

Form I-698, Application to Adjust Status From Temporary to Permanent Resident (Under Section 245A of the INA)

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

Do not write in this block - For USCIS use only.

Action Block	Fee Stamp
Remarks	

START HERE - Type or print in black ink. If you need more space, see **Page 3** of the instructions.

1. Name

Family Name (in capital letters)	Given Name	Middle Name	A-Number
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

2. Gender

Male
 Female

3. Name as it appears on Form I-688, Temporary Resident Card

4. Telephone Number (include area code)

Home	Work
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

5. Reason for difference in name, if any. (marriage, divorce, etc.)

6. Home Address in the United States

In care of

Street Number and Name Apt. #

City State Zip Code

7. Mailing Address in the United States (if different from address in **Number 6 above)**

In care of

Street Number and Name Apt. #

City State Zip Code

8. Place of Birth (City or Town) County, Province, or State Country Country of Citizenship/Nationality

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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9. Date of Birth (mm/dd/yyyy) 10. Your Mother's First Name 11. Your Father's First Name 12. Your U.S. Social Security #

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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13. Marital Status Married Never Married Separated Divorced Widowed

14. Absences from the United States since becoming a temporary resident alien. List most recent absence first. If you have a single absence in excess of 30 days or if the total of all your absences exceeds 90 days, explain and attach any relevant information.

Country	Purpose of Trip	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Total Days Absent

15. When applying for temporary resident status, I did did not submit a Form I-693, Medical Examination of Aliens Seeking Adjustment of Status, with my application that included a serologic (blood) test for human immunodeficiency virus (HIV) infection. (If you did not, submit Form I-693 that includes a serologic test for HIV.)

16. Concerning the requirement of minimal understanding of ordinary English and a knowledge and understanding of the history and Government of the United States (check appropriate block under **Section A** or **B**):

A. I will satisfy these requirements by:

- Examination at the time of interview for permanent residence.
- Satisfactorily pursuing a course of study recognized by the Secretary of Homeland Security.

B. I have satisfied these requirements by:

- Having satisfactorily pursued a course of study recognized by the Secretary of Homeland Security. (Attach appropriate documentation.)
- Exemption because I am 65 years of age or older, under 16 years of age, or I am physically unable to comply. (If you are physically unable to comply, explain and attach relevant documentation.)

If you answer "Yes" to any of the questions numbered 17 through 37, explain your answer on a separate sheet of paper.

17. Have you ever assisted in the persecution of any person or persons on account of race, religion, political opinion, nationality, or membership in a particular social group? Yes No

18. Have you ever been treated for a mental disorder, drug addiction, or alcoholism? Yes No

19. Have you **ever** committed a crime or offense for which you were **not** arrested? Yes No

Have you **ever** been arrested, cited, or detained by any law enforcement officer (including Immigration and Customs Enforcement (ICE), Customs and Border Protection (CBP), former Immigration and Naturalization Service (INS), and/or military officers) for any reason? Yes No

Have you **ever** been charged with committing any crime or offense? Yes No

Have you **ever** been convicted of a crime or offense? Yes No

Have you **ever** been in jail or prison? Yes No

Have you **ever** been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)? Yes No

Have you **ever** received a suspended sentence, been placed on probation, or been paroled? Yes No

20. Have you, or a dependent member of your immediate family, ever received public assistance from any source, including, but not limited to, the U.S. Government, any State, county, city, or municipality? If "Yes" provide the names(s) of the recipients(s) and U.S. Social Security Number(s). Yes No

Name of Recipient (<i>Family Name, Given Name, Middle Name</i>)	U.S. Social Security Number

21. Have you **ever**:

a. Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? Yes No

b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes No

c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes No

d. Illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes No

22. Have you **ever** engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity? Yes No

23. Do you intend to engage in the United States in:

a. Espionage? Yes No

b. Any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means? Yes No

c. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes No

24. Have you **ever** been a member of, or in any way affiliated with, a Communist Party or any other totalitarian party? Yes No

25. Did you, during the period from March 23, 1933, to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion? Yes No

26. 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? Yes No

27. Have you **ever** been deported from the United States or removed from the United States at Government expense, excluded within the past year, or are you now, or have you ever been in exclusion, deportation, removal, or rescission proceedings? Yes No

28. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure or procured a visa, other documentation, entry into the United States, or any immigration benefit? Yes No

29. Have you **ever** left the United States to avoid being drafted into the U.S. Armed Forces? Yes No

30. Have you **ever** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? Yes No

31. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? Yes No

32. Do you plan to practice polygamy in the United States? Yes No

33. Have you **ever** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

a. Acts involving torture or genocide? Yes No

b. Killing any person? Yes No

c. Intentionally and severely injuring any person? Yes No

d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes No

e. Limiting or denying any person's ability to exercise religious beliefs? Yes No

34. Have you **ever**:

a. 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

b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No

35. 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 of weapon against any person or threatened to do so? Yes No

36. Have you **ever** 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

37. Have you **ever** received any type of military, paramilitary, or weapons training? Yes No

38. If your native alphabet is in other than Roman letters, write your name in your native alphabet.

39. Language of your native alphabet.

40. Accommodations for Individuals With Disabilities and/or Impairments (Read the information on **Page 4** of the instructions before completing this section.)

Are you requesting an accommodation because of your disability(ies) and/or impairment(s)? Yes No

If "Yes" check any applicable box:

- a. 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)):

- b. I am blind or sight-impaired and request the following accommodation(s):

- 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):

41. Signature and Certification of Applicant

Applicant's Statement and Signature (Check one)

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.

Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the _____ language, a language in which I am fluent, by the person named in **Interpreter's Statement and Signature**. I understand each and every question and instruction on this form, as well as my answer to each question.

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.

I hereby consent and authorize U.S. Citizenship and Immigration Services to verify the information provided and to conduct police, welfare, and other record checks pertinent to this application.

Applicant's Signature

Date (mm/dd/yyyy)

42. Interpreter's Statement and Signature

I certify that I am fluent in English and the below-mentioned language.

Language used (language in which applicant is fluent)

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.

Interpreter's Signature

Date (mm/dd/yyyy)

Print Your Full Name

Telephone Number (include area/country code)

43. Signature of Person Preparing Form, If Other Than Applicant

I declare under penalty of perjury that I prepared this application at the request of the above person.

The answers provided are based on information of which I have personal knowledge and/or were provided to me by the above named person in response to the exact questions contained on this form.

Signature

Date (mm/dd/yyyy)

Print Your Full Name

Telephone Number (include area/country code)

Address

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44. Final Action: Temporary Residence Approved Denied

45. Final Action: Waiver of Inadmissibility under Section 212(a) _____ Approved Denied

46. Class of Admission

47. Place of Adjustment

48. Date of Adjustment

49. Final Action By (Print Name and Title)

50. ID Number

51. Date