

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
---	--------------	--

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: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
City	State
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Zip Code	
<input style="width: 95%;" type="text"/>	

Safe Mailing Address If Other Than Above

Street Number and Name	Apt. Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
City	State
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Zip Code	
<input style="width: 95%;" type="text"/>	

Date of Birth

A-Number

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
--	--

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: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
City	State/Province
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Country	Postal/Zip Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Mailing Address If Other Than Above

Date of Birth

Date of Birth

A-Number

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
--	--

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"/>	

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

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"/>	

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

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"/>
----------------------	----------------------

Middle Name Date of Marriage

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

Place of Marriage

<input type="text"/>

Date of Termination Place of Termination

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

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"/>
----------------------	----------------------

Middle Name Date of Marriage

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

Place of Marriage

<input type="text"/>

Date of Termination Place of Termination

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

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"/>
----------------------	----------------------

Middle Name Date of Marriage

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

Place of Marriage

<input type="text"/>

Date of Termination Place of Termination

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

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"/>
----------------------	----------------------

Middle Name Date of Marriage

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

Place of Marriage

<input type="text"/>

Date of Termination Place of Termination

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

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

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

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

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

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

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

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

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

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

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

C/O: (In Care Of)	Street Number and Name	Apt. Number

City/State or Province	Country	Postal/Zip Code

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"/>