OMB No. 1615-0023; Expires 12/31/2010 Form I-485, Application to Register Permanent Residence or Adjust Status

START HERE - Type or Print (Use black ink)	For USCIS Use Only		
Part 1. Information About You	Returned Receipt		
Family Name (Last Name) Given Name (First Name) Middle Name			
	ll		
Address - Street Number and Name Apt. #	Resubmitted		
C/O (in care of)			
City State Zip Code			
City State Zip code	Reloc Sent		
Date of Birth (mm/dd/yyyy) Country of Birth			
Country of Citizenship/Nationality U.S. Social Security # (if any) A # (if any)	Reloc Rec'd		
Date of Last Arrival (mm/dd/yyyy) I-94 #			
	Applicant		
Current USCIS Status Expires on (mm/dd/yyyy)	Applicant Interviewed		
Part 2. Application Type (Check one)	Section of Law		
I am applying for an adjustment to permanent resident status because:	Sec. 209(a), INA		
a. An immigrant petition giving me an immediately available immigrant visa number	☐ Sec. 209(b), INA☐ Sec. 13, Act of 9/11/57		
that has been approved. (Attach a copy of the approval notice, or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this	Sec. 245, INA		
application that will give you an immediately available visa number, if approved.)	☐ Sec. 249, INA ☐ Sec. 1 Act of 11/2/66		
b. My spouse or parent applied for adjustment of status or was granted lawful	Sec. 2 Act of 11/2/66 Other		
permanent residence in an immigrant visa category that allows derivative status for spouses and children.			
c. I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of	Country Chargeable		
entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e)			
petition approval notice and the marriage certificate.)	Eligibility Under Sec. 245		
d. I was granted asylum or derivative asylum status as the spouse or child of a person	Approved Visa Petition Dependent of Principal Alien		
granted asylum and am eligible for adjustment.	Special Immigrant		
e. I am a native or citizen of Cuba admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States	Other		
for at least 1 year.	Preference		
f. I am the husband, wife, or minor unmarried child of a Cuban described above in	Action Block		
(e), and I am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the			
United States for at least 1 year.			
g. I have continuously resided in the United States since before January 1, 1972.			
h. Other basis of eligibility. Explain (for example, I was admitted as a refugee, my			
status has not been terminated, and I have been physically present in the United			
States for 1 year after admission). If additional space is needed, see Page 2 of the instructions.			
I am already a permanent resident and am applying to have the date I was granted	To be Completed by		
permanent residence adjusted to the date I originally arrived in the United States as	Attorney or Representative, if any		
a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and: (Check one)	Fill in box if Form G-28 is attached to represent the applicant.		
i. I am a native or citizen of Cuba and meet the description in (e) above.	VOLAG #		
j. I am the husband, wife, or minor unmarried child of a Cuban and meet the	ATTY State License #		
description in (f) above.	11111 State License π		

City/Town/Village of Birth		Current O	ccupatio	n	
Your Mother's First Name		Your Father's First Name			
Give your name exactly as it appears	on your Form I-94, Arrival-	Departure Re	cord		
Place of Last Entry Into the United St. (City/State)	ates			•	Visitor, student, exchange er, without inspection, etc.
Were you inspected by a U.S. Immigra	ation Officer? Yes	No 🗌			
Nonimmigrant Visa Number		Consulate	Where V	Visa Was Issued	<u> </u>
Date Visa Issued (mm/dd/yyyy) Ge Have you ever applied for permanent	ender Male Female resident status in the U.S.?				
		J			
I is your present spouse and all of you	ır children (include adult so	ne and daugh	ters) (I	f vou have none	write "None " If addition
List your present spouse and all of you space is needed, see Page 2 of the inst	ructions.)		ters). (I		,
Eist your present spouse and all of you space is needed, see Page 2 of the inst Family Name (Last Name)	r children (include adult so ructions.) Given Name (First N		ters). (I		, write "None." If addition Date of Birth (mm/dd/yyy
space is needed, see Page 2 of the inst	ructions.)		A # (if	Middle Initial	Date of Birth (mm/dd/yyy Applying with you?
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Par	et 3. Processing Informati	on (Continued)						
C.	List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society or similar group in the United States or in other places since your 16th birthday. Include any military service in this part. If none write "None." Include the name of each organization, location, nature, and dates of membership. If additional space is needed, attach a separate sheet of paper. Continuation pages must be submitted according to the guidelines provided on Page 2 of the instructions under "What Are the General Filing Instructions?"					. If none, eded,		
-	Name of Organization	me of Organization — Location and Nathre — — — — — — — — — — — — — — — — — — —				Date of Membership To		
-	From)		
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mus Inst	st be submitted according to the ructions?" Information about	If your answer is "Yes" to any questive guidelines provided on Page 2 of the documentation that must be include with the united States:	e instructions under "What ith your application is also	Are the General provide in this	al Filing			
;	a. Knowingly committed any arrested?	crime of moral turpitude or a drug-rel	ated offense for which you	have not been	Yes	No 🗌		
	b. Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law Yes No or ordinance, excluding traffic violations?				No 🗌			
	c. Been the beneficiary of a pa	ardon, amnesty, rehabilitation decree,	other act of clemency, or si	milar action?	Yes	No 🗌		
•	d. Exercised diplomatic immu	nity to avoid prosecution for a crimin	al offense in the United Sta	tes?	Yes	No 🗌		
8		tance in the United States from any so cipality (other than emergency medic			Yes	No 🗌		
3.]	Have you EVER :							
;	a. Within the past 10 years be activities in the future?	en a prostitute or procured anyone for	prostitution, or intend to en	ngage in such	Yes	No 🗌		
	b. Engaged in any unlawful co	ommercialized vice, including, but not	limited to, illegal gamblin	g?	Yes	No 🗌		
•	c. Knowingly encouraged, ind illegally?	uced, assisted, abetted, or aided any a	lien to try to enter the Unite	ed States	Yes	No 🗌		
	 d. Illicitly trafficked in any co trafficking of any controlled 	ntrolled substance, or knowingly assist substance?	ted, abetted, or colluded in	the illicit	Yes	No 🗌		
S	nembership or funds for, or ha upport to any person or organi	onspired to engage in, or do you intenve you through any means ever assisted zation that has ever engaged or conspig, or any other form of terrorist activities.	ed or provided any type of ired to engage in sabotage,	material	Yes	No 🗌		

Pai	rt 3. Processing Information (Continued)		
5.	Do you intend to engage in the United States in:		
	a. Espionage?	Yes	No 🗌
	b. Any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means?	Yes	No 🗌
	c. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information?	Yes	No 🗌
6.	Have you EVER been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party?	Yes	No 🗌
7.	Did you, during the period from 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, ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion?	Yes	No 🗌
8.	Have you EVER been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal, or rescission proceedings?	Yes	No 🗌
9.	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 immigration benefit?	Yes	No 🗌
10.	Have you EVER left the United States to avoid being drafted into the U.S. Armed Forces?	Yes	No 🗌
11.	Have you EVER been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver?	Yes	No 🗌
12.	Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child?	Yes	No 🗌
13.	Do you plan to practice polygamy in the United States?	Yes	No 🗌
14.	Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:		
	a. Acts involving torture or genocide?	Yes	No 🗌
	b. Killing any person?	Yes	No 🗌
	c. Intentionally and severely injuring any person?	Yes	No 🗌
	d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?	Yes	No 🗌
	e. Limiting or denying any person's ability to exercise religious beliefs?	Yes	No 🗌
15.	Have you EVER:		
	a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization?	Yes	No 🗌
	b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?	Yes	No 🗌
16.	Have you EVER been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?	Yes	No 🗌

Part 3. Processing Information (Continued)	
17. Have you EVER assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person?	Yes No No
18. Have you EVER received any type of military, paramilitary, or weapons training?	Yes No No
Part 4. Accommodations for Individuals With Disabilities and/or Impairments (See Page 10 of before completing this section.)	the instructions
Are you requesting an accommodation because of your disability(ies) and/or impairment(s)? If you answered "Yes," check any applicable box:	Yes No No
a. I am deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-lang indicate which language (e.g., American Sign Language)):	uage interpreter,
b. I am blind or sight-impaired and request the following accommodation(s):	
c. I have another type of disability and/or impairment (describe the nature of your disability(ies) and/accommodation(s) you are requesting):	or impairment(s) and

Part 5. Signature (Read the information on penalties on **Page 10** of the instructions before completing this section. You must file this application while in the United States.)

Your Registration With U.S. Citizenship and Immigration Services

"I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (INA), as an alien who has been or will be in the United States for more than 30 days, I am required to register with U.S. Citizenship and Immigration Services (USCIS). I understand and acknowledge that, under section 265 of the INA, I am required to provide USCIS with my current address and written notice of any change of address within 10 days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested, and removed from the United States."

Selective Service Registration

The following applies to you if you are a male at least 18 years of age, but not yet 26 years of age, who is required to register with the Selective Service System: "I understand that my filing Form I-485 with U.S. Citizenship and Immigration Services (USCIS) authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth, and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached 26 years of age."

Part 5. Signature (Continued)				
	Applicant's Statement (Check one)			
I can read and understand English, and as my answer to each question.	I have read and understand each and every quest	ion and instruction	on on this form, as well	
language, a la	on on this form, as well as my answer to each questinguage in which I am fluent, by the person name ry question and instruction on this form, as well a	d in Interpreter '	's Statement and	
	e laws of the United States of America, that the inve not withheld any information that would affect			
I authorize the release of any information determine eligibility for the benefit I am s	from my records that U.S. Citizenship and Immig eeking.	ration Services (USCIS) needs to	
Signature (Applicant)	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)	
NOTE : If you do not completely fill out the eligible for the requested benefit, and this	lis form or fail to submit required documents liste application may be denied.	d in the instructi	ons, you may not be found	
	Interpreter's Statement and Signature			
I certify that I am fluent in English and the	e below-mentioned language.			
Language Used (language in which appli	cant is fluent)			
•	every question and instruction on this form, as well, and the applicant has understood each and every		-	
Signature (Interpreter)	Print Your Full Name	Date (mm/dd/yyyy)	Phone Number (include area code)	
Part 6. Signature of Person Prepar	ing Form, If Other Than Above			
I declare that I prepared this application at	the request of the above applicant, and it is based or	all information o	of which I have knowledge.	
Signature	Print Your Full Name	Date (mm/dd/yyyy)	Phone Number (include area code)	
Firm Name and Address	E-Mail A	ddress (if any)		