

**TABLE OF CHANGES – FORM AND INSTRUCTIONS**  
**FORM I-485**  
**AUGUST 20, 2009**

**FORM**

<b>LOCATION</b>	<b>CURRENT VERSION</b>	<b>PROPOSED VERSION</b>
Page 2, Part 3, C	<p>List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society, or similar group in the United States or in other places since your 16th birthday. Include any foreign military service in this part. If none, write "None." Include the name(s) of organization(s), location(s), dates of membership from and to, and the nature of the organization(s). If additional space is needed, use a separate piece of paper.</p> <p><b>[5 Lines]</b></p>	<p>List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society, or similar group in the United States or in other places since your 16th birthday. Include <b>any military service</b> in this part. If none, write "None." Include the name of each organization, location, nature, and dates of membership. If additional space is needed, attach a separate sheet of paper.</p> <p>Continuation pages must be submitted according to the guidelines provided on <b>Page 2</b> of the instructions under “What Are the General Filing Instructions?”</p> <p><b>Name of Organization</b> [Fillable Box]</p> <p><b>Location and Nature</b> [Fillable Box]</p> <p><b>Date of Membership From</b> [Fillable Box]</p> <p><b>Date of Membership To</b> [Fillable Box]</p>
Page 3, Part 3, Question 8	<p><b>8.</b> Have you ever engaged in genocide, or otherwise ordered, incited, assisted, or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion?</p> <p>Yes [ ] No [ ]</p>	<p><b>[DELETE]</b></p> <p><b>[RENUMBER QUESTIONS 8 – 13]</b></p>
Page 3, Part 3, 1 through 14	<p><b>[NEW QUESTIONS 14 – 18]</b></p>	<p><b>14.</b> Have you <b>EVER</b> ordered, incited, called for, committed, assisted, helped with, or otherwise</p>

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		<p>participated in any of the following:</p> <p><b>a.</b> Acts involving torture or genocide? Yes [ ] No [ ]</p> <p><b>b.</b> Killing any person? Yes [ ] No [ ]</p> <p><b>c.</b> Intentionally and severely injuring any person? Yes [ ] No [ ]</p> <p><b>d.</b> Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes [ ] No [ ]</p> <p><b>e.</b> Limiting or denying any person's ability to exercise religious beliefs? Yes [ ] No [ ]</p> <p><b>15. Have you EVER:</b></p> <p><b>a.</b> Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? Yes [ ] No [ ]</p> <p><b>b.</b> Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes [ ] No [ ]</p> <p><b>16. Have you EVER been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type</b></p>
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		<p>of weapon against any person or threatened to do so?  Yes [ ] No [ ]</p> <p><b>17.</b> Have you <b>EVER</b> assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person?  Yes [ ] No [ ]</p> <p><b>18.</b> Have you <b>EVER</b> received any type of military, paramilitary, or weapons training?  Yes [ ] No [ ]</p>
Page 4, Part 4	<b>[NEW PART]</b>	<p><b>Part 4. Accommodations for Individuals With Disabilities and/or Impairments</b> <i>(See Page 10 of the instructions before completing this section.)</i></p> <p>Are you requesting an accommodation because of your disability(ies) and/or impairment(s)?  Yes [ ] No [ ]</p> <p>If you answered "Yes," check any applicable box:</p> <p>[ ] <b>a.</b> I am deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):  [Fillable Box]</p> <p>[ ] <b>b.</b> I am blind or sight-impaired and request the following accommodation(s):  [Fillable Box]</p>

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		<p>[ ] c. I have another type of disability and/or impairment (describe the nature of your disability(ies) and/or impairment(s) and accommodation(s) you are requesting):  [Fillable Box]</p>
<p>Page 4, Part 4, Applicant's Certification</p>	<p><b>Part 4. Signature</b></p> <p>...</p> <p>I certify, under penalty of perjury under the laws of the United States of America, that this application and evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.</p> <p><i>Signature</i>  [Box]</p> <p><i>Print Your Name</i>  [Fillable Box]</p> <p><i>Date</i>  [Fillable Box]</p> <p><b>Daytime Phone Number</b>  <i>(Include Area Code)</i>  [Fillable Box]</p> <p><b>NOTE:</b> <i>If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit and this application may be denied.</i></p>	<p><b>Part 5. Signature</b></p> <p>...</p> <p><b>Applicant's Statement</b> <i>(Check one)</i></p> <p>[ ] I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question.</p> <p>[ ] Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the [Fillable Box] language, a language in which I am fluent, by the person named in <b>Interpreter's Statement and Signature</b>. I understand each and every question and instruction on this form, as well as my answer to each question.</p> <p>I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this application is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this application.</p> <p>I authorize the release of any information from my records that</p>

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		<p>U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.</p> <p><b>Signature (Applicant)</b> [Box]</p> <p>Print Your Full Name [Fillable Box]</p> <p>Date (mm/dd/yyyy) [Fillable Box]</p> <p>Daytime Phone Number (include area code) [Fillable Box]</p> <p><b>NOTE:</b> <i>If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit, and this application may be denied.</i></p> <p><b>Interpreter's Statement and Signature</b></p> <p>I certify that I am fluent in English and the below-mentioned language.</p> <p><b>Language Used</b> (language in which applicant is fluent)</p> <p>I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.</p> <p><b>Signature (Interpreter)</b></p>
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		<p>[Box]</p> <p>Print Your Full Name [Fillable Box]</p> <p>Date (mm/dd/yyyy) [Fillable Box]</p> <p>Phone Number (include area code) [Fillable Box]</p>
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**INSTRUCTIONS**

<p>Page 7, 2.</p>	<p><b>2. Form I-485 is based on an underlying Form I-360, Petition for Amerasian, Widow(er), or Special Immigrant:</b></p> <p><b>A. Filing Address for International Organization Employee or Family Member:</b></p> <p>...</p> <p><b>B. Filing Address for Afghan and Iraqi Translators:</b></p> <p>...</p> <p><b>C. Filing Address for Other Form I-360 Categories:</b></p> <p>Form I-485 filed based on an approved Form I-360 for the following classifications <b>must</b> be filed with the Nebraska Service Center or the Texas Service Center, depending on where you live.</p> <p><b>NOTE:</b> You <b>cannot</b> concurrently file Forms I-360 and I-485 for the following classifications:</p>	<p><b>2. Form I-485 is based on an underlying Form I-360, Petition for Amerasian, Widow(er), or Special Immigrant</b></p> <p><b>A. Filing Address for Religious Workers</b></p> <p>Form I-485 filed based on an approved Form I-360 for a Religious Worker must be filed with the Nebraska Service Center or the Texas Service Center, depending on where you live (see <b>Page 7</b>).</p> <p>Form I-485 filed based on a concurrently filed or pending Form I-360 for a Religious Worker must be filed with the California Service Center. The mailing address you must use:</p> <p><b>USCIS</b>  <b>California Service Center</b>  <b>P.O. Box 10485</b>  <b>Laguna Niguel, CA 92677-1048</b></p> <p><b>B. Filing Address for International Organization</b></p>
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<p>Page 10, Above Penalties</p>	<p><b>i. Religious Worker or Minister;</b></p> <p><b>ii. Panama Canal Company Employment;</b></p> <p><b>iii. U.S. Government in Canal Zone Employment;</b></p> <p><b>iv. Special Immigrant Physician; or</b></p> <p><b>v. International Broadcasters.</b></p> <p>...</p> <p><b>[New Section]</b></p>	<p><b>Employee or Family Member</b></p> <p>...</p> <p><b>C. Filing Address for Afghan and Iraqi Translators</b></p> <p>...</p> <p><b>D. Filing Address for Other Form I-360 Categories</b></p> <p>Form I-485 filed based on an approved Form I-360 for the following classifications <b>must</b> be filed with the Nebraska Service Center or the Texas Service Center, depending on where you live.</p> <p><b>NOTE:</b> You <b>cannot</b> concurrently file Form I-360 and I-485 for the following classifications:</p> <p><b>1. Panama Canal Company Employment;</b></p> <p><b>2. U.S. Government in Canal Zone Employment;</b></p> <p><b>3. Special Immigrant Physician; and</b></p> <p><b>4. International Broadcasters.</b></p> <p>...</p> <p><b>Accommodations for Individuals With Disabilities and/or Impairments</b></p> <p>USCIS is committed to providing reasonable accommodations for individuals with disabilities and/or</p>
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		<p>impairments.</p> <p>Accommodations vary with the disability(ies) and/or impairment(s) and involve modifications to practices or procedures. For example, if you are:</p> <ol style="list-style-type: none"><li>1. Unable to use your hands, you may be permitted to take a test orally rather than in writing;</li><li>2. Hard of hearing, you may be provided with a sign-language interpreter for a USCIS-sponsored training session; or</li><li>3. Unable to travel to a designated USCIS location for an interview, you may be visited at your home or a hospital.</li></ol> <p>If you believe that you need us to accommodate your disability(ies) and/or impairment(s), check the "Yes" box and then check any applicable box that describe(s) the nature of your disability(ies) and/or impairment(s). Also, write the type(s) of accommodation(s) you are requesting on the line(s) provided. If you are requesting a sign-language interpreter, indicate which language. If you need more space, use a separate sheet of paper.</p> <p><b>NOTE:</b> All domestic USCIS facilities meet the Accessibility Guidelines of the Americans with Disabilities Act, so you do not need to contact us to request an accommodation for physical access to a domestic USCIS office.</p> <p>USCIS considers requests for</p>
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		accommodations on a case-by-case basis. Asking for an accommodation will not affect your eligibility for the benefit.
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