

START HERE - Type or print in black ink

Part 1. Information About Person or Organization Filing This

Petition (Individuals use the top name line; organizations use the second line.) If you are a self-petitioning spouse or child and do not want USCIS to send notices about this petition to your home, you may show an alternate mailing address here. If you are filing for yourself and do not want to use an alternate mailing address, skip to Part 2.

1a. Family Name	1b. Given Name	1c. Middle Name
2. Company or Organization Name		
3. Address - C/O		
4. Street Number and Name		5. Apt. #
6. City	7. State or Province	
8. Country	9. Zip/Postal Code	
10. U.S. Social Security Number	11. A-Number	12. IRS Tax # (if any)

Part 2. Classification Requested (Check one):

- a.** Amerasian
- b.** Widow(er) of a U.S. citizen
- c.** Special Immigrant Juvenile
- d.** Special Immigrant Religious Worker
Will the alien be working as a minister? Yes No
- e.** Special Immigrant based on employment with the Panama Canal Company, Canal Zone Government, or U.S. Government in the Canal Zone
- f.** Special Immigrant Physician
- g.** Special Immigrant International Organization Employee or family member
- h.** Special Immigrant Armed Forces Member
- i.** Self-Petitioning Spouse of Abusive U.S. Citizen or Lawful Permanent Resident
- j.** Self-Petitioning Child of Abusive U.S. Citizen or Lawful Permanent Resident
- k.** Special Immigrant Afghanistan or Iraq National who worked with the U.S. Armed Forces as a translator
- l.** Special Immigrant Iraq National who was employed by or on behalf of the U.S. Government
- m.** Other, explain: _____

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Returned _____ _____	Receipt
Resubmitted _____ _____	
Reloc Sent _____ _____	
Reloc Rec'd _____ _____	
<input type="checkbox"/> Petitioner/ Applicant <input type="checkbox"/> Interviewed Beneficiary Interviewed	
<input type="checkbox"/> I-485 Filed Concurrently <input type="checkbox"/> Bene "A" File Reviewed	
Classification	
Consulate	
Priority Date	
Remarks:	
Action Block	
<input type="checkbox"/> To Be Completed By Attorney or Representative, if any Fill in box if Form G-28 is attached to represent the applicant	
VOLAG#	
ATTY State License #	

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Part 3. Information About the Person for Whom This Petition Is Being Filed

1a. Family Name (<i>Last Name</i>)	1b. Given Name (<i>First Name</i>)	1c. Middle Name
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2. Address - C/O

3a. Street Number and Name	3b. Apt. Number
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4. City	5. State or Province
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6. Country	7. Zip/Postal Code
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8. Date of Birth (<i>mm/dd/yyyy</i>)	9. Country of Birth	10. U.S. Social Security #	11. A-Number (<i>if any</i>)
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12. Marital Status: Single Married Divorced Widowed

13. Complete the items below if this person is in the United States:

a. Date of Arrival (<i>mm/dd/yyyy</i>)	c. I-94 Number
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b. Current Nonimmigrant Status	d. Expires on (<i>mm/dd/yyyy</i>)
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Part 4. Processing Information

1. Provide information on which U.S. consulate you want notified if this petition is approved, and if any requested adjustment of status cannot be granted.

a. U.S. Consulate: City	b. Country
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2. If you gave a U.S. address in **Part 3**, print the person's foreign address below. If his or her native alphabet does not use Roman letters, print his or her name and foreign address in the native alphabet.

a. Name	b. Address
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- c.** Gender of the person for whom this petition is being filed: Male Female
- d.** Are you filing any other petitions or applications with this one? No Yes (How many? _____)
- e.** Is the person this petition is for in deportation or removal proceedings? No Yes (Explain on a separate sheet of paper)
- f.** Has the person for whom this petition is being filed ever worked in the U.S. without permission? No Yes (Explain on a separate sheet of paper)
- g.** Is an application for adjustment of status attached to this petition? No Yes (Attach a full explanation)

Part 5. Complete Only If Filing for an Amerasian

Section A. Information about the mother of the Amerasian

1a. Family Name	1b. Given Name	1c. Middle Name
2. Living? <input type="checkbox"/> No (Give date of death _____) <input type="checkbox"/> Yes (Complete address line below) <input type="checkbox"/> Unknown		
3. Address		

Section B. Information about the father of the Amerasian:

If possible, attach a notarized statement from the father regarding parentage. Explain on a separate paper any question you cannot fully answer in the space provided on this form. (Attach a full explanation.)

1a. Family Name	1b. Given Name	1c. Middle Name
2. Date of Birth (mm/dd/yyyy)	3. Country of Birth	
4. Living? <input type="checkbox"/> No (Give date of death _____) <input type="checkbox"/> Yes (Complete address line below) <input type="checkbox"/> Unknown		
5. Home Address		
6. Home Phone Number	7. Work Phone Number	

8. At the time the Amerasian was conceived:

- a.** The father was in the military (indicate branch of service below and give service number here): _____
 Army Air Force Navy Marine Corps Coast Guard
- b.** The father was a civilian employed abroad. Attach a list of names and addresses of organizations which employed him at that time.
- c.** The father was not in the military and was not a civilian employed abroad. (Attach a full explanation of the circumstances.)

Part 6. Complete Only If Filing for a Special Immigrant Juvenile Court Dependent

Section A. Information about the juvenile

List any other names used

Answer the following questions regarding the person for whom the petition is being filed. If you answer "No," explain on a separate sheet of paper.

- a.** Have you been declared dependent upon a juvenile court in the United States, or have you been legally committed to, or placed under the custody of, an agency or department of a State, or an individual or entity appointed by a State or juvenile court? No Yes
- b.** Has a juvenile court declared that reunification with one or both of your parents is not viable due to abuse, neglect, abandonment, or a similar basis under State law? No Yes
- c.** Have you been the subject of proceedings in which it was determined that it would not be in your best interest to be returned to your or your parent's country of nationality or last habitual residence? No Yes

Part 7. Complete Only if Filing as a Widow/Widower, a Self-petitioning Spouse of an Abuser, or as a Self-petitioning Child of an Abuser

Section A. Information about the U.S. citizen husband or wife who died or about the U.S. citizen or lawful permanent resident abuser

1a. Family Name	1b. Given Name	1c. Middle Name
2. Date of Birth (<i>mm/dd/yyyy</i>)	3. Country of Birth	4. Date of Death (<i>mm/dd/yyyy</i>)

5. He or she is now, or was, at time of death a (check one):

- a.** U.S. citizen born in the United States
- b.** U.S. citizen born abroad to U.S. citizen parents
- c.** U.S. lawful permanent resident (Provide A#) _____
- d.** U.S. citizen through naturalization (provide A#) _____
- e.** Other, explain _____

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Section B. Additional information about you

1. How many times have you been married?	2. How many times was the person in Section A married?	3. Give the date and place where you and the person in Section A were married. (<i>If you are a self-petitioning child, write "N/A"</i>)
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4. When did you live with the person named in **Section A**? From (*Month/Year*) _____ until (*Month/Year*) _____

5. If you are filing as a widow/widower, were you legally separated at the time of the U.S citizen's death? No Yes (*Attach explanation*)

6. Give the last address at which you lived together with the person named in **Section A**, and show the last date that you lived together with that person at that address:

7. If you are filing as a self-petitioning spouse, have any of your children filed separate self-petitions? No Yes (*Show child(ren)'s full names*):

Part 8. Complete Only If Filing a Special Immigrant Religious Worker Petition

Employer Attestation

1. Provide the following information about the prospective employer:

- a. Number of members of the prospective employer's organization:
- b. Number of employees working at the same location where the beneficiary will be employed:
- c. Number of aliens holding special immigrant or nonimmigrant religious worker status currently employed or employed within the past 5 years:
- d. Number of Special Immigrant Religious Worker I-360 and Nonimmigrant Religious Worker I-129 Petitions submitted by the prospective employer within the past 5 years:

2. Has the alien or any of the alien's dependent family members previously been admitted to the United States for a period of stay in the R classification for the last 5 years? No Yes

If "Yes," complete the table below. List the alien and any dependent family member's prior periods of stay in the R classification in the United States for the last 5 years. Be sure to list only those periods in which the alien and/or family members were actually in the United States in the R classification.

NOTE: Submit photocopies of Form I-94 (Arrival-Departure Record), Form I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R classification. If more space is needed, provide the information on additional sheets of paper.

Alien or Dependent Family Member's Name	Period of Stay (mm/dd/yyyy)	
	From:	To:

3. Provide a summary of the type of responsibilities of those employees who work at the same location where the beneficiary will be employed. If additional space is needed, provide the information on additional sheets of paper.

Position	Summary of the Type of Responsibilities for That Position
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4. Describe the relationship, if any, between the religious organization in the United States and the organization abroad of which the alien is a member.

5 Provide the following information about the prospective employment:

a. Title of position offered.

b. Detailed description of the alien's proposed daily duties.

c. Description of the alien's qualifications for the position offered.

d. Description of the proposed salaried and/or non-salaried compensation.

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e. List of the specific address(es) or location(s) where the alien will be working.

Does the prospective employer attest to all of the requirements described in statements 6 through 12 below?

6. The prospective employer is a bona fide non-profit religious organization or a bona fide organization that is affiliated with the religious denomination and is tax exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the prospective employer is affiliated with the religious denomination, complete the Religious Denomination Certification included in this form.

Yes No (If "No," attach explanation(s))

7. The prospective employer is willing and able to provide salaried and/or non-salaried compensation at a level that the alien and any dependents will not become a public charge.

Yes No (If "No," attach explanation(s))

8. The funds to pay the prospective employee's compensation do not include any monies obtained from the alien, excluding reasonable donations or tithing to the religious organization.

Yes No (If "No," attach explanation(s))

9. If the position is not a religious vocation, the prospective employee will not engage in secular employment, and the prospective employer will provide salaried and/or non-salaried compensation.

Yes No (If "No," attach explanation(s))

10. The offered position is full time, requiring at least an average of 35 hours of work per week.

Yes No (If "No," attach explanation(s))

11. The alien has been a religious worker for at least 2 years immediately before Form I-360 was filed and is otherwise qualified for the position offered.

Yes No (If "No," attach explanation(s))

12. The alien has been a member of the prospective employer's denomination for at least 2 years immediately before Form I-360 was filed.

Yes No (If "No," attach explanation(s))

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I certify or attest under penalty of perjury under the laws of the United States of America that the contents of this attestation, and the evidence submitted, are true and correct.

Signature

Date (mm/dd/yyyy)

Printed Name

Title

Employer/Organization Name

Employer/Organization Street Address (Do not use a post office or private mail box)

Suite Number

City

State

Zip Code

Daytime Phone Number
(with area code)

Fax Number (if any)

E-Mail Address (if any)

Religious Denomination Certification

I certify under penalty of perjury under the laws of the United States of America that:

Name of Employing Organization

is affiliated with:

Name of Religious Denomination

and that the attesting organization within the religious denomination is tax exempt as described in section under 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. The contents of this certification are true and correct to the best of my knowledge.

Signature

Printed Name

Title

Date (*mm/dd/yyyy*)

Attesting Organization Name

Attesting Organization Street Address
(*Do not use a post office or private mail box*)

Suite Number

City

State

Zip Code

Daytime Phone Number (*with area code*)

Fax Number (*if any*)

E-Mail Address (*if any*)

Part 9. Information About the Spouse and Children of the Person for Whom This Petition Is Being Filed

A widow/widower or a self-petitioning spouse of an abusive citizen or lawful permanent resident should also list the children of the deceased spouse or of the abuser.

1a. Family Name		1b. Given Name	1c. Middle Name
1d. Date of Birth <i>(mm/dd/yyyy)</i>	1e. Country of Birth	1f. Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child	1g. A-Number

2a. Family Name		2b. Given Name	2c. Middle Name
2d. Date of Birth <i>(mm/dd/yyyy)</i>	2e. Country of Birth	2f. Relationship <input type="checkbox"/> Child	2g. A-Number

3a. Family Name		3b. Given Name	3c. Middle Name
3d. Date of Birth <i>(mm/dd/yyyy)</i>	3e. Country of Birth	3f. Relationship <input type="checkbox"/> Child	3g. A-Number

4a. Family Name		4b. Given Name	4c. Middle Name
4d. Date of Birth <i>(mm/dd/yyyy)</i>	4e. Country of Birth	4f. Relationship <input type="checkbox"/> Child	4g. A-Number

5a. Family Name		5b. Given Name	5c. Middle Name
5d. Date of Birth <i>(mm/dd/yyyy)</i>	5e. Country of Birth	5f. Relationship <input type="checkbox"/> Child	5g. A-Number

6a. Family Name		6b. Given Name	6c. Middle Name
6d. Date of Birth <i>(mm/dd/yyyy)</i>	6e. Country of Birth	6f. Relationship <input type="checkbox"/> Child	6g. A-Number

Part 9. Information About the Spouse and Children of the Person for Whom This Petition Is Being Filed

A widow/widower or a self-petitioning spouse of an abusive citizen or lawful permanent resident should also list the children of the deceased spouse or of the abuser. (Continued)

7a. Family Name		7b. Given Name		7c. Middle Name	
7d. Date of Birth (mm/dd/yyyy)	7e. Country of Birth		7f. Relationship <input type="checkbox"/> Child		7g. A-Number

8a. Family Name		8b. Given Name		8c. Middle Name	
8d. Date of Birth (mm/dd/yyyy)	8e. Country of Birth		8f. Relationship <input type="checkbox"/> Child		8g. A-Number

9a. Family Name		9b. Given Name		9c. Middle Name	
9d. Date of Birth (mm/dd/yyyy)	9e. Country of Birth		9f. Relationship <input type="checkbox"/> Child		9g. A-Number

Part 10. Signature

Read the information on penalties in the instructions before completing this part. If you will be filing this petition at a USCIS office in the United States, sign below. If you will be filing it at a U.S. consulate or USCIS office overseas, sign in front of a USCIS or consular official.

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. If filing this on behalf at an organization, I certify that I am empowered to do so by that organization. I authorize the release of any information from my records, or from the petitioning organization's records, that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.

Signature		Date	E-Mail Address
Signature of USCIS or Consular Official		Print Name	Date

NOTE: If you do not completely fill out this petition or fail to submit required documents listed in the instructions, the person(s) filed for may not be found eligible for a requested benefit, and the petition may be denied.

Part 11. Signature of Person Preparing Form, If Other Than Above (Sign below)

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

Signature	Date	E-Mail Address
Print Your Name		
Firm Name and Address		

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