

OMB No. 1601-0004; Exp. 09/20/2011

# Citizenship and Immigration Services Ombudsman - Form DHS-7001

## Introduction

The Office of Citizenship and Immigration Services Ombudsman is an independent office within the Department of Homeland Security and is not part of U.S. Citizenship and Immigration Services (USCIS). The Ombudsman's Office is here to help individuals and employers who have not been able to resolve a problem directly with USCIS.

# Before you Submit a Case Problem to the Citizenship and Immigration Services Ombudsman

USCIS may be able to provide the answer to many frequently asked questions such as:

- What type of form do I file?
- · Where do I file a particular form?
- How do I notify USCIS of a change of address?
- · How do I find out about processing times at various USCIS Service Centers or Field Offices?
- How do I receive an update on my case status?

Before asking the Ombudsman's Office for help with your application or petition, you should first try to resolve the problem with USCIS by using the following methods:

- Obtain information about your case status at My Case Status at www.uscis.gov.
- Contact the National Customer Service Center (NCSC) for assistance at 1-800-375-5283.
- Make an appointment to speak directly with a USCIS Immigration Services Officer at a local office through the InfoPass system. Appointments may be made online at infopass.uscis.gov.

While there is no time limit to complete this form, this form cannot be saved and completed at a later time. Your session will time out after 20 minutes of inactivity.

#### --NOTICE--

Please note that while the Ombudsman's Office provides impartial and independent recommendations to USCIS on how to resolve problems, the Ombudsman's Office does not have the statutory authority to make or change USCIS decisions.

# **Privacy Act Requirements**

All information submitted to the Office of the Citizenship and Immigration Services Ombudsman is collected and protected under the provisions of the Privacy Act. By submitting this information to the Ombudsman's Office, you are consenting to our review of your information and allowing us to contact USCIS on your behalf.

## Paperwork Reduction Act

The public reporting burden to complete this information collection is estimated at one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collected information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the DHS Office of the Citizenship & Immigration Services Ombudsman, [E-mail: cisombudsman@dhs.gov; Mailing Address: Citizenship and Immigration Services Ombudsman, U.S. Department of Homeland Security, Mail Stop 1225, Washington, D.C. 20528-12251, ATTN: PRA OMB 1601-0004

_	d Address (Section 1 ar	,						Æ
1. Name: The	e person encountering diff	ficulties with USCIS (appli	cant/beneficia	ary/petitione	r).			
Prefix:	* First Name: Middle N		le Name:		* Last Name:		(Jr., Sr., III, etc.):	
2. Contact ir	nformation: The contact in	nformation for the person	encountering	difficulties	with USCIS (appl	icant/beneficia	ry/petitioner).	
* Street Address:			Apartment/Suite:		* City:			
* State/Provi	* State/Province: * ZIP/Postal Code			* Country: UNITED STATES OF AMERICA				
E-Mail Address:  Please send any future correspondence to me via e-mail and not by US N			Phone Number: (with area code)				Fax Number: (with area code)	
Please send	any future correspondence to	me via e-mail and not by US M	ail.	(with area co	ode)		(with area code)	
		•	ail.	(with area co	ode)		(with area code)	
• Identifica	ation Information (Section	on 3, 4, 5, and 6 )		<u> </u>			(with area code)	
• Identifica		on 3, 4, 5, and 6 )		<u> </u>			(with area code)	
• Identifica	ation Information (Section in the person encounter in	on 3, 4, 5, and 6 )		<u> </u>		* Birth Yea		Validate (1
Identifica  Date of Bi  Birth Month	ation Information (Section in the person encounter in	on 3, 4, 5, and 6) ering difficulties with USCI	S (applicant/l	<u> </u>		* Birth Yea		
Identifica  B. Date of Bi  Birth Month  Country o	ation Information (Section Information (Section Information (Section Information Information Information Information Information Information Information Information (Section Information	on 3, 4, 5, and 6) ering difficulties with USCI	S (applicant/l	<u> </u>		* Birth Yea		
Identifica  B. Date of Bi  Birth Month  Country of Country of C	ation Information (Section in the person encounted the control of Citizenship and Birth:	on 3, 4, 5, and 6) ering difficulties with USCI	S (applicant/l	<u> </u>		* Birth Yea		
Identifica  3. Date of Bi  * Birth Month  4. Country of Country of B	ation Information (Section Information) (Sec	on 3, 4, 5, and 6) ering difficulties with USCI S OF AMERICA	S (applicant/l * Birth Day:	beneficiary/p		* Birth Yea		

-	ng this form: Please indicate who is submitting this case problem.  are the beneficiary of a pending petition, and you are not a lawful permanent resident or U.S. citizen, the petitioner must provide consent	to the release of information
relating to your case.  * I am:	The person encountering difficulties with USCIS (applicant/beneficiary/petitioner); An organization on behalf of an individual; An attorney/accredited representative; Other (please explain fully).	
	Other (piedes explain rany).	
Application/Pe	tition Information (Section 7, 8, and 9)	
7. Applicati	ons/Petitions filed: List all applications or petitions currently filed with USCIS relating to your case problem.	8. Receipt Numbers: List all available
Dates received by USCIS:	USCIS Forms:	USCIS Receipt Numbers.
9. Immigration be	nefit sought:	
As a Nonimmig	rant (extension of a stay for a visitor visa, change of status to student, fiance, temporary worker, Temporary Protect	ted Status (TPS), etc.);
_	nt (Adjustment of Status; often called "Green Card" application);	
	or Naturalization;	
	Refugee Status;	
	nefits (Work Permit, Travel Document, etc.);	
	Naiver of Grounds of Inadmissibility, Permission to Reapply, etc.);  n an Approved Petition, Replacement Permanent Resident Card, etc.):	
Other (Action o	THAIT Approved 1 etition, Replacement 1 etitianent Resident Gard, etc.).	
Case Descripti	ion (Section 10 and 11)	
10. Source of cas	e problem: Check all that apply and provide a description in Number 11 below.	
inaction, or delay i	am about to face an immediate adverse action or impact, an emergency or any other type of significant hardship, c in processing by USCIS;	aused by an action,
I am facing a p	roblem that could not be resolved through the normal processes provided for by the USCIS;	
	ing processing delays with a case that are beyond USCIS anticipated processing times;	
_	or am about to incur significant and unusual costs (including fees for professional representation that are not normal	· · · · · · · · · · · · · · · · · · ·
I have tried to r Other (please s	resolve this problem directly with USCIS and have not received a response or resolution within the anticipated time expecify):	frame;
	of your case problem: 📵	
Prior Actions	Taken to Remedy the Problem (Section 12)	
12. Prior actions t	aken to remedy the problem: Check all that apply:	
Contacted an a	ttorney/accredited representative regarding this issue for assistance (if represented);	
Visited USCIS	My Case Status at www.uscis.gov.	
	National Customer Service Center (NCSC) for information and/or assistance regarding this case at its toll-free num	

Contacted the follow	ring government departr	,	ance.					
	ring congressional repre							
Other:	ing congressional repre	Scritative for assistant						
Attorney/Accredited	d Representative Infor	mation (Section 13)						A
13. Attorney/Accredited problem on another's be		se complete this secti	on if you	u are an attorney,	organization, or	accred	ited representative submitting this	case
* First Name:		Middle Name	Middle Name:		* Last Name:			
Organization:		<u> </u>						
* Street Address:			Apartment/Suite:		* City:		Dity:	
* State/Province:		* ZIP/Postal Code:	* ZIP/Postal Code:		TED STATES OF AM	IERICA		
Email Address:			* Phone Number: (with area code)				Fax Number: (with area code)	
I am an attorney and under a court or admini				_			ssion, or District of Columbia and in practicing law.	am not
I am an accredited re recognized by the Board	•	-		able, social service	e or similar orgar	nization	established in the United States	and
	py of USCIS Form G-2	8, Notice of Entry of A	ppearar	nce as Attorney or	Accredited Rep	resenta	tive, with this form.	
Other (Explain):								
Supporting Docume	entation							A
				h as paperwork y	ou submitted to I	USCIS,	documents you received from US	SCIS, or
other information or doc	umentation you feel is i	mportant to your case.	. •					
Attachments	no file se	elected	Rename t		Rename to:	e to:		×
Fax Attachments	Check this if suppo	rting documentation is	going to	be Faxed.				
Mail Attachments	Check this if suppo	eck this if supporting documentation is g			ot mail original d	ocumer	nts. Only mail copies of document	is.
Verification (Section)	on 14, 15, 16, and 17 )							
14. Consent: If you are consent to the release of			ı are not	a lawful permane	ent resident or a	U.S. ci	itizen, the petitioner must sign he	re to give
							of the petitioner, note that by sig	ning this
15. Verification: This ite	em should be signed ar	nd completed by the th	e perso	n encountering di	fficulties with US	CIS (ap	pplicant/beneficiary/petitioner).	
16. Declaration: The po	erson encountering diffi	culties with USCIS (ap	plicant/l	peneficiary/petition	ner) should sign	his or h	er name.	
encountering difficulties	with USCIS (applicant 01 by a fine of not more	/beneficiary/petitioner) e than \$10,000 or by i	and I ui	nderstand that any ment of not more	falsification of t than five years o	his stat or both,	et, and that I am the the person rement is punishable under the pi and that requesting or obtaining re than \$5,000.	
Further: pursuant to 5 linformation relating to r				itizenship and Imr	nigration Service	s Ombi	udsman to release any and all	
I declare under penal	ty of perjury that the f	oregoing is true and	correct					
* Signature of the person	on encountering difficul	ies with USCIS (applie	cant/ben	eficiary/petitioner)	:			
		By typ	ing you	r name here you	are legally sign	ning th	is form.	
17. Attorney/Accredited encountering difficulties						should	sign your name. Otherwise, the	person

I declare that I have prepared this document at the request of the person named in Number 14/15 and that the responses are based on all information of

which I have knowledge.

\* Signature of Attorney/ Accredited Representative:

By typing your name here you are legally signing this form.

Submit