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H. [_] I am the unmarried child of an alien who is eligible for and has filed for adjustment pursuant to section 1504 of P. L. 106-554, the LIFE Act Amendments. I entered the				
		ATTY State License #		
	pursuant to section 1504 of P. L. 106-554, the LIFE Act Amendments. I entered the United States before December 1, 1988, and was in the United States on that date.			

Part 2. Basis for Application (Continued)

	I am requesting: (Check one box,)			
[Initial family unity benefits und	er section 301 of IMMACT 90.			
Γ		enefits under section 301 of IMM	ACT 90.		
Γ		ler section 1504 of P. L. 106-554			
3. I	am claiming relationship to: (Ch		,		
Γ	A legalized alien under section				
Γ	An alien who is eligible for and		ection 1504 of P L 106-554	the LIFE Act	Amendments
_		-			
	rt 3. Additional Informat				
•	At the time of your last entry into th				
	a. were inspected and admitted			thout inspection	
		Arrival-Departure Current or ment No.	r most recent on status (mm/dd/yy		Date continuous U.S. residence began (mm/dd/yyyy)
	Give the U.S. address where you liv Street number and name (Include ap	-	Cuban Haitian Adjustment) or	December 1, 1	1988 (sec. 210/LIFE Act)
	City		State	7:0	Cada
	City		State		Code
	Name under which you applied: City and state where application was	s filed Date filed (mm/dd/yyy		S action taken of	
				Approved	Denied
	If separate applications for family ur	nity benefits are being submitted	at this time for other relative	s, give the follo	owing information:
ļ	Family Name (Last Name)	First Name	Middle Name	Relations	-
• !	List all other names you have used in	ncluding maiden name.			
	List all absences from the United Sta application (Form I-817), whichever		ber 1, 1988, as appropriate, o	or since the app	proval of your last family unity
- P	Date of Departure (mm/dd/yyyy)	Date of Return (<i>mm/dd/yyyy</i>)	Date of Departure (ma	m/dd/yyyy)	Date of Return (mm/dd/yyyy)
	1				

Part 3. Additional Information (Continued)

	Street Number and Name (Include Apartment #)	City	State	Zip Code	Dates of R	esidence		
					From	То	Prese	ent
ſ					From	То		
ľ					From	То		
ſ					From	То		
ſ					From	То		
					From	То		
E	o you have or have you ever had:							
a	A communicable disease of public health significa inguinal, humanimmunodeficiency virus (HIV) inf venereum, infectious stage syphilis, or active tuber	ection, infectious				Yes	🗌 N	0
b	• A physical or mental disorder and behavior asso the property, safety, or welfare of yourself or oth		sorder which has po	sed or may pose	e a threat to	Yes	🗌 N	0
H	lave you ever:							
a	. Knowingly committed a crime for which you ha					Yes	<u>N</u>	0
b	,					Yes	∐ N	0
c	Been convicted of two or more offenses for whit confinement?	ch the aggregate s	sentences were five o	or more years of		Yes	□ N	0
d	d. Been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance?						N	0
e	Been the beneficiary of a pardon, amnesty, rehal	oilitation decree, o	other act of clemenc	y or similar acti	on?	Yes	🗌 N	O
f.	f. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded with others in the illicit trafficking of any controlled substance?						□ N	0
g	. Committed a criminal offense in the United Stat	es and asserted in	nmunity from prosec	cution?		Yes	N	0
	If you answered "Yes" to any of questions in Nu	mber 9, attach a	a copy of the arrest	record and cou	ırt dispositio	on to this peti	tion.	
	Have you, at any time within the past three years, e 202 of the Controlled Substances Act (including, b [tranquilizers], amphetamines, cannabinoids, cocai substances)?	ut not limited to,	sedative, hypnotic, o	or anxiolytic sub	stances	Yes	□ N	Ō
1. Have you, at any time within the past two years, engaged in the use of any psychoactive substance not listed in section 202 of the Controlled Substance Act (including, but not limited to, alcohol and inhalants) which resulted in behavior that has posed a threat to the property, safety, or welfare of yourself or others or which behavior is likely to recur or to lead to other harmful behavior?						Yes	□ N	Ó
. Have you ever committed an act of juvenile delinquency, which if committed by an adult would be classified as follows: (If you are a LIFE ACT applicant skip this question.)								
:	a. A felony crime of violence that has as an eleme	ent the use or atten	mpted use of physica	al force against	another?	Yes	□ N	0
1	b. A felony offense that by its nature involves a su the course of committing the offense?	ıbstantial risk tha	t physical force agai	nst another may	be used in	Yes	🗌 N	Ó
	Do you intend to engage solely, principally, or inci have you within the past 10 years, engaged in, proc				u now or	Yes	🗌 N	io
•	Have you been or do you intend to be involved in a	ny commercial v	ice?			Yes	N	0
	Have you ever practiced or do you intend to practic	e polygamy?				Yes	N	0

7. List all residences in the United States since May 5, 1988 or December 1, 1988, as appropriate, or since the approval of your last Family Unity

16. 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 other immigration benefit?

Yes

No

Pa	rt 3. Additional Information (Continued)		
17.	Have you ever falsely represented yourself to be a citizen of the United States for any purpose or benefit under the Immigration and Nationality Act or any Federal or State law?	Yes	🗌 No
18.	Are you a former citizen of the United States who renounced your U.S. citizenship for the purpose of avoiding taxation by the United States?	Yes	🗌 No
19.	Have you ever been an F-1 nonimmigrant student who violated status by attending a public elementary or secondary school in violation of immigration law?	Yes	No No
20.	Have you ever failed or refused to attend or remain in attendance at a hearing to determine your admissibility to or deportability from the United States?	Yes	□ No
21.	Have you ever been identified by USCIS as having obtained transportation to the United States without the consent of the owner, charterer, master, or person in charge of the vessel or aircraft through concealment onboard such vessel or aircraft on which you arrived?	Yes	No No
22.	Have you been ordered deported, excluded, or removed from the United States?	Yes	No No
23.	Have you ever departed the United States after having been unlawfully present for 180 days but less than 365 days?	Yes	No No
24.	Have you ever departed the United States after having been unlawfully present for 365 days or longer?	Yes	No No
25.	Have you ever knowingly encouraged, induced, assisted, abetted, or aided anyone to enter the United States in violation of the law?	Yes	No No
26.	Were you a guardian required to accompany an individual certified as helpless who was found to be inadmissible to the United States?	Yes	No No
27.	Have you detained, retained, or withheld the custody of a U.S. citizen child outside the United States from a person granted custody of such child by a U.S. court order?	Yes	No No
28.	Have you ever engaged in, conspired to engage in, or intended to engage solely, principally, or incidentally in:		
	a. Any activity to violate any U.S. law relating to espionage or sabotage?	Yes	No No
	b. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information?	Yes	No No
	c. Any other activity the purpose of which is in opposition to, or the control of, or overthrow of the Government of the United States, by force, violence, or other unlawful means?	Yes	No No
	d. Any other unlawful activity?	Yes	No No
29.	Have you:		
	a. Ever engaged in, conspired to engage in, or intended to engage in a terrorist activity?	Yes	No No
	b. Ever incited terrorist activity with intent to cause death or serious bodily harm?	Yes	No No
	c. Ever been a representative of a terrorist organization or a member of an organization which you knew or should have known is a terrorist organization?	Yes	No No
30.	Have you ever engaged in or do you intend to engage in any activity in the United States that would have potentially serious adverse foreign policy consequences for the United States?	Yes	No No
31.	Have you:		
	a. Ever been, or are you now, a member of the Communist or other totalitarian party?	Yes	No No
	b. Ever engaged in genocide, or ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion?	Yes	No No
32.	During the periods of 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, did you ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion?	Yes	No No
33.	Have you ever left the United States to avoid being drafted into the U.S. Armed Forces?	Yes	No No
34.	Have you received public assistance from any source, including the U.S. Government or any State, county, city, or other municipality, or are you likely to request public assistance in the future?	Yes	No No
35.	Have you ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not yet complied with the requirement?	Yes	No No
36.	Have you ever voted in violation of any Federal, State, or local constitutional provision, statute, ordinance, or regulation?	Yes	No No

NOTE: If you answered "Yes" to any of the above questions, provide a full explanation on a separate sheet of paper.

Part 4. Information About Your Spouse or Parent (Your spouse or parent must be either a legalized alien or an alien eligible for adjustment pursuant to the LIFE Act)

1.	Provide the following information Family Name (Last Name)	about the al	-	whom you are ame (First Nar		bility. Full Midd	le Name	
					-,			
	Date of Birth (mm/dd/yyyy)	A-Number (if	any)	U.S. Social	Security No. (if any	v) Class of Adm	nission	Gender Male Female
	Home Address: Street Number a	nd Name (ind	clude apartn	nent number)				
	City	State			Zip Code		Daytime Pł	none No. (Area Code)
2.	List all other names used, includin	g maiden nar	ne.] [
Pa	art 5. Complete Only If	You Are	Applyin	g Based of	n a Marital Re	lationship		
1.	Provide the following information Number of times you have been r		nd your spo	use.	Number of times	your spouse has b	been married	
2.	Provide the following information	n about your d	current mari	riage.				
	Date of marriage (mm/dd/yyyy)		Place of m	arriage (City,	State or province, ar	nd country)		
3. '	Type of ceremony.				4. We are:		1	
	Religious Civil		None		Living t	-	Not living t	ogether
Pa	art 6. Complete Only If	You Are	Applyin	g Based or	n a Child/Pare	nt Relations	hip	
1.]	Indicate how your parent is related	l to you.						
	Biological mother	married to n	w mother u	when I was her	n			
	Biological father who was Biological father who was		-					
	Stepparent - based on mar		-			v		
	Adoptive parent and:	-8			,	,		
	a. The adoption occurred	before my 1	5th birthday	7			Yes	No No
	b. My adoptive parent ha 1988 or December 1,			r at least two y	ears prior to May 5,		Yes	No No
	c. I lived with my adoptive December 1, 1988, as		at least two	years prior to	May 5, 1988 or		Yes	No No
	Parent based on circumsta	nces not desc	cribed above	e (Explain in d	etail on a seperate s	heet of paper.)		
2. (Give the following information ab	out your mar	ital status.					
	Single Married	🗌 Di	vorced	Widowed	1			
3.	Provide the following information	if you are ma	rried, divor	ced, or widowe	ed.			
	Date of marriage (mm/dd/yyyy)		Place of m	arriage (City,	State or province, ar	nd country)		
4. 7	Type of ceremony.				5. We are:			
	Religious Civil		None		Living t	ogether	Not living t	ogether
6.	If divorced or widowed: Date marriage ended (mm/dd/yyy	/y)	Place marr	riage ended (C	ity, State or province	e, and country)		
				- `				

Part 7. Signature (Read the information on penalties in the instructions before completing this section.)

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 authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.

Signature	Date (mm/dd/yyyy)
Part 8. Signature of Person Preparing Form, If Other Tl	han Above (Sign below)
I declare that I prepared this application at the request of the above personal knowledge. I have not knowingly withheld any material information the	
Attorney or Representative: In the event of a Request for Evidence (R	RFE), may USCIS contact you by Fax or E-Mail?
Preparer's Signature	Date (mm/dd/yyyy)
Preparer's Printed Name Preparer's Fi	rm Name (if applicable)
Preparer's Address	
Daytime Phone Number (with area code) Fax Number (if any)	E-Mail Address (<i>if any</i>)

Signature for Placement On Employment Authorization Document

Provide your signature below. This signature will be scanned and duplicated for placement on your Employment Authorization Document. When signing, make sure that no part of your signature goes outside the lines of the box.

Signature