

OMB No. 1615-0106; Expires 07/31/2011  
**Form I-929, Petition for Qualifying Family  
 Member of a U-1 Nonimmigrant**

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

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

Bene. A-file reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No U-1 A-file reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No Bene. filed I-485 <input type="checkbox"/> Yes <input type="checkbox"/> No U-1 adjusted <input type="checkbox"/> Yes <input type="checkbox"/> No U-1 I-485 pending <input type="checkbox"/> Yes <input type="checkbox"/> No	Action Block	Bar Code (USCIS Use only)     Remarks
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**START HERE -- TYPE OR PRINT LEGIBLY USING BLACK INK**

**I am filing for my:** (Check one)

<input type="checkbox"/> Spouse	Child: <input type="checkbox"/> Biological Child	Parent: <input type="checkbox"/> Biological Parent
	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Stepparent
	<input type="checkbox"/> Adopted Child	<input type="checkbox"/> Parent who adopted me

**Part 1. Information About You**

Last Name (Family Name)

  

First Name (Given Name)

  

Middle Name

Current Address

Street Number and Name	Apt. Number	
<input style="width: 90%;" type="text"/>	<input style="width: 100%;" type="text"/>	
City	State	Zip Code
<input style="width: 200px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>

**Safe Mailing Address If Other Than Above**

Street Number and Name	Apt. Number	
<input style="width: 90%;" type="text"/>	<input style="width: 100%;" type="text"/>	
City	State	Zip Code
<input style="width: 200px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>

Date of Birth

A-Number

<input type="text"/>	<input type="text"/>
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**Part 2. Information About Your Alien Relative**

Last Name (Family Name)

  

First Name (Given Name)

  

Middle Name

Current Address

Street Number and Name	Apt. Number
<input style="width: 90%;" type="text"/>	<input style="width: 100%;" type="text"/>
City	State/Province
<input style="width: 200px;" type="text"/>	<input style="width: 100px;" type="text"/>
Country	Postal/Zip Code
<input style="width: 200px;" type="text"/>	<input style="width: 100px;" type="text"/>

**Mailing Address If Other Than Above**

Date of Birth

  

A-Number

Date of Birth

A-Number

<input type="text"/>	<input type="text"/>
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**Part 1. Information About You (Cont'd)**

Country of Birth	Social Security Number
<input type="text"/>	<input type="text"/>
Country of Citizenship/Nationality	
<input type="text"/>	
Gender: (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	

**If you ever used other names, provide them below:**

Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	

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Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	

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Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	

Marital Status: (Check one)	
<input type="checkbox"/> Single (Never Married)	<input type="checkbox"/> Married
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Spouse's Name:	
Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	
Place of Marriage	
<input type="text"/>	

**Part 2. Information About Your Alien Relative (Cont'd)**

Country of Birth	Social Security Number
<input type="text"/>	<input type="text"/>
Country of Citizenship/Nationality	
<input type="text"/>	
Gender: (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	

**If alien relative ever used other names, provide them below:**

Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	

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Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	

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Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	

Marital Status: (Check one)	
<input type="checkbox"/> Single (Never Married)	<input type="checkbox"/> Married
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Spouse's Name:	
Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	
Place of Marriage	
<input type="text"/>	

**Part 1. Information About You (Cont'd)**

Number of marriages including current marriage:

List any previous marriage(s) beginning with the most recent.  
If you need more space, attach an additional sheet of paper.

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

<input type="text"/>	<input type="text"/>
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Middle Name Date of Marriage

<input type="text"/>	<input type="text"/>
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Place of Marriage

<input type="text"/>
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Date of Termination Place of Termination

<input type="text"/>	<input type="text"/>
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Reason for Termination:

Divorce  Death  Annulment

Other \_\_\_\_\_

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

<input type="text"/>	<input type="text"/>
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Middle Name Date of Marriage

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Place of Marriage

<input type="text"/>
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Date of Termination Place of Termination

<input type="text"/>	<input type="text"/>
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Reason for Termination:

Divorce  Death  Annulment

Other \_\_\_\_\_

**Part 2. Information About Your Alien Relative (Cont'd)**

Number of marriages including current marriage:

List any previous marriage(s) beginning with the most recent.  
If you need more space, attach an additional sheet of paper.

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

<input type="text"/>	<input type="text"/>
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Middle Name Date of Marriage

<input type="text"/>	<input type="text"/>
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Place of Marriage

<input type="text"/>
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Date of Termination Place of Termination

<input type="text"/>	<input type="text"/>
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Reason for Termination:

Divorce  Death  Annulment

Other \_\_\_\_\_

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

<input type="text"/>	<input type="text"/>
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Middle Name Date of Marriage

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Place of Marriage

<input type="text"/>
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Date of Termination Place of Termination

<input type="text"/>	<input type="text"/>
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Reason for Termination:

Divorce  Death  Annulment

Other \_\_\_\_\_

**Part 1. Information About You (Cont'd)**

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

Middle Name Date of Marriage

Place of Marriage

Date of Termination Place of Termination

Reason for Termination:

- Divorce  Death  Annulment  
 Other \_\_\_\_\_

(Check One):

- I am a Lawful Permanent Resident  
I obtained my Lawful  
Permanent Residence on: \_\_\_\_\_  
 My Form I-485 is currently pending  
Receipt Number  
\_\_\_\_\_

**Part 2. Information About Your Alien Relative (Cont'd)**

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

Middle Name Date of Marriage

Place of Marriage

Date of Termination Place of Termination

Reason for Termination:

- Divorce  Death  Annulment  
 Other \_\_\_\_\_

**Complete if your relative is in the United States**

Date of Admission Place of Admission

Class of Admission Date Authorized to Stay

**Part 3. Information About Your Alien Relative's Children**

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

Date of Birth Place of Birth  Biological Child  Stepchild  Adopted Child

Gender: (Check one)  Male  Female

Street Number and Name Apt. Number City State/Province

Country Postal/Zip Code A-Number Country of Birth

**Name of Mother**

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

**Name of Father**

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

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**Part 3. Information About Your Alien Relative's Children (Cont'd)**

Last Name (Family Name)		First Name (Given Name)		Middle Name	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Adopted Child	
<input type="text"/>	<input type="text"/>	Gender: (Check one)		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street Number and Name		Apt. Number	City	State/Province	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country	Postal/Zip Code	A-Number	Country of Birth		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

**Name of Mother**

Last Name (Family Name)		First Name (Given Name)		Middle Name	
<input type="text"/>		<input type="text"/>		<input type="text"/>	

**Name of Father**

Last Name (Family Name)		First Name (Given Name)		Middle Name	
<input type="text"/>		<input type="text"/>		<input type="text"/>	

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Last Name (Family Name)		First Name (Given Name)		Middle Name	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Adopted Child	
<input type="text"/>	<input type="text"/>	Gender: (Check one)		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street Number and Name		Apt. Number	City	State/Province	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country	Postal/Zip Code	A-Number	Country of Birth		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

**Name of Mother**

Last Name (Family Name)		First Name (Given Name)		Middle Name	
<input type="text"/>		<input type="text"/>		<input type="text"/>	

**Name of Father**

Last Name (Family Name)		First Name (Given Name)		Middle Name	
<input type="text"/>		<input type="text"/>		<input type="text"/>	

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Last Name (Family Name)		First Name (Given Name)		Middle Name	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Adopted Child	
<input type="text"/>	<input type="text"/>	Gender: (Check one)		<input type="checkbox"/> Male	<input type="checkbox"/> Female

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**Part 3. Information About Your Alien Relative's Children (Cont'd)**

Street Number and Name	Apt. Number	City	State/Province
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	Postal/Zip Code	A-Number	Country of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name of Mother**

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name of Father**

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Adopted Child
<input type="text"/>	<input type="text"/>	Gender: (Check one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Street Number and Name	Apt. Number	City	State/Province
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	Postal/Zip Code	A-Number	Country of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name of Mother**

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name of Father**

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Name and address of your alien relative in the language written in the country where he/she currently resides.

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

C/O: (In Care Of)	Street Number and Name	Apt. Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

City/State or Province	Country	Postal/Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Part 4. Processing Information**

1. Check one:

- a.  The person named in **Part 2** is now in the United States
- b.  The person named in **Part 2** is now outside the United States. (Indicate below at which U.S. Embassy or consulate your relative will apply for a visa.)

U.S. Embassy or consulate at: \_\_\_\_\_  
City and Country

2. Is the person named in **Part 2** or has this person ever been in deportation or removal proceedings in the United States?

- a.  No
- b.  Yes (Indicate when and where): \_\_\_\_\_

**Part 6. Signature**

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 Your Full Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Part 7. Preparer's Information, If Other Than Person Signing Above**

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

Signature	Print Your Full Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Firm Name	Street Number and Name	Suite Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
City/State or Province	Postal/Zip Code	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>