

**DO NOT WRITE IN THIS BLOCK - FOR USCIS OFFICE ONLY**

<b>Section of Law</b> <input type="checkbox"/> 207 (c)(2) Spouse <input type="checkbox"/> 207 (c)(2) Child <input type="checkbox"/> 208 (b)(3) Spouse <input type="checkbox"/> 208 (b)(3) Child	<b>Action Stamp</b>   	<b>Receipt</b>   
<b>Reviewed For TRIG:</b> <input type="checkbox"/> TRIG Not Present <input type="checkbox"/> TRIG Issues Present Date: _____ Initials: _____	<b>Remarks</b>   	
<input type="checkbox"/> Beneficiary Not Previously Claimed <input type="checkbox"/> Beneficiary Previously Claimed On: _____ (e.g., Form I-590, Form I-589, etc.)		
CSPA Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

**START HERE - Type or print legibly in black ink.**

My Status:  Refugee  Lawful Permanent Resident based on previous Refugee status  
 Asylee  Lawful Permanent Resident based on previous Asylee status

The beneficiary is my:  Spouse  
 Unmarried child who is a (n):  Biological Child  Stepchild  Adopted Child

Number of relatives for whom I am filing separate Form I-730s: \_\_\_\_\_ ( \_\_\_\_\_ of \_\_\_\_\_ )

**Part 1. Information About You, the Petitioner**

Family Name (Last name), Given Name (First name), Middle Name:

Address of Residence (*Where you physically reside*)

Street Number and Name:	Apt. #
-------------------------	--------

City:	State or Province:
-------	--------------------

Country:	Zip/Postal Code:
----------	------------------

Mailing Address (*If different from residence*) - C/O:

Street Number and Name:	Apt. #:
-------------------------	---------

City:	State or Province:
-------	--------------------

Country:	Zip/Postal Code:
----------	------------------

Telephone Number Including Country and City/Area Code:

Your E-Mail Address, if Available:

Gender: a. <input type="checkbox"/> Male b. <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy):
---	-----------------------------

Country of Birth:	Country of Citizenship/Nationality:
-------------------	-------------------------------------

U.S. Alien Registration # (A#):	U.S. Social Security # ( <i>If applicable</i> ):
---------------------------------	--

**Part 2. Information About Your Alien Relative, the Beneficiary**

Family Name (Last name), Given Name (First name), Middle Name:

Address of Residence (*Where the beneficiary physically resides*)

Street Number and Name:	Apt. #
-------------------------	--------

City:	State or Province:
-------	--------------------

Country:	Zip/Postal Code:
----------	------------------

Mailing Address (*If different from residence*) - C/O:

Street Number and Name:	Apt. #:
-------------------------	---------

City:	State or Province:
-------	--------------------

Country:	Zip/Postal Code:
----------	------------------

Telephone Number Including Country and City/Area Code:

The Beneficiary's E-Mail Address, if Available:

Gender: a. <input type="checkbox"/> Male b. <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy):
---	-----------------------------

Country of Birth:	Country of Citizenship/Nationality:
-------------------	-------------------------------------

U.S. Alien Registration # (A#):	U.S. Social Security # ( <i>If applicable</i> ):
---------------------------------	--

**Part 1. Information About You, the Petitioner (Continued)**

Other Name(s) Used (Including maiden name):

If Married, Name of Spouse, Date (mm/dd/yyyy), and Place of Present Marriage:

If Previously Married, Name(s) of Prior Spouse(s):

Date(s) (mm/dd/yyyy) and Place(s) Previous Marriage(s) Ended: Please provide documentation indicating how marriage(s) ended (e.g., death certificate, divorce certificate, etc.):

Date (mm/dd/yyyy) and Place Asylee Status was Granted in the United States

OR  
Date (mm/dd/yyyy) and Place You Received Your Approval for Refugee Status while Living Abroad

If You Were Approved for Refugee Status, Provide Date (mm/dd/yyyy) and Place Admitted to the United States as a Refugee:

**Part 2. Information About Your Alien Relative, the Beneficiary (Continued)**

Other Name(s) Used (Including maiden name):

If Married, Name of Spouse, Date (mm/dd/yyyy), and Place of Present Marriage:

If Previously Married, Name(s) of Prior Spouse(s):

Date(s) (mm/dd/yyyy) and Place(s) Previous Marriage(s) Ended: Please provide documentation indicating how marriage(s) ended (e.g., death certificate, divorce certificate, etc.):

- Beneficiary is currently in the United States.  
 Beneficiary is outside the United States and will apply for travel authorization at a USCIS Office or a U.S. Embassy or consulate in:

\_\_\_\_\_  
City and Country**To Be Completed By****Attorney or Representative, if any.**

- 
- Fill in box if G-28 is attached to represent the petitioner.

Volag # \_\_\_\_\_ Atty State License # \_\_\_\_\_

**Part 2. Information About the Beneficiary (Continued)**Name and **mailing** address of the beneficiary written in the language of the country where he or she now **resides**:

Family Name:

Given Name:

Middle Name:

Address - C/O:

Street Number and Name:

Apt. #:

City/State or Province:

Country:

Zip/Postal Code:

Check the box, a through d, that applies:

- a.  The beneficiary has never been in the United States  
b.  The beneficiary is now in immigration court proceedings in the United States Where? \_\_\_\_\_  
c.  The beneficiary has never been in immigration court proceedings in the United States  
d.  The beneficiary is not now in immigration court proceedings in the United States, but has been in the past. Where? \_\_\_\_\_

What is the beneficiary's native language?

Is the beneficiary fluent in English?

- No  
 Yes

What other language(s) does the beneficiary speak fluently:

---

**Part 2. Information About the Beneficiary (Continued)**

---

List each of the beneficiary's entries into the United States; if any, beginning with the most recent entry. Submit a copy of each I-94 and/or copy of the beneficiary's passport showing all the entry and exit stamps for each entry. Attach an additional sheet if the beneficiary has more than two entries into the United States:

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Status: \_\_\_\_\_ I-94#: \_\_\_\_\_ Date Status Expires/Expired: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Status: \_\_\_\_\_ I-94#: \_\_\_\_\_ Date Status Expires/Expired: \_\_\_\_\_

---

**Part 3. 2-Year Filing Deadline**

---

Are you filing this application more than 2 years after the date you were admitted to the United States as a refugee or granted asylee status?

No  Yes

If you answered "Yes" to the previous question, explain the delay in filing and submit evidence to support your explanation (Attach additional sheets of paper if necessary):

---

**Part 4. Warning**

---

***WARNING: Any beneficiary who is in the United States illegally is subject to removal if Form I-730 is not granted by USCIS. Any information provided in completing this petition may be used as a basis for the institution of, or as evidence in, removal proceedings, even if the petition is later withdrawn. Unexcused failure by the beneficiary to appear for an appointment to provide biometrics (such as fingerprints and photographs) and biographical information within the time allowed may result in denial of Form I-730. Information provided on this form and biometrics and biographical information provided by the beneficiary may also be used in producing an Employment Authorization Document if the beneficiary is granted derivative refugee or asylee status.***

**Part 5. Signature of Petitioner**

Read the information on penalties in the instructions and the warning in **Part 4** before completing this section and sign below. If someone other than the beneficiary helped you to prepare this petition, that person must complete **Part 7**.

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. I authorize the release of any information from my record that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature \_\_\_\_\_ Print Full Name \_\_\_\_\_ Date \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

**NOTE:** If you do not completely fill out this form or if you fail to submit the required documents listed in the instructions, your relative may not be found eligible for the requested benefit and this petition may be denied.

**Part 6. Signature of Beneficiary, if in the United States**

Read the information on penalties in the instructions and the warning in **Part 4** before completing this section and sign below. If someone other than the petitioner helped you to prepare this petition, that person must complete **Part 7**.

**NOTE:** If the beneficiary is not currently in the United States, this section should be left blank.

I certify 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. I authorize the release of any information from my record that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature \_\_\_\_\_ Print Full Name \_\_\_\_\_ Date \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

**NOTE:** If you do not completely fill out this form or if you fail to submit the required documents and biometrics listed in the instructions, you may not be found eligible for the requested benefit and this petition may be denied.

**Part 7. Signature of Person Preparing Form, If Other Than Petitioner or Beneficiary Above**

I declare that I prepared this petition at the request of \_\_\_\_\_ (name of person(s) above), and it is based on all of the information of which I have knowledge.

Signature \_\_\_\_\_ Print Full Name \_\_\_\_\_ Date \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

Firm Name and Address \_\_\_\_\_ E-Mail Address (If any) \_\_\_\_\_

**Part 8. To Be Completed at Interview of Beneficiary, If Applicable (14 years of age or older)**

Beneficiaries in the United States will be interviewed by USCIS officers. Their petitioners may also be interviewed. Beneficiaries living overseas will be interviewed by a USCIS officer or a DOS consular officer.

I swear (affirm) that I know the contents of this petition that I am signing, including the attached documents and supplements, and that they are  all true or  not all true to the best of my knowledge and that correction(s) numbered \_\_\_\_\_ to \_\_\_\_\_ were made by me or at my request. With these corrections, the information on this form is now true.

Signed and sworn before me by the beneficiary named herein on:

\_\_\_\_\_  
Signature of Beneficiary

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Write your Name in your Native Alphabet

\_\_\_\_\_  
Signature of USCIS Officer or DOS Consular Officer

Beneficiary Approved for Travel, Admission Code: \_\_\_\_\_

Petition Returned to Service Center via NVC

**CBP Action Block**