

**FORM N-336
FORM TABLE OF CHANGES
OMB RIN 1615-0050
07-21-2011**

LOCATION	CURRENT VERSION	PROPOSED VERSION
Top of the Form		Print or type all your answers fully and accurately in black ink. Write "N/A" if an item is not applicable. Write "None" if the answer is none. Failure to answer all of the questions may delay your Form N-336.
For USCIS Only	For USCIS Only Decision: Grant [text box] Denial [text box] Fee: [text box]	For USCIS Only DELETE DELETE DELETE DELETE
First Page (similar to N-400)	[new section]	Bar Code [text box]
First Page (similar to N-400)	[new section]	Date Stamp [text box]
First Page (similar to N-400)	[new section]	Remarks [text box]
For USCIS Only First Page	[new section]	[inside Remarks Block] <input type="checkbox"/> Concur with Form N-400 Denial. <input type="checkbox"/> Do Not Concur with Form N-400 Denial.
1. In the Matter of:	1. In the Matter of: (Name of Naturalization Applicant)	DELETE
File Number:	File Number: A-	Your A-Number: [box next to Part 1. box] A - - - - -

<p>2. I am filing a request for hearing on the decision date:</p>	<p>2. I am filing a request for hearing on the decision date:</p>	<p>DELETE</p>
<p>3. Please check the one block that applies:</p>	<p>3. Please check the one block that applies:</p> <p>a. I am <i>not</i> submitting a separate brief, statement, or evidence. [text box]</p> <p>b. I am submitting a separate brief, statement, and/or evidence with this form. [text box]</p> <p>c. I need _____ days to submit a brief, statement, and/or evidence to the USCIS. (May be granted only for good cause show. Explain in a separate letter.) [text box]</p>	<p>DELETE</p>
<p>4. Person filing request</p>	<p>4. Person filing request:</p> <p>Name (Type or print in black ink.)</p> <p>Address (Street Number and Name)</p> <p>(Apt. Number)</p> <p>(City)</p> <p>(State)</p> <p>(Zip Code)</p> <p>Signature</p> <p>Date (mm/dd/yyyy)</p> <p>I am an attorney or representative and I represent the applicant requesting a hearing on a naturalization proceeding. [You</p>	<p>Part 1. Information About You, the Naturalization Applicant</p> <p>1. Current Legal Name (<i>do not provide a nickname</i>)</p> <p>Family Name (<i>last name</i>) [text box]</p> <p>Given Name (<i>first name</i>) [text box]</p> <p>Middle Name (<i>if applicable</i>) [text box]</p> <p>2. Date of Birth (<i>mm/dd/yyyy</i>) [text box]</p> <p>3. Home Address</p> <p>Street Number and Name (<i>do not write a P.O. Box in this space unless it is your ONLY address.</i>)</p>

	<p>must attach Form G-28, Notice of Entry of Appearance as Attorney or Representative, if you are an attorney or representative and did not previously submit such a form.]</p> <p>(Person for whom you are appearing)</p>	<p>[text box]</p> <p>Apartment Number [text box]</p> <p>City [text box]</p> <p>County [text box]</p> <p>State [text box]</p> <p>ZIP Code [text box]</p> <p>Province (<i>foreign address only</i>) [text box]</p> <p>Country (<i>foreign address only</i>) [text box]</p> <p>Postal Code (<i>foreign address only</i>) [text box]</p> <p>4. Mailing Address</p> <p>C/O (<i>in care of name</i>) [text box]</p> <p>Street Number and Name [text box]</p> <p>Apartment Number [text box]</p> <p>City [text box]</p> <p>State [text box]</p> <p>ZIP Code [text box]</p>
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[new section]	[new section]	<p>Part 2. Information About Form N-400 (Application for Naturalization) for Which You Are Requesting a Hearing</p> <p>1. Form N-400 Receipt Number [text box]</p> <p>2. Date of Form N-400 Denial Notice (<i>mm/dd/yyyy</i>) [text box]</p> <p>3. USCIS Office That Issued Form N-400 Denial Notice [text box]</p>
5. Briefly state the reason(s) for this request for a hearing:	5. Briefly state the reason(s) for this request for a hearing: [text box]	<p>Part 3. Reason You Are Requesting a Hearing</p> <p>Provide the reason(s) you are</p>

		<p>requesting a hearing on your denied Form N-400. If extra space is needed to provide an explanation, attach an additional sheet(s) of paper. You must write your A-Number, date, the question number, and sign the top of each additional sheet(s).</p> <p>NOTE: Refer to the Form N-336 Instructions, Page 1, Document Submission, for documents to submit with your Form N-336.</p> <p>[large text box]</p>
	<p>[new section]</p>	<p>Part 4. Accommodations for Individuals With Disabilities and/or Impairments</p> <p>Are you requesting an accommodation for the Form N-336 hearing because of a disability and/or impairment? (see Part 4, Specific Form Instructions, in the Form N-336 instructions for some examples of accommodations)</p> <p>[text box] Yes</p> <p>[text box] No</p> <p>If you checked “Yes,” check the box(es) below that applies:</p> <p>[text box] I am deaf or hearing impaired and need a sign language interpreter who uses the following language (e.g., American Sign Language (ASL)): _____</p> <p>[text box] I use a wheelchair.</p>

		<p>[text box] I am blind or sight impaired.</p> <p>[text box] I will need another type of accommodation. Explain: _____</p>
[new section]	[new section]	<p>Part 5. Your Signature (<i>USCIS will reject your Form N-336 if it is not signed.</i>)</p> <p>I certify, under penalty of perjury under the laws of the United States, that this request, and the evidence submitted with it, is all true and correct. I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for naturalization.</p> <p>Your Signature [text box]</p> <p>Date (<i>mm/dd/yyyy</i>) [text box]</p>
[new section]	[new section]	<p>Part 6. Signature of Person Who Prepared This Form N-336 For You (<i>if applicable</i>)</p> <p>I declare that I prepared Form N-336 at the request of the above person. The answers provided are based on information of which I have personal knowledge or were provided to me by the above-named person in response to the questions contained on this form.</p> <p>Preparer's Printed Name [text box]</p> <p>Preparer's Signature [text box]</p>

		<p>Date (mm/dd/yyyy) [text box]</p> <p>Preparer's Firm or Organization Name (if applicable) [text box]</p> <p>Preparer's Daytime Phone Number [text box]</p> <p>Preparer's Address</p> <p>Street Number and Name [text box]</p> <p>City [text box]</p> <p>State [text box]</p> <p>ZIP Code [text box]</p> <p>Province (foreign address only) [text box]</p> <p>Country (foreign address only) [text box]</p> <p>Postal Code (foreign address only) [text box]</p> <p>Preparer's E-Mail Address [text box]</p> <p>Preparer's Fax Number [text box]</p>
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