

## I-243, Application for Removal

**NOTE:** Complete your application in duplicate. Take or mail it to a Department of Homeland Security office nearest your place of residence. A separate application must be filed by each applicant, except that children under 14 years of age may be included in a parent's application.

**Applicant's Request for Removal:** Being in distress or in need of public aid from causes arising after entry, I hereby request to be removed from the United States at government expense.

|  |   |  |
|--|---|--|
| 1. Name (Family Name) (First Name) (Middle Name)   |   | 2. File Number (Alien Registration Number) |
| 3. Present Address (Number and Street) (Apt. No.) (City or Town) (Country)   |   |  |
| 4. Date of Birth (mm/dd/yyyy)  | 5. Place of Birth (City or Town) (Country, Province, or State) (Country of Citizenship/Nationality) |  |
| 6. Date of Entry into U.S. (mm/dd/yyyy)  | Port-of-Entry Name of vessel, airline, or other means of conveyance                                 |  |
| 7. Status at Entry (Please select one) <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Visitor <input type="checkbox"/> Entered Without Inspection <input type="checkbox"/> Other (Specify) |   |  |

**Please attach any documents issued to you at time of entry**

|  |  |
|--|--|
| 8. Do you have a Permanent Resident Card? <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Have you been issued a Reentry Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

|   |   |
|---|---|
| 10. Removal is requested to: (City or town) | (Country, district, province, or state) |
|---|---|

|  |  |
|--|--|
| 11. Do you have a Valid Passport or Travel Document for entry into the country shown above? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Have you previously filed an Application for Removal? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

13. The persons listed below depend on me for support: (If none, write "None") Will They Accompany You?

| Name | Age | Relationship | Address | Yes | No |
|------|-----|--------------|---------|-----|----|
|      |     |              |         |     |    |
|      |     |              |         |     |    |
|      |     |              |         |     |    |
|      |     |              |         |     |    |

14. List your nearest relatives in the country to which removal is requested:

| Name | Age | Relationship | Address |
|------|-----|--------------|---------|
|      |     |              |         |
|      |     |              |         |

15. Have you received assistance from a public or charitable institution association? (If so, complete the following and have an official of such organization complete the certificate on the reverse side. If not, skip to **Question 16.**) ☐ Yes ☐ No

|                                    |                  |
|------------------------------------|------------------|
| Name of Institution or Association | Complete Address |
|------------------------------------|------------------|

16. If you have not received such assistance, indicate the financial circumstances that cause you to need public aid and attach any documentary evidence available to support your statements.

**17. APPLICANT'S CERTIFICATION:** I understand that if this application is granted, and I am removed from the United States, I will be ineligible to apply for or receive a visa or other documents for readmission, or to apply for admission to the United States, except with the prior approval of the Secretary of the Department of Homeland Security. I certify that the above statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**18. SIGNATURE OF PERSON PREPARING FORM, IF OTHER THAN APPLICANT:** I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Preparer)

( ) -  
(Telephone Number)

\_\_\_\_\_  
E-mail address (If any)

**Certificate of Accredited Representative of Public or Charitable Institution  
From Which Alien Named Has Received Aid**

I, \_\_\_\_\_, being an accredited representative  
(Name of Accredited Representative)

of \_\_\_\_\_  
(Give name of institution or association with which connected)

hereby certify that the said \_\_\_\_\_, an applicant for removal  
under section 250 of the Immigration and Nationality Act, has received the following aid or assistance from the:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

Date \_\_\_\_\_

\_\_\_\_\_  
(Title)

**Our Authority to Collect This Information:** The authority for collection of the information requested on this form is contained in 8 U.S.C. 1260. Submission of the information by an alien applicant for removal from the United States at U.S. Government expense is voluntary. The solicited information will be used principally by the Department of Homeland Security (DHS) to determine whether the applicant is eligible for removal from the United States under the provisions of section 250 of the Immigration and Nationality Act, 8 U.S.C. 1260. The information may also as a matter of routine use be disclosed to other Federal, state, local, and foreign law enforcement and regulatory agencies, the Department of Defense including any component thereof (if the applicant has served or is serving in the Armed Forces of the United States), the U.S. Department of State, Central Intelligence Agency, Interpol, and by individuals and organizations during the course of investigation to elicit further information required by the DHS to carry out its functions. Failure to provide any or all of the solicited information may result in the denial of the application for removal from the United States.

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 30 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2020. OMB No. 1615-0019. **Do not mail your application to this address.**