

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

**Form I-363, Request to Enforce Affidavit of
Financial Support and Intent to Petition
for Legal Custody for P. L. 97-359 Amerasian**

Type or print in black ink. - See instructions on reverse side.

1. Beneficiary's Family Name (Capital Letters) First Name Middle Name			2. Alien Registration Number A -	
3. Mailing Address in U.S. (Number, Street, Apt.) (City) (State) (Zip Code) C/O:				
4. Employer or School (Name and Address)			5. Country of Citizenship	
6. Date of Birth (mm/dd/yyyy)	7. Place of Birth (City or Town) (Province or State) (Country)		8. Applicant's Phone Number (Include Area Code)	
9. Initially Admitted to U.S. at (City and State)			10. Beneficiary's Relationship to Sponsor	
11. Destination in U.S. at Time of Initial Admission			12. Beneficiary's file is at USCIS office in (City and State)	
13. Sponsor's Family Name (Capital Letters) First Name Middle Name			<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident	
14. Sponsor's Present Address				
15. Sponsor's Employer			Sponsor's Phone Number (Include Area Code)	
16. Does the beneficiary live with the sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No			17. If not, with whom does the beneficiary live?	
18. How is the beneficiary supported? (Sponsor? Other Sources?)			How long has the applicant been supported by the sponsor?	
19. Is the beneficiary in the legal custody of the sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No			(Explain)	
20. Has the sponsor stopped all support? <input type="checkbox"/> Yes <input type="checkbox"/> No			Since when? (mm/dd/yyyy)	
21. Has the sponsor give any reason for withdrawal of support? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "Yes," describe the circumstances under which the sponsor ceased his or her support.	

NOTE: Attach a copy of Form I-361, Affidavit of Financial Support and Intent to Petition for Legal Custody for P. L. 97-359 Amerasian, if available.

22. Relationship of Applicant	
<input type="checkbox"/> Self <input type="checkbox"/> Individual Having Legal Custody of the Beneficiary	<input type="checkbox"/> Representative of the Agency Having Legal Custody of the Beneficiary <input type="checkbox"/> Guardian Ad Litem
23. Signature and Date of Person Preparing Form, If Other Than Applicant	24. Signature of Applicant and Date

Do Not Write Below This Line.

ACTION BLOCK (For use by USCIS officer) This applicant was interviewed by me in person by phone
on _____ at _____
(Date) (Place)

Remarks: Investigation Completed on _____ (Date) _____ (Signature and Title)
 Investigation Not Necessary

Enforcement Recommended
 No Action Recommended _____ (Regional Counsel and Region)
 Recommendation Forwarded to U.S. Attorney
 Date:

Received	Trans In	Ret'd Trans Out	Completed