |                                       |                              |                      |  |
|---|--|---------------------------------------|------------------------------|----------------------|--|
| 1. Check one:   | he person named in Part 2 is no  | ow in the United States               |                              |                      |  |
| b Т   | The person named in Part 2 is now in the United States  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). |                                       |                              |                      |  |
| Ū   | J.S. Embassy or consulate at   |                                       |                              |                      |  |
|   | ,  | City and Co                           | ountry                       |                      |  |
| 2. Is the person named i                                | in Part 2 or has this person eve   | r been in deportation or remov        | ral proceedings in the Unit  | ed States?           |  |
| a. No   |  |                                       |                              |                      |  |
| b. Yes (Indicate v                                      | when and where)  |                                       |                              |                      |  |
| Part 5. Signature                                       |  |                                       |                              |                      |  |
| certify, or if outside the poetition and the evidence s | United States, I swear or affirm, un<br>submitted with it, is all true and co<br>on Services needs to determine el-  | orrect. I authorize the release of an | ny information from my recor |                      |  |
| Si  | gnature  | Print Name                            |                              | Date                 |  |
|   |  |                                       |                              |                      |  |
| Part 5 Prenarer's I                                     | nformation, if Other Than  | Person Signing Above                  |                              |                      |  |
| •   | •  |                                       |                              |                      |  |
| I declare that I prepare                                | d this petition at the request of  | the above person, and it is bas       | sed on all the information   | hat I have knowledge |  |
| Signature   |  | Print Name                            |                              | Date                 |  |
|   |  |                                       |                              |                      |  |
| Firm Name   |  | Street Number and Name                |                              | Suite Number         |  |
|   |  |                                       |                              |                      |  |
| City/State or Province                                  |  | Postal/Zip Code                       | Telephone Number             |                      |  |
|   |  |                                       |                              |                      |  |
|   |  |                                       |                              |                      |  |