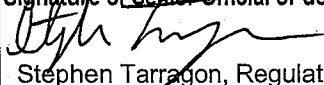


PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/subagency Department of Homeland Security, U.S. Citizenship and Immigration Services		OMB Control Number 1615 - 0027	
<i>Enter only items that change</i>			
		Current record	New record
Agency form number (s) I-566			
Annual reporting and recordkeeping hour burden			
Number of respondents			
Total annual responses			
Percent of these responses collected electronically	0	%	0
Total annual hours			
Difference			
Explanation of difference			
Program change Adjustment			
Annual reporting and recordkeeping cost burden (in thousands of dollars)			
Total annualized Capital/Startup costs			
Total annual costs (O&M)			
Total annualized cost requested			
Difference			
Explanation of difference			
Program change Adjustment			
Other changes** See attached table of changes and justification			
Signature of Senior Official or designee:  Stephen Tarragon, Regulatory Products Division		Date: 8/25/10	For OIRA Use _____ _____

** This form cannot be used to extend an expiration date.
OMB 83-C

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FORM I-566, Form, & Instructions
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Form I-566

Interagency Record if Individual Requesting Change/Adjustment to or from A or G Status

OMB Control No. 1615-0027

August 25, 2010

	CURRENT VERSION	PROPOSED VERSION
I-566 Form Form I-566 Page 1 Part 3. Type of Request	<p style="text-align: center;">Part 3. Type of Request <i>(See Instructions for complete information on the different types of requests.)</i></p> <p>1. I am requesting employment authorization as a:</p> <p>a. <input type="checkbox"/> spouse <input type="checkbox"/> son or daughter, age: <input type="checkbox"/> is a full-time, post-secondary student. <input type="checkbox"/> is disabled</p>	<p style="text-align: center;">Part 3. Type of Request <i>(See instructions for complete information on the different types of requests.)</i></p> <p>1. I am requesting employment authorization as a:</p> <p>a. <input type="checkbox"/> spouse <input type="checkbox"/> son or daughter, age: <input type="checkbox"/> is a full-time, post-secondary student. <input type="checkbox"/> is disabled.</p> <p>b. <input type="checkbox"/> other dependent recognized by the DOS</p>
Form I-566 Instructions Page 2	<p>If one of the provisions in 1, 2, 3 applies to you, you must also show that you are an eligible dependent of a principal alien.</p> <p>Eligible dependents are the:</p> <ol style="list-style-type: none"> 1. Spouse or unmarried child under 21 years of age; or 2. Dependent unmarried son or daughter who is a full-time, post-secondary student between 21 and 23 years of age (or between 21 and 25 years of age under certain bilateral agreements); or 3. Dependent unmarried son or daughter who is mentally 	<p>If one of the provisions in 1, 2, 3, or 4 applies to you, you must also show that you are an eligible dependent of a principal alien.</p> <p>Eligible dependents are the:</p> <ol style="list-style-type: none"> 1. Spouse or unmarried child under 21 years of age; or 2. Dependent unmarried son or daughter who is a full-time, post-secondary student between 21 and 23 years of age (or between 21 and 25 years of age under certain bilateral agreements); or 3. Dependent unmarried son or daughter who is mentally or

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<p>Dependent Employment Authorization</p>	<p>or physically unable to care for him or herself and cannot establish his or her own household.</p> <p>If you meet one of these conditions and believe you are eligible to apply for employment authorization, complete Parts 1, 2, 3, (Check Box "1a" or "1b"), 4, and 5 on Form I-566.</p>	<p>physically unable to care for him or herself and cannot establish his or her own household.</p> <p>4. Other dependent recognized by the Department of State as qualifying (only applicable to dependents of A or G principal aliens).</p> <p>If you meet one of these conditions and believe you are eligible to apply for employment authorization, complete Parts 1, 2, 3, (Check Box "1a", "1b" or "1c"), 4 and 5 on Form I-566.</p>
<p>Evidence Requirements</p>	<p>3. If you are filing as the dependent unmarried son or daughter who is mentally or physically unable to care for yourself and cannot establish your own household:</p> <p>A. Bilateral agreement-Submit documentation as specified in the applicable agreement and a statement from your physician.</p> <p>B. <i>De facto</i> arrangement or G-4 regulations-Submit a statement from your prospective employer and physician.</p>	<p>3. If you are filing as the dependent unmarried son or daughter who is mentally or physically unable to care for yourself and cannot establish your own household:</p> <p>A. Bilateral agreement-Submit documentation as specified in the applicable agreement and a statement from your physician.</p> <p>B. <i>De facto</i> arrangement or G-4 regulations-Submit a statement from your prospective employer and physician.</p>
<p>Page 3</p>	<p>4. If you are requesting an extension of your employment authorization, submit the required documents noted above and any other documents required by the principal alien's sponsoring agency.</p>	<p>4. If you are filing as a dependent of an A-1, A-2, G-1, G-3 or G-4 principal alien (other than a dependent listed in 1 through 3 above) recognized by the DOS as qualifying:</p> <p>A. Bilateral agreement-Submit documentation as specified in</p>