



U.S. Department of State
**PETITION TO CLASSIFY SPECIAL IMMIGRANT
 UNDER INA 203(b) (4) AS AN EMPLOYEE OR
 FORMER EMPLOYEE OF THE U.S. GOVERNMENT ABROAD**

OMB APPROVED NO.: 1405-0082
 EXPIRATION DATE: 10/31/2006
 ESTIMATED BURDEN: 10 minutes

DO NOT WRITE IN THIS BLOCK - FOR OFFICIAL USE ONLY		
Date Petition Filed (<i>mm-dd-yyyy</i>)	Fee collected:	Approved for the Secretary of State: INA 204(a)(1)(E) <div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;"><i>(Signature and Title)</i></div> At: _____ Date (<i>mm-dd-yyyy</i>) _____
ATTACHMENTS		
<input type="checkbox"/> RECOMMENDATION OF PRINCIPAL OFFICER <input type="checkbox"/> APPROVAL BY THE SECRETARY OF STATE		
1. NAME (<i>Last, First, Middle</i>)		
2. DATE OF BIRTH (<i>mm-dd-yyyy</i>)	3. PLACE OF BIRTH	
4. TOTAL NUMBER OF YEARS OF EMPLOYMENT BY UNITED STATES GOVERNMENT ABROAD		
5. LOCATION(S) OF EMPLOYMENT		6. <input type="checkbox"/> CURRENTLY EMPLOYED <input type="checkbox"/> HONORABLY RETIRED
7. EMPLOYING U.S. GOVERNMENT AGENCY NAMES(S)		
8. NAME OF SPOUSE	DATE OF BIRTH (<i>mm-dd-yyyy</i>)	PLACE OF BIRTH
9. NAME(S) OF CHILD(REN)	DATE(S) OF BIRTH (<i>mm-dd-yyyy</i>)	PLACE(S) OF BIRTH
I understand that the Secretary of State has approved special immigrant status for me under the provisions of INA 101(a)(27)(D) and that such approval remains valid for one year. In accordance with INA 204(a)(1)(E), I hereby petition for status under 209(b)(4) of the Immigration and Nationality Act. I understand that the petition, if approved, remains valid for six months. If granted such status, I will pursue my application for an immigrant visa immediately upon being notified that my petition has been approved. Also, upon approval of my petition, if I am then employed by the United States Government, I certify that I intend permanent separation from such employment no later than the date of my departure for the United States following issuance of an immigrant visa. I swear or affirm that all statements which appear in this petition are true and complete to the best of my knowledge and belief. I understand that any willfully false or misleading statement or willful concealment of a material fact made by me herein may subject me to permanent exclusion from the United States.		
_____ <i>Signature of Applicant</i>		
Subscribed and sworn to before me this _____ day of _____ at _____		
_____ <i>Consular Officer</i>		

**DS-1884
10-2003**

*Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/ISS/DIR) Washington, D.C. 20520, and to the Office of Information and Regulatory Affairs, Office of Management and Budget.