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U.S. Department of State

OMB APPROVED NO. 1405-0082 EXPIRATION DATE: xx/xx/xxxx ESTIMATED BURDEN: 10 minutes\*

## PETITION TO CLASSIFY SPECIAL IMMIGRANT UNDER INA 203(b) (4) AS AN EMPLOYEE OR FORMER EMPLOYEE OF THE U.S. GOVERNMENT ABROAD DO NOT WRITE IN THIS BLOCK - FOR OFFICIAL USE ONLY

Date Petition Filed (mm-dd-yyyy)	ee collected Appro	oved for the Secretary of State: IN	A 204(a)(1)(G)(ii)	
	At	(Signa	nture and Title) Date (mm-dd-yyyy)	
		ATTACHMENTS		
Recommendation of Principal Officer       Approval by the Secretary of State				
1. Name (Last, First, Middle)				
2. Date of Birth (mm-dd-yyyy)       3. Place of Birth				
4. Total Number of Years of Employment by United States Government Abroad				
5. Location(s) of Employment 6. Currently Employed Honorably Retired				
7. Employing U.S. Government Agency Name(s)				
8. Name of Spouse		Date of Birth (mm-dd-yyyy)	Place of Birth	
9. Name(s) of Child(ren)		Date(s) of Birth (mm-dd-yyyy)	Place(s) of Birth	
I understand that the Secretary of State has approved special immigrant status for me under the provisions of INA 101(a)(27)(D) and that such approval remains valid for one year. In accordance with INA 204(a)(1)(G)(ii), I hereby petition for status under 203(b)(4) of the Immigration and Nationality Act. I understand that the petition, if approved, remains valid for six months. If granted such status, I will pursue my application for an immigrant visa immediately upon being notified that my petition has been approved. Also, upon approval of my petition, if I am then employed by the United States Government, I certify that I intend permanent separation from such employment no later than the date of my departure for the United States following issuance of an immigrant visa. I swear or affirm that all statements which appear in this petition are true and complete to the best of my knowledge and belief. I understand that any willfully false or misleading statement or willful concealment of a material fact made by me herein may subject me to permanent exclusion from the United States.				
Signature of Applicant				
Subscribed and sworn to before me this day of at				
*Paperwork Reduction Act Statement - Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching				
existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: PRA_BurdenComments@state.gov.				
	tion, nationality, and other laws o	f the United States. Certified copies of visa re-	ntial and shall be used only for the formulation, amendment, cords may be made available to a court which certifies that the	