**INSTRUCTION TABLE OF CHANGES**

**FORM I-817, Application for Family Unity Benefits**

**OMB Number 1615-0005**

**06/26/2013**

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| **Reason for Revision:** To incorporate full page format on the instructions and 2 column format on the form to expedite processing,  to incorporate standard language in the instructions, and to clarify areas of the instructions. |

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| **LOCATION** | **CURRENT VERSION** | **PROPOSED VERSION** |
| **Page 1, Instructions** | Read these instructions carefully to properly complete this form. If you need more space to complete an answer, use a separate sheet of paper. Write your name and Alien Registration Number (A-Number), if you have one, at the top of each sheet and indicate the number of the item to which the answer refers. | Deleted.  This information has been integrated into “How to Fill Out Form I-817” on page 2. |
| **Page 1, What Is the Purpose of This Form?** | For requesting initial benefits under the Family Unity Program, or to request an extension of such benefits. | **Page 1,**  **What Is the Purpose of This Form?**  Form I-817 is used to request initial benefits under the Family Unity Program, or to request an extension of such benefits. |
| **Page 1, When Should I Use Form I-817?** | You should use Form I-817 to request initial benefits under the Family Unity Program as well as to request an extension of such benefits.  **1.** Form I-817 should be used if you are applying for Family Unity Program benefits under section 301 of the Immigration Act of 1990 (IMMACT 90), or if you are applying under section 1504 of the Legal Immigration Family Equity Act (LIFE Act) Amendments.  **2.** If you are granted family unity benefits under IMMACT 90, you are authorized to remain in the United States for two years and you will receive an Employment Authorization Document (EAD) valid for the same period.  **3.** If you are granted family unity benefits under the LIFE Act Amendments, you are authorized to remain in the United States for two years (or one year if your spouse or parent has not adjusted to lawful permanent resident status). You will receive an EAD valid for the same period. You should file only this Form I-817 application with supporting documents to request authorization to remain in the United States and an EAD.  **4.** If after being granted family unity benefits under either IMMACT 90 or the LIFE Act Amendments you intend to travel outside the United States temporarily, you must apply for advance authorization by completing Form I-131, Application for Travel Document. Upon approval of Form I-131, you will be issued Form I-512, Authorization of Parole Into the United States. Advance parole allows you to leave the United States and be paroled back into the United States when you return. | **Page 1,**  **When Should I Use Form I-817?**  **1.**You should only file Form I-817 with supporting documents to request an initial or an extension of authorization to remain in the United States under the Family Unity Program and to receive an initial or an extension of Form I-766, Employment Authorization Document (EAD) .  **2.** Use this form if you are applying for Family Unity Program benefits under section 301 of the Immigration Act of 1990 (IMMACT 90), or if you are applying under section 1504 of the Legal Immigration Family Equity Act (LIFE Act Amendments) .  **a.** If you are granted Family Unity benefits under IMMACT 90, you are authorized to remain in the United States for 2 years and you will receive an EAD valid for the same period.  **b.** If you are granted Family Unity benefits under the LIFE Act , you are authorized to remain in the United States for 2 years (only 1 year if your spouse has not adjusted to lawful permanent resident status). You will receive an EAD valid for the same period.  **Note: If you previously qualified for LIFE Act Family Unity as a child, you may be eligible for IMMACT 90 Family Unity.**  **c.** If you are granted Family Unity benefits under either IMMACT 90 or the LIFE Act and you intend to travel outside the United States temporarily, you must apply for advance authorization by completing Form I-131, Application for Travel Document. Advance parole allows you to be paroled back into the United States when you return.  **d.** For purposes of this application, a legalized alien is someone who obtained temporary or permanent residence in the United States through Legalization under section 210 or 245A of the Immigration and Nationality Act (INA) , or under section 1504(b) of Public Law 106-553 (the LIFE Act ). For the purposes of this form, a legalized alien is also someone who obtained permanent residence through a Cuban/Haitian Adjustment under section 202 of the Immigration Reform and Control Act of 1986. |
| **Page 1, General Instructions** | You must fill out a separate Form I-817 for each person who needs to apply for family unity benefits. Follow the steps to complete the application process:  Step 1 – Read the Reasons for Filing Form I-817  Step 2 – Fill Out Form I-817  **Step 1 Reasons for Filing Form I-817.**  **Under IMMACT 90**  To prove eligibility for Family Unity Program benefits under **IMMACT 90**, you must meet the following conditions:   1. You must have entered the United States prior to May 5, 1988, or December 1, 1988, as appropriate to the section of law that applies to you, and have been continuously residing in the United States since that date.   **B.** You were the spouse or unmarried child under 21 years of age as of May 5, 1988, or December1, 1988, as appropriate, and you have been continuously eligible since that date for family-sponsored status based on your relationship to that person.  **NOTE**: If you were an unmarried child under 21 years of age as of May 5, 1988, or December 1, 1988, as appropriate who has since been married, you will be regarded as continuously eligible for family-sponsored immigration benefits only if you were married after the legalized alien, through whom your eligibility was gained, naturalized as a U.S. citizen.  **NOTE**: For information on the two dates, May 5, 1988, or December 1, 1988, go to **Page 2** of these instructions and read **“**Relationship to a legalized alien.” | **Page 1,**  **General Instructions**  Each application or petition must be properly signed and filed. A photocopy of a signed application or a typewritten name in place of a signature is not acceptable.  You must fill out a separate Form I-817 for each person who needs to apply for Family Unity benefits.  Each application or petition must be accompanied by the appropriate filing fee.  An application is not considered properly filed until accepted by USCIS.  If you are under 14 years of age, your parent or legal guardian may sign the application on your behalf.  **Evidence.** You must submit all required initial evidence along with all the supporting documentation with your application at the time of filing.  **Biometrics Services Appointment.** After accepting your application and ensuring completeness, USCIS will inform you in writing when to go to your local USCIS Application Support Center (ASC) for your biometrics services appointment. Failure to attend the biometrics services appointment may result in denial of your application.  **Copies.** Unless specifically required that an original document be filed with an application or petition, a legible photocopy may be submitted. Original documents submitted when not required may remain a part of the record, and will not be automatically returned to you.  **Translations.** Any document containing foreign language submitted to USCIS must be accompanied by a full English language translation which the translator has certified as complete and accurate, and by the translator’s certification that he or she is competent to translate from the foreign language into English.  **How to Fill Out Form I-817**   1. Type or print legibly in black ink. 2. If extra space is needed to complete any item, attach a continuation sheet, write your name and Alien Registration Number (A-Number) (if any), at the top of each sheet of paper, indicate the **Part** and **item number** to which your answer refers, and date and sign each sheet. 3. Answer all questions fully and accurately. If an item is not applicable or the answer is “none,” leave the space blank.   **Reasons for Filing Form I-817**  **1. Under IMMACT 90**  To prove eligibility for Family Unity Program benefits under **IMMACT 90, you must establish that you meet the following conditions**:   1. You must have entered the United States prior to May 5, 1988, or December 1, 1988, as appropriate to the section of law that applies to you, and have been continuously residing in the United States since that date. 2. You must be able to prove that on May 5, 1988 or December 1, 1988 (as appropriate); you were either the spouse or the unmarried child under 21 years of age of a person who became a legalized alien.   **NOTE:**  If you were an unmarried child under 21 years of age of a legalized alien as of May 5, 1988, or December 1, 1988, as appropriate, and you have since married, you will be regarded as continuously eligible for Family Unity Program benefits if you satisfy the other eligibility requirements.   1. If you are in one of the categories of   aliens defined in 8 CFR Section 236.13, you are ineligible for benefits under the Family Unity Program.   1. Your qualifying relative (spouse or parent), on whom you base your application for Family Unity Program benefits has maintained his or her status as a legalized alien or as a U.S. citizen if he or she naturalized. If deceased, your spouse or parent maintained his or her status until his or her death.   **NOTE:** For information on the two dates, May 5, 1988, or December 1, 1988, see item **number 3, Family Unity Benefits Eligibility,** and read items (1) a.-g. regarding relationship to a legalized alien.   1. If you are in one of the categories of aliens defined in 8 CFR Section 236.13, you are **ineligible** for Family Unity benefits under the IMMACT 90. |
| **Page 2 “General Instructions,” # 2,**  **Under LIFE Act Amendments** | To prove eligibility for Family Unity Program benefits under the LIFE Act Amendments, you must be the spouse or unmarried child under 21 years of age of an alien who is eligible for adjustment under section 1504(b) of the LIFE Act and:   1. Your spouse or parent has applied for or been granted adjustment if status; and 2. You entered the United States before December 1, 1988, and resided in the United States on that date.   A legalized alien is someone who obtained temporary or permanent residence in the United States as a Special Agricultural Worker under section 210 of the Immigration and Nationality Act (INA) through Legalization under section 245A of the INA, or under section 1504(b) of Public Law 106-553 (the LIFE Act). For the purposes of this form, a legalized alien is also someone who obtained permanent residence through a Cuban/Haitian Adjustment under section 202 of the Immigration Reform and Control Act of 1986. | **Page 2,**  **Reasons for Filing Form I-817**  **2. Under LIFE Act**  To prove eligibility for Family Unity benefits under the **LIFE Act , you must establish that you meet the following conditions:**   1. You entered the United States before December 1, 1988, and resided in the United States on that date. 2. You are the spouse or unmarried child under 21 years of age of an alien who is eligible for adjustment under section 1504(b) of the LIFE Act Amendments. 3. Your spouse or parent has applied for or has been granted adjustment of status under the LIFE Act. 4. If you are in one of the categories of aliens defined in 8 CFR Section 245a.32, you are **ineligible** for benefits under the LIFE Act Family Unity Program. 5. The qualifying relationship between you and your spouse or parent continues to exist. |
| **Page 2 - 3, A. Relationship to a legalized alien:** | **3.** The classes of individuals eligible to apply for family unity benefits are listed below. Check the box in **Part 2** of Form I-817 that matches your request.  **A.** Relationship to a legalized alien:  **1.** I am the spouse of an alien who was legalized under section 245A of the INA, and we have been married since at least May 5, 1988. **Check box A** if your relationship was established on or before May 5, 1988 and you currently meet the residence and continuous eligibility requirements.  **2.** I am the spouse of an alien who was legalized as a Special Agricultural Worker under section 210 of the INA, and we have been married since at least December 1, 1988. **Check box B** if your relationship was established on or before December 1, 1988 and you currently meet the residence and continuous eligibility requirements.  **3.** As of May 5, 1988, I was the unmarried child under 21 years of age of an alien who was legalized under section 245A of the INA. I am currently the child, son, or daughter of the same parent. That parent is either a legalized alien or a naturalized U.S. citizen who was a legalized alien on or before May 5, 1988 and maintained such status until his or her naturalization. **Check box C** if your relationship was established on or before May 5, 1988, and you currently meet the residence and continuous eligibility requirements.  **4.** As of December 1, 1988, I was the unmarried child under 21 years of age of an alien who was legalized as a Special Agricultural Worker under section 210 of the INA. I am currently the child, son, or daughter of the same parent. That parent is either a legalized alien or a naturalized U.S. citizen who was a legalized alien on or before December 1, 1988, and maintained such status until his or her naturalization. **Check box D** if your relationship was established on or before December 1, 1988, and you currently meet the residence and continuous eligibility requirements**.**  **5.** I am the spouse of a legalized alien who adjusted under section 202 of the Immigration Reform and Control Act of 1986 (Cuban/Haitian Adjustment), and we have been married since at least May 5, 1988. **Check box E** if your relationship was established on or before May 5, 1988, and you currently meet the residence and continuous eligibility requirements.  **6.** As of May 5, 1988, I was the unmarried child under 21 years of age of an alien who adjusted under section 202 of the Immigration Reform and Control Act of 1986 (Cuban/Haitian Adjustment), and we have been married since at least May 5,1988. I am currently the child, son, or daughter of the same parent. That parent is either a legalized alien or a naturalized U.S. citizen who was a legalized alien on or before May 5, 1988 and maintained such status until his or her naturalization. **Check box F** if your relationship was established on or before May 5, 1988, and you currently meet the residence and continuous eligibility requirements**.** | **Page 3,**  **Reasons for Filing Form I-817**  **3. Family Unity Benefits** **Eligibility**  The classes of individuals eligible to apply for Family Unity benefits are listed below. Select the box in **Part 2, Basis for Application,** of Form I-817 that matches your request.  **1. I am applying for Family Unity Benefits because** *(Select only one box):*  **a.. On May 5, 1988,** I was the spouse of an alien who was legalized under section 245A of the INA **and** I currently meet all of the necessary residence and other continuous eligibility requirements.  If **all** of the above are applicable, **check box a.**  **b. On December 1, 1988,** I was the spouse of an alien who was legalized as a Special Agricultural Worker under section 210 of the INA **and** I currently meet all of the necessary residence and other continuous eligibility requirements.  If **all** of the above are applicable, **check box b.**  **c. On May 5, 1988,** I was the unmarried child under 21 years of age, of a person who was legalized under section 245A of the INA, and I currently meet all of the necessary residence and other continuous eligibility requirements.  If **all** of the above are applicable, **check box c.**  **d. On December 1, 1988**, I was the unmarried child under 21 years of age, of a person who was legalized as a Special Agricultural Worker under section 210 of the INA, **and** I currently meet all of the necessary residence and other continuous eligibility requirements.  If **all** of the above are applicable, **check box d**.  **e.**  **On May 5, 1988,** I was the spouse of a legalized alien who adjusted under section 202 of the Immigration Reform and Control Act of 1986 (Cuban/Haitian Adjustment) **and** I currently meet all of the necessary residence and other continuous eligibility requirements.  If **all** of the above are applicable, **check box e**.  **f. On May 5, 1988**, I was the unmarried child of a legalized alien who adjusted under section 202 of the Immigration Reform and Control Act of 1986 (Cuban/Haitian Adjustment), **and** I currently meet all of the necessary residence and other continuous eligibility requirements.  If **all** of the above are applicable, **check box f**. |
| **Page 2 - 3, B. Relationship to a legalized alien:** | **B. Relationship to an alien eligible for adjustment of status under the provisions of section 1104(b) of Public Law 106-553 (the LIFE Act):**  **1.** I am the spouse of an alien who is eligible for and has filed for adjustment under section 1504 of Public Law 106-554, the LIFE Act. I entered the United States before December 1, 1988, and was in the United States on that date. **Check box G** if your spouse entered the United States before December 1, 1988, and you were in the United States on that date.  **2.** I am the unmarried child of an alien who is eligible for and has filed for adjustment under section 1504 of Public Law 106-554, the LIFE Act. I entered the United States before December 1, 1988, and was in the United States on that date. **Check box H** if you entered the United States before December 1, 1988, and were in the United States on that date.  **NOTE:** When a legalized alien becomes a U.S. citizen. . . | **Page 3,**  **Relationship to an alien eligible for adjustment of status under the provisions of section 1104(b) of Public Law 106-554 (the LIFE Act):**  **g.** I am the spouse of an alien who is eligible for and has filed for or has been granted adjustment pursuant to section 1504 of Public Law 106-554, the LIFE Act Amendments; I entered the United States **before December 1, 1988**, and resided in the United States on that date.  If **all** of the above are applicable, **check box g**.  **NOTE:** When a legalized alien becomes a U.S. citizen. . . |
| **Pages 3 - 4** | **4. I am requesting:**  **\*\*\***  **B. An extension of family unity benefits under section 301 of IMMACT 90. Check box B** if you already have benefits under the Family Unity Program and are requesting an extension. You must submit proof that Form I-130, Petition for Alien Relative, has been filed on your behalf if the legalized alien through whom family unity benefits were obtained is a lawful permanent resident or naturalized U.S. citizen. | **Page 3 ,**  **3. Family Unity Benefits Eligibility,**  **(2.) I am requesting:**  \*\*\*  **b. An extension of Family Unity benefits under section 301 of IMMACT 90. Select box b** if you already have benefits under the Family Unity Program and are requesting an extension. You must submit the following:   1. a. Evidence that Form I-130, Petition for Alien Relative, has been filed on your behalf, if applicable; and   b., that the legalized alien through whom Family Unity benefits were obtained is a lawful permanent resident or naturalized U.S. citizen; or  c. proof that you no longer have a relationship with your spouse or the legalized alien;   1. A copy of your prior Form I-817 approval notice.   **c**. \*\*\*  **d. An extension of Family Unity benefits under section 1504 of P.L. 106-554, the LIFE Act Amendments. Select box d** if you already have benefits under section 1504 of P.L. 106-554 and are requesting an extension.  **Note: If you previously qualified for Family Unity benefit under section 1504, you may be eligible to apply for benefits under Section 301 of IMMACT 90.**  **3. I am claiming relationship to:**  Select one box that explains your relationship to the legalized alien. |
| **Page 3 – Step 2. Fill Out Form I-817** | Use **black ink only…**  This form is divided into **Parts 1** through **8**. The following information will help you fill out the form.  **Part 1. Information About You**  **1. Family Name . . .**  **2. Alien Registration Number (A-Number) …**  **3. U.S. Social Security Number ...**  **4. Date of Birth . . .**  **5. Country of Birth –** Give the name of the country…  **6. Country of Citizenship -** Give the name of the country**…**  **7. Home Address** Give**…**  **8. Mailing Address**  Give**…**  **9. Daytime Telephone Number** Give**...** | **Page 4,**  **Fill Out Form I-817**  This form is divided into **Parts 1** through **8**. The following information will help you fill out the form.  **Part 1. Information About You**  **1.Alien Registration Number (A-Number(s) . . ..**  **2.a.-2.c.Full Name . . .**  **3.a.-4.c. Other Names Used (*including maiden name*)…**  **5. Date of Birth . . .**  **6. U.S. Social Security Number . . .**  **7. Gender**    **Select the appropriate box.**  **8. Country of Birth**  Provide the name of the country**…**  **9. Country of Citizenship**  Provide the name of the country**. . .**  **10.a.-10.e. Physical Address**  Provide**. . .**  **11.a.-11.f. Mailing Address**  Provide**. . .**  **12. Daytime Telephone Number**  Provide**. . .**  **13. E-Mail Address**  Provide an E-Mail address where you can be reached. |
| **Page 3, Part 2** | **Basis for Application**  **1. Number 1** - Check one box that applies to your particular circumstance.  **2. Number 2** - Check one box that relates to what you are requesting. | **Page 5,**  **Part 2. Basis for Application**  **(1.) I am applying for Family Unity benefits because –** Select one box that applies to your particular circumstance.  **(2.) I am requesting-** Select one box that relates to what you are requesting.  **(3.) I am claiming relationship to** – Select one box that relates to your relationship to the legalized alien. |
| **Page 3, Part 3.** | **Additional Information**  The information requested is about you. You must provide all the requested information in numbers **1** through **5**. You must answer all the questions numbered **6** through **36**. | **Page 5,**  **Part 4. Additional Information**  The information requested is about you. You must provide all the requested information in numbers **1-24.f.** You must answer all the questions numbered **25.a.-38.** |
| **Page 3, Part 4** | **Part 4. Information About Your Spouse or Parent**  The information requested is about the legalized alien through whom you are claiming eligibility or an applicant qualifying for Legalization under the LIFE Act. | **Page 5,**  **Part 3. Information About Relationship**  **A. Information About Your Spouse or Parent**  The information requested is about the legalized alien through whom you are claiming eligibility or an applicant qualifying for Legalization under the LIFE Act. You must provide all the requested information in numbers **1a.-6.c.** |
| **Page 3, Part 5** | **Complete Only If You Are Applying Based on a Marital Relationship**  Provide the requested information about your qualifying marriage. | **Page 5,**  **Part 3,**  **B. Complete IF You Are Applying Based on a Marital Relationship Or You Were Previously Married**  Complete this Part if you are applying based on a qualifying marital relationship or you were previously married. You must provide all the requested information in i**tem numbers 1 -7.k.** If not, go on to **Part 3, “C. Complete Only if You Are Applying Based on a Child/Parent Relationship.”**  **1.** Check the box that reflects your marital status.  **2.** If you are married, divorced, or widowed, provide the requested information about your marriage(s). |
| **Page 3, Part 6** | **Part 6. Complete Only If You Are Applying Based on a Child/Parent Relationship**  **1.** Provide the requested information about your relationship to the alien.  **2.** If you are married, divorced, or widowed, provide the requested information. | **Page 5,**  **Part 3,**  **C. Complete Only If You Are Applying Based on a Child/Parent Relationship**  **1.** Provide the requested information about your relationship to the alien. If you select the box of Parent based on circumstances not described above (e.g., legal custody), you need to explain in detail on a separate sheet of paper and submit supporting documentation required in accordance to the Foreign Affairs Manual.    **2.** If you were previously married, you must complete **Part 3 section entitled B., “Complete If You Are Applying Based on a Marital Relationship Or You Were Previously Married,”** item numbers 1.-7.k., then check item **number 4** to indicate that you have done so. |
| **Page 4, Part 7. Signature** | 1. You must sign and date your application**.** If you do not sign the form, the application will be returned as incomplete. 2. A parent or legal guardian may sign the application on behalf of a child under 14 years of age. | **Page 6,**  **Part 5. Signature of Applicant**  You must sign and date your application**.** If you do not sign the form, the application will be returned to you as incomplete.  A parent or legal guardian may sign the application on behalf of a child under 14 years of age. |
| **Page 4,**  **Part 8. Signature of Person Preparing Form, If Other than Above** | 1. If you do not fill out Form I-817, the preparer must also sign and date the form and give his or her address. 2. If the preparer is a business or organization, its name must be included on the application. 3. Signature for placement on Employment Authorization Document. 4. Make sure that your signature fits in the box provided. **No part of your signature should be outside the box** 5. **.** | **Page 6,**  **Part 6. Signature of Person Preparing This Application, If Other Than the Applicant**   1. If you do not fill out Form I-817, the preparer must also sign and date the form and give his or her address. 2. If the preparer is a business or organization, its name must be included on the application. |
| **New** |  | **Page 6,**  **Part 7. Interpreter’s Statement and Signature**  **If you are an interpreter for the applicant, you must provide all the requested information in number 1 – 7.** |
| New |  | **Page 6,**  **Part 8. Signature for Placement on Employment Authorization Card**  Make sure that your signature fits into the box provided. **No part of your signature should be outside the box.** |
| **Page 4, Evidence Requirements** | Attach copies showing the front and back of the documents you need to support your application. **Do not send original documents unless instructed to do so.**  **NOTE:** If you send us a document in a foreign language, it must have a full English translation that the translator has certified as complete and correct. The translator must also certify that he or she is competent to translate the foreign language into English.   1. **If you are requesting initial family unity benefits** **under section 301 of IMMACT 90.**   Copies of . . .  **A \*\*\***  **B\*\*\***  **C**\*\*\*  **2.** If you were born in wedlock and the legalized alien is your natural father, submit a copy of your birth certificate . . .  **3.**  If you are the legitimated child of a legalized father, submit a copy of your birth certificate . . .  **4.** If you were born out of wedlock and the legalized alien is your natural father, submit a copy of your birth certificate showing your father's name. Evidence showing that a bona fide relationship exists . . .  **\*\*\***  **6.** If you are . . . a copy of the legal custody decree if your custody was obtained . . . have lived. | **Page 6,**  **Evidence Requirements**  (Deleted 1st paragraph, and moved info in NOTE on translations to be under **General Instructions, page 1**. Section letters have been made lower case alpha)  **1. If you are requesting initial Family Unity Benefits** **under section 301 of IMMACT 90.**  Copies of . . .  a. \*\*\*  b. \*\*\*  **c. If the legalized alien is your parent-**Provide evidence….  **c.(2)** If you were born in wedlock and the legalized alien is your natural father, submit a copy (front and back) of your birth certificate. . .  **(3)**  If you are the legitimated child of a legalized father, submit a copy, front and back, of your birth certificate . . .  **(4)** If you were born out of wedlock and the legalized alien is your natural father, submit a copy of the front and back of your birth certificate showing your father's name. Evidence showing that a bona fide parent-child relationship exists . . .  \*\*\*  **(6)** If you are . . . a copy of the legal custody decree (including any official stamps or seals on the document) if your custody was obtained . . .  have lived together.  **NOTE:…** |
| **Page 5, 2. If you are requesting initial Family Unity Benefits** **under section 1504 of Pub. L. 106-554, LIFE Act, as amended.** | Copies of . . .  \*\*\*  **B.2.** If you were born. . . your birth certificate, your parents' marriage certificate  . . .  \*\*\*  **B.4.** If you were born . . . a bona fide relationship exists must also be submitted. | **Page 7.**  **2. If you are requesting initial Family Unity Benefits** **under section 1504 of P. L. 106-554, LIFE Act Amendments.**  Copies of . . .  \*\*\*  **b.(2)** If you were born . . . your birth certificate showing your father's name, your parents' marriage certificate . . .  \*\*\*  **b.(4)** If you were born . . . Evidence showing that a bona fide parent-child relationship exists must also be submitted.  (5)...  (6)… |
| **Page 5,**  **3. Secondary evidence (for applicants of both section 301 of IMMACT 90 and section 1504 of Public Law 106-554, the LIFE Act, as amended).** | Official . . .  \*\*\*  As noted above, . . . at least two affidavits sworn to or affirmed by . . . | **Page 8,**  **3. Secondary evidence (for applicants of both section 301 of IMMACT 90 and section 1504 of P.L. 106-554, the LIFE Act Amendments).**  Official . . .  \*\*\*  As noted above, . . . at least 2 affidavits sworn to or affirmed by . . . |
| **Page 6,**  **4. Evidence of continuous residence requirements for family unity applicants under section 301 of IMMACT 90** | You must submit at least three documents . . . | **Page 8,**  **4. Evidence of continuous residence requirements for Family Unity applicants under section 301 of IMMACT 90**  You must submit at least 3 documents . . .  a…  g… |
| **Page 6,**  **5.Evidence requirements for Family Unity applicants under section 1504 of Public Law 106-554, the LIFE Act, as amended.** | You must submit documents . . .  **A.** At least three documents . . . | **Page 9,**  **5. Evidence requirements for Family Unity applicants under section 1504 of P.L. 106-554, the LIFE Act Amendments.**  You must submit documents . . .   1. At least 3 documents . . .   ...  d… |
| **Page 7,**  **6.** **Request for extension of family unity benefits.** | Copies of thefollowing documents are evidence that the required relationship exists and that you may be eligible to file an application for extension of family unity benefits:  \*\*\*  **B.**  If the legalized alien through whom family unity benefits were . . .  **C.** Evidence that you have been granted family unity benefits in the past.  **D.** A list of all trips you have made outside the United States since you were last granted family unity benefits. . .  \*\*\* | **Page 9,**  **6.** **Request for extension of Family Unity Benefits.**  The following documents are evidence that the required relationship existed on May 5, 1988 or December 1, 1988, and that you may be eligible to file an application for extension of Family Unity benefits:  \*\*\*  **b.**  If the legalized alien through whom Family Unity benefits were . . .  **c.** Evidence that you have been granted Family Unity benefits in the past.  **d.** A list of all trips you have made outside the United States since you were last granted Family Unity benefits. . .  \*\*\* |
| **Page 7, Biometrics Requirement** | When required, . . . biometric services, . . . | **Page 9,**  Deleted; this information has been moved to be under General Instructions. |
| **Page 7, Photographs** | You **must** submit two identical color photographs of yourself taken within 30 days of the filing of this application. The photographs must have a white background, be printed on thin paper with a glossy finish, and be un-mounted and un-retouched.  \*\*\*  Passport-style photos must be 2”x 2.” The photos must be in color with full face, frontal view on white or off white background. Head height should measure 1” to 1 3/8” from top of hair to bottom of chin, and eye height is between 1 1/8” to 1 3/8” from bottom of photo. Your head must be bare unless you are wearing a headdress as required by a religious order of which you are a member. Using a pencil or felt pen, lightly print your name and Alien Receipt Number on the back of the photo. | **Page 10,**  **Photographs**  You **must** submit 2 identical color photographs of yourself taken within 30 days of the filing of this application. The photographs must have a white background, be printed on thin paper with a glossy finish, and be un-mounted and un-retouched.  \*\*\*  Passport-style photographs must be 2”x 2.” The photographs must be in color with full face, frontal view on plain white or off white background. Head height should measure 1” to 1 3/8” from top of hair to bottom of chin, and eye height is between 1 1/8” to 1 3/8” from bottom of photograph. Your head must be bare unless you are wearing a headdress as required by a religious order of which you are a member. Using a pencil or felt pen, lightly print your name and Alien Registration Number on the back of the photograph. |
| **Page 7 and 8, Where to File?** | **\*\*\***  Please read the filing instructions below carefully, to assure you file your application at the correct location.  **\*\*\***  **1. If filing under section 1504 of Public Law 106-554, Life Act, as amended to request initial benefits, or to request an extension of previously acquired Family Unity Program benefits(Part 2, box “G” or “H” on the form),** mail you application package to the **USCIS Chicago Lockbox facility**:  For U.S. Postal Service (USPS) deliveries:  **USCIS**  P.O. Box 805887  Chicago, IL 60680-4120  For Express mail or courier deliveries:  **USCIS**  Attn.: AOS  131 South Dearborn-3rd Floor  Chicago, IL 60603-5517  **2. If you are filing under section 301 of IMMACT 90, and currently live or intend to live anywhere in the United States, Puerto Rico, the U.S. Virgin Islands, Guam, or the Commonwealth of Northern Mariana Island (Part 2, box “A” or “B” or “C” or “D” or “E” or “F” on the form**) you must mail your application package to the **USCIS Dallas Lockbox** facility.  For U.S. Postal Service:  **USCIS**  P.O. Box 660162  Dallas, TX 75266  For Express mail or courier deliveries:  USCIS  Attn.: I-817  2501 S. State Highway, 121 Business  Suite 400  Louisville, TX 75067 | **Page 10,**  **Filing instructions have been moved to come after the “What Is the Filing Fee?” section. See below.** |
| **Page 8, What Is the Filing Fee?** | **\*\*\***  An additional biometric fee of . . . for biometric services  If you are under 14 years of age, no biometrics fee is required.  You may submit one check or money order for both the application and biometric fees, for a total of **$520.**  Use the following guidelines when you prepare your check or money order for the Form I-817 and biometrics services fees:  **1.**  The check or money order must be drawn on a bank or other financial institution located in the Unites States and must be payable in U.S. currency; **and**  **2.**  Make the check or money order payable to **U.S. Department of Homeland Security**, unless:  **A.**  If you live in Guam, make it payable to **Treasurer, Guam**,  **B.** If you live in the U.S. Virgin Islands, make it payable to **Commissioner of Finance of the Virgin Islands**.  **How To Check If the Fees Are Correct?**  The form fees on this form are current as of the edition date appearing in the lower right corner of this page. However, because USCIS fees change periodically, you can verify if the fees are correct by following one of the steps below:  **1.** Visit our Web site at **ww.uscis.gov**, select “FORMS,” and check the appropriate fee; or  **2.** Review the Fee Schedule included in your form package if you called us to request the form; or  **3.**  Telephone our National Customer Service Center at **1-800-375-5283** and ask for the fee information.  **Notice to Those Making Payment by Check…** | **Page 10,**  (This section now precedes the Where To File section.)  **What Is the Filing Fee?**  **\*\*\***  An additional biometrics services fee of . . . for biometrics services.  If you are under 14 years of age, no biometrics services fee is required.  Use the following guidelines when you prepare your check or money order for the Form I-817 fee:  **1.**  The check or money order must be drawn on a bank or other financial institution located in the Unites States and must be payable in U.S. currency; **and**  **2.**  Make the check or money order payable to **U.S. Department of Homeland Security.**  **NOTE:** Spell out U.S. Department of Homeland Security; do not use the initials “USDHS” or “DHS.”  \*\*\*  **Notice to Those Making Payment by Check…**  **How To Check If the Fees Are Correct?**  The form and biometric services fees on this form are current as of the edition date appearing in the lower left corner of this page. However, because USCIS fees change periodically, you can verify if the fees are correct by following one of the steps below:  **1.** Visit USCIS’ Web site at **ww.uscis.gov**, select “FORMS,” and check the appropriate fee; or  **2.**  Telephone our National Customer Service Center at **1-800-375-5283** and ask for the fee information. For TDD (hearing impaired) call: **1-800-767-1833.** |
| **Page 7, Where To File?** | **Updated Filing Address Information**  The filing addresses provided on this form reflect the most current information as of the date this form was last revised…..www.uscis.gov “FORMS.” | **Page 10,**  The filing instructions have been deleted from the form instructions and can be accessed on the USCIS web site. This is part of the initiative to standardize/streamline our forms.  **Where To File?**  **Improperly filed forms will be rejected, and the fee returned, with instructions to resubmit the entire filing using the current form instructions.**  Please see the USCIS Web site at [www.uscis.gov/i-817](http://www.uscis.gov/i-817)  or call our National Customer Service Center at 1-800-375-5283 for the most current information about where to file this benefit request. For TDD (hearing impaired) call: **1-800-767-1833.** |
| **Page 9, Address Change** | If you have changed your address, you must inform USCIS of your new address.  For information on filing a change of address go to the USCIS Web site at **www.uscis.gov/addresschange** or contact the National Customer Service Center at 1-800-375-5283.  **NOTE:** Do not submit a change of address request to the USCIS Lockbox facilities because the USCIS Lockbox facilities do not process change of address requests. | **Page 11,**  **Address Changes**  If you have changed your address, you must inform USCIS of your new address.  For information on filing a change of address go to the USCIS Web site at **www.uscis.gov/addresschange** or contact the National Customer Service Center at 1-800-375-5283. **For TDD (hearing impaired) call: 1-800-767-1833.**  **NOTE:** Do not submit a change of address request to the USCIS Lockbox facilities because the USCIS Lockbox facilities do not process change of address requests. |
| **Page 9, Processing Information** | **Any Form I-817 that is not signed or accompanied by the correct fee, will be rejected with a notice the Form I-817 is deficient.** You may correct the deficiency and resubmit Form I-817. An application or petition is not considered properly filed until accepted by USCIS.  **Initial Processing**  Once Form I-817 has been accepted….we may deny your Form I-817.  \*\*\*  **Decision.** The decision on Form I-817 involves a determination of whether you have established eligibility for the requested benefit. You will be notified of the decision in writing. | **Page 11,**  **Processing Information**  **Initial Processing.** Once the application has been accepted….we may deny your application.  \*\*\*  **Decision.** The decision on Form I-817 involves a determination of whether you have established eligibility for the requested benefit. You will be notified of the decision in writing. If your application is approved, an Employment Authorization Document (EAD) will be mailed to you. If your application is denied, we will mail you a notice explaining the reasons for the denial. |
| **Page 9, USCIS Forms and Information** | To order USCIS forms, call our toll-free number at **1-800-870-3676**. You can also get USCIS forms and information on immigration laws, regulations, and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our Internet Web site at [**www.uscis.gov**](http://www.uscis.gov).  As an alternative to waiting in line for assistance at your local USCIS office, you can now schedule an appointment through our Internet-based system, **InfoPass**. To access the system, visit our Web site . . . | **Page 11,**  **USCIS Forms and Information**  You can get USCIS forms and immigration-related information on the USCIS Web site at **www.uscis.gov.**  You may order USCIS forms by calling our toll-free number at **1-800-870-3676.**  You may also obtain forms and information by telephoning our USCIS National Customer Service Center at **1-800-375-5283**.  For TDD (hearing impaired) call: **1-800-767-1833.**  As an alternative to waiting in line for assistance at your local USCIS office, you can now schedule an appointment through the USCIS Internet-based system, **InfoPass**. To access the system, visit the USCIS Web site . . |
| **New** |  | **Page 11,**  **Penalties**  If you knowingly and willingly falsify or conceal a material fact or submit a false document with this request, USCIS may deny the benefit for which you are filing, and may deny any other immigration benefit.  If you provide fraudulent information, you may be charged penalties and be subject to criminal prosecution. |
| Page 9 and 10 | **Privacy Act Notice**  We ask for the information on this form, and associated evidence, to determine if you have established eligibility for the immigration benefit for which you are filing. Our legal right to ask for this information can be found in the Immigration and Nationality Act, as amended. We may provide this information to other government agencies. Failure to provide this information, and any requested evidence, may delay a final decision or result in denial of your Form I-817. | **Page 12,**  **USCIS Privacy Act Statement**  **AUTHORITIES:** The information requested on this form, and the associated evidence, is collected under the Section 301 of the Immigration Act of 1990 (IMMACT 90) and Section 1504 of the Legal Immigration Family Equity Act (LIFE Act).  **PURPOSE:** The purpose of this form is to request initial benefits under the Family Unity Program, or to request an extension of such benefits. USCIS will use the information you provide to grant or deny the benefit. USCIS requests the applicant to provide their Social Security Number (SSN) to facilitate and expedite the adjudication of the applicant's request. The SSN is used to establish and corroborate the applicant's identity to complete a sufficient background check.  **DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, including the SSN, and any requested evidence, may delay a final decision or result in denial of your form.  **ROUTINE USES:** The information you provide on this form may be shared with other Federal, State, local, and foreign government agencies and authorized organizations following approved routine uses described in the associated published system of records notices [DHS-USCIS-007 - Benefits Information System, which can be found at **www.dhs.gov/privacy**]. |
| Page 10, Paperwork Reduction Act | An agency . . . Send comments regarding this burden estimate …: U.S. Citizenship and Immigration Services, Regulatory Products Division, Office of the Executive Secretariat, Massachusetts Avenue, N.W., Washington, DC 20529-2020; OMB No 1615-0005. **Do not mail your application to this address.** | **Page 12,**  **Paperwork Reduction Act**  An agency . . . Send comments regarding this burden estimate…: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue, N.W., Washington, DC 20529-2020; OMB No 1615-0005. **Do not**  **mail your completed Form I-817 to this address.** |
| Page 10, Application Check List | \_\_Did you completely fill out and sign the form?  \_\_Did you attach three color photos?  Did you attach a check or money order for the appropriate fee for Form I-817, plus the appropriate fee if you are required to obtain fingerprints or other biometrics services?  For your records you should keep copies of your application and supporting documents. | Deleted. |