Department of Homeland Security

U.S. Citizenship and Immigration Services

START HERE - Type or print in	black ink.	For USCIS Use Only
Part 1. Information About You		Returned Receipt
Family Name (Last Name) Given Name	ne (First Name) Full Middle Name	Date
		Dut
Address: (Street Number and Name)	Apt. #	Date Resubmitted
C/O: (In care of)		Date
		Date
City	State/Province	Reloc Sent
		Date
Country	Zip/Postal Code	Date
Maria Alla Colores		Date Reloc Rec'd
Mailing Address, if different than above (Street	Number and Name): Apt. #	
C/O ₂ (In some of		Date
C/O: (In care of)		Date
City	State/Province	Petitioner
City	State/Province	Interviewed
Country	Zip/Postal Code	on
Country	Zip/Postai Code	Remarks
Date of Birth (mm/dd/yyyy) Country of Birth	Country of Citizenship	
Date of Birth (mm/dd/yyyy) Country of Birth	Country of Cluzensnip	
Alian Dagistration Number (A Number)	Social Society # (if am)	
Alien Registration Number (A-Number)	Social Security # (if any)	
Conditional Residence Expires on (mm/dd/yyyy)	Daytime Phone # (Area/Country Code)	
Part 2. Basis for Petition (Check	one)	
a. My conditional residence is based on my and we are filing this petition together.	marriage to a U.S. citizen or permanent resident,	Action Block
b. I am a child who entered as a conditional in a joint petition filed by my parent(s).	permanent resident, and I am unable to be included	
OR		
My conditional residence is based on my marria unable to file a joint petition, and I request a war		
c. My spouse is deceased.		
d . I entered into the marriage in good faith, annulment.	but the marriage was terminated through divorce or	To Be Completed by
marriage I was battered by or was the sub permanent resident spouse or parent.	ntered a marriage in good faith, and during the eject of extreme cruelty by my U.S. citizen or	Attorney or Representative, if any Fill in box if Form G-28 is attached to represent the
f. I am a conditional resident child who was U.S. citizen or conditional resident paren	s battered by or subjected to extreme cruelty by my t(s).	applicant. ATTY State License #
g. The termination of my status and remova hardship.	l from the United States would result in an extreme	ATTI State License #

DRAFT

<u> </u>	it 3. Auditional IIII	or mation 11	bout Iou						
1.	Other Names Used (includi	ng maiden name):						
2	Date of Marriage (mm/dd/y)	unn) 3 Plac	e of Marriage	<u>.</u>	If your spouse	is deceased, give the	date of de	ath (mm/d	d/mmv)
2.	Date of Marriage (mm/aa/y)		e or marriage	,	ii youi spouse	is deceased, give the	date of de	atti (mm/at	xi yyyy)
5.	Are you in removal, deporta	ation, or rescission	on proceedings	s?			Yes		No
	Was a fee paid to anyone of		-	•			Yes		No
	Have you ever been arrested law or ordinance (excluding the United States or abroad	g traffic regulation					Yes		No
	If you are married, is this a obtained?	_		-			Yes		No
	Have you resided at any oth all addresses and dates.)			·			Yes		No
	Is your spouse currently ser						Yes	1011 / 1	No
what to yo	ou answered "Yes" to any of the teriminal history documentation our response. The second of the teriminal history documentation of the teriminal history documentation and the teriminal history documentatio	n to include with y	our petition. Pla	ace your name and A-Nur	nber at the top o	f each sheet and give the	number of	the item th	at refers
Fam	nily Name		First Nan	me		Middle Name			
L									
Add	lress								
Date	e of Birth (mm/dd/yyyy)		Social Se	ecurity # (if any)		A-Number (if any)			
Pa	rt 5. Information A	bout Your (Children-l	List All Your Cl	nildren (At	tach other sheets if	necessar	y)	
Naı	me (First/Middle/Last)	Date of Birtl	n (mm/dd/yyyy)	A-Number (if any)	If in U.S., gi	ve address/immigration	on status	Living w	ith you?
								Yes	☐ No
								Yes	☐ No
								Yes	☐ No
								Yes	☐ No
								Yes	☐ No
Pai	rt 6. Accommodation instructions befo			Disabilities and Inn.)	mpairment	s (Read the inform	ation in	the	
I ar	n requesting an accomm	nodation:							
2.] 3.]	Because of my disability(For my spouse because o For my included child(rea	f his or her disan) because of h	ability(ies) ar is or her (the	eir) disability(ies) and	•	. ,	Yes Yes Yes] No] No] No
I	If you answered "Yes," cl	heck any applic	able box. Pi	rovide information o	n the disabili	ty(ies) and/or impai	rment(s)	for each	person:
	Deaf or hard of hear language (e.g., Ame			ng accommodation(s	s) (if requesting	ng a sign-language	interprete	er, indicat	te which
	Blind or sight-impa	ired and reques	t the following	ng accommodation(s	s):				
	Other type of disabi accommodation(s) b			(s) (describe the natu	are of the disa	ability(ies) and/or in	npairmen	at(s) and	

DRAFT

correct. If conditional residence was based where the marriage took place and was no my records that U.S. Citizenship and Imn Signature	on a marriage, I further certify the for the purpose of procuring an in	at the marriage was entered i mmigration benefit. I also au	thorize the release of any information from sought.
Signature	Frint Name		Date (mm/dd/yyyy)
C			
Signature of Spouse	Print Name		Date (mm/dd/yyyy)
for the requested benefit and this petition of Part 8. Signature of Person P	nay be denied. reparing Form, If Other	than Above	instructions, you may not be found eligibl
I declare that I prepared this petition at the Signature	request of the above person, and Print Name	it is based on all information	of which I have knowledge. Date (mm/dd/yyyy)
Firm Name and Address		Daytime Phone Number (Area/Country Code)	er
		E-Mail Address (if any)	