Department of Homeland Security
U.S. Citizenship and Immigration Services

I-751, Petition to Remove Conditions on Residence

START HERE - Type or print in black ink.

Part 1. Information About You

Family Name (Last Name)	Given Name (First Name)	Full Middle Name

Address: (Street Number and Name)   Apt. #

C/O: (In care of)

City	State/Province

Country	Zip/Postal Code

Mailing Address, if different than above (Street Number and Name):   Apt. #

C/O: (In care of)

City	State/Province

Country	Zip/Postal Code

Date of Birth *(mm/dd/yyyy)*	Country of Birth	Country of Citizenship

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 marriage to a U.S. citizen or permanent resident, and we are filing this petition together.

b. ☐ I am a child who entered as a conditional permanent resident, and I am unable to be included in a joint petition filed by my parent(s).

OR

My conditional residence is based on my marriage to a U.S. citizen or permanent resident, I am unable to file a joint petition, and I request a waiver because: **(Check one)**

c. ☐ My spouse is deceased.

d. ☐ I entered into the marriage in good faith, but the marriage was terminated through divorce or annulment.

e. ☐ I am a conditional resident spouse who entered a marriage in good faith, and during the marriage I was battered by or was the subject of extreme cruelty by my U.S. citizen or permanent resident spouse or parent.

f. ☐ I am a conditional resident child who was battered by or subjected to extreme cruelty by my U.S. citizen or conditional resident parent(s).

g. ☐ The termination of my status and removal from the United States would result in an extreme hardship.

For USCIS Use Only

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	
☐ Petitioner Interviewed on _____	

Remarks

Action Block

To Be Completed by
Attorney or Representative, if any
☐ Fill in box if Form G-28 is attached to represent the applicant.

ATTY State License #

Part 3. Additional Information About You

1. Other Names Used *(including maiden name)*:

2. Date of Marriage *(mm/dd/yyyy)* **3.** Place of Marriage **4.** If your spouse is deceased, give the date of death *(mm/dd/yyyy)*

5. Are you in removal, deportation, or rescission proceedings? ☐ Yes ☐ No

6. Was a fee paid to anyone other than an attorney in connection with this petition? ☐ Yes ☐ No

7. Have you ever been arrested, detained, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance (excluding traffic regulations), or committed any crime which you were not arrested in the United States or abroad? ☐ Yes ☐ No

8. If you are married, is this a different marriage than the one through which conditional residence status was obtained? ☐ Yes ☐ No

9. Have you resided at any other address since you became a permanent resident? *(If "Yes," attach a list of all addresses and dates.)* ☐ Yes ☐ No

10. Is your spouse currently serving with or employed by the U.S. Government and serving outside the United States? ☐ Yes ☐ No

If you answered "Yes" to any of the above, provide a detailed explanation on a separate sheet of paper and refer to "What Initial Evidence Is Required?" to determine what criminal history documentation to include with your petition. Place your name and A-Number at the top of each sheet and give the number of the item that refers to your response.

Part 4. Information About the Spouse or Parent Through Whom You Gained Your Conditional Residence

Family Name   First Name   Middle Name

Address

Date of Birth *(mm/dd/yyyy)*   Social Security # *(if any)*   A-Number *(if any)*

Part 5. Information About Your Children-List All Your Children *(Attach other sheets if necessary)*

Name *(First/Middle/Last)*	Date of Birth *(mm/dd/yyyy)*	A-Number *(if any)*	If in U.S., give address/immigration status	Living with you?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Part 6. Accommodations for Individuals With Disabilities and Impairments *(Read the information in the instructions before completing this section.)*

I am requesting an accommodation:

1. Because of my disability(ies) and/or impairment(s). ☐ Yes ☐ No

2. For my spouse because of his or her disability(ies) and/or impairment(s). ☐ Yes ☐ No

3. For my included child(ren) because of his or her (their) disability(ies) and/or impairment(s). ☐ Yes ☐ No

If you answered "Yes," check any applicable box. Provide information on the disability(ies) and/or impairment(s) for each person:

☐ Deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):

_____

☐ Blind or sight-impaired and request the following accommodation(s):

_____

☐ Other type of disability(ies) and/or impairment(s) (describe the nature of the disability(ies) and/or impairment(s) and accommodation(s) being requested):

_____

Part 7. Signature

(Read the information on penalties on Page 5 of the instructions before completing this section. If you checked block "a" in Part 2, your spouse must also sign below).

I certify, under penalty of perjury of the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. If conditional residence was based on a marriage, I further certify that the marriage was entered in accordance with the laws of the place where the marriage took place and was not for the purpose of procuring an immigration benefit. I also authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit sought.

Signature	Print Name	Date *(mm/dd/yyyy)*

Signature of Spouse	Print Name	Date *(mm/dd/yyyy)*

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

Part 8. Signature of Person Preparing Form, If Other than Above

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

Signature	Print Name	Date *(mm/dd/yyyy)*

Firm Name and Address

Daytime Phone Number
(Area/Country Code)

E-Mail Address
(if any)