



Login with USCIS account Username and Password

Name

Password

InfoPass	Citizenship	U.S. Department of Homeland Security	Freedom of Information Act (FOIA)
My Case Status	Green Card	U.S. Customs & Border Protection	No FEAR Act
Change of Address	Family	U.S. Immigration & Customs Enforcement	Website Policies
Visa Bulletin	Working in the U.S.	White House	Privacy and Legal Disclaimers
Passports	Humanitarian	U.S. Department of State	Accessibility
E-Verify	Adoption	USA gov	Plugins
Careers at USCIS	Military		Adobe Reader
Site Map (Index)	Visit the U.S.		Windows Media Player
Contact Us	Genealogy		Archive



MYUSCIS MAKE REQUEST CHECK CASE STATUS

REQUEST TYPE EVIDENCE UPLOAD REVIEW E-SIGN

Online Account Setup

Getting Started - Privacy Act Statement

To protect your privacy and to ensure that your data is secure, there are 5 main steps required to set up your USCIS ELIS Online Account. You must have a valid Email address to complete the account setup.

To create your USCIS ELIS Online Account, please read and agree to the USCIS Privacy Act Statement below.

USCIS Privacy Act Statement

AUTHORITIES: The information and associated evidence you provide is collected pursuant to the Immigration and Nationality Act of 1952 (P.L. 82-414), as amended; the Homeland Security Act of 2002 (P.L. 107-296); and Title 8 of the Code of Federal Regulations.

PURPOSE: The information that you submit may be used to (1) create or update your USCIS ELIS Account, (2) determine your eligibility for a request, which includes required national security and law enforcement checks, and/or (3) to determine your eligibility to act as an attorney or accredited representative in USCIS ELIS.

ROUTINE USES: This information will be shared outside USCIS to assist in determining your eligibility for your request and in accordance with the approved routine uses described in the associated systems of records notices.

DISCLOSURE: The information you provide is voluntary. However, failure to provide accurate information may delay a final decision after submission of a request or result in denial of any pending requests. Please note that the system will record user information such as Internet Protocol Address and Web Browser type and version upon submission.

* I have read and agree to the Privacy Act Statement.

Profile

Family Name *(Last Name)*

Given Name *(First Name)*

I do not have a Given Name *(First Name)*.

Middle Name

I do not have a Middle Name.

Security Preference

[Save Profile](#)

Available Requests

Available Requests

[Apply](#)



All Cases

No Cases Found.



USCIS ELIS

MAKE REQUEST

CHECK CASE STATUS

I-290B REQUEST

EVIDENCE UPLOAD

REVIEW

E-SIGN

Form Instructions

Save Draft

USCIS Privacy Act Statement

AUTHORITIES: 8 CFR Sections 103.3 and 103.5 authorize USCIS to collect the information and the associated evidence on this benefit application.

PURPOSE: USCIS will use the information you provide on this form to adjudicate appeals or motions on decisions under immigration laws, except for appeals of Form I-130, Petition for Alien Relative and Form I-360, Petition for Amerasian, Widow(er), or special Immigrant, (widow(er) only) denials in which the Board of Immigration Appeals (BIA) has appellate jurisdiction. The information you provide will be used to make a determination on an appeal or a request for a motion.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision or result in denial of your appeal or motion.

ROUTINE USES: The information you provide on this benefit application may be shared with other Federal, State, local, and foreign government agencies and authorized organizations in accordance with approved routine uses, as described in the associated published system of records notices DHS/USCIS-001 - Alien File, Index, and National File Tracking System of Records, DHS-USCIS-007 - Benefits Information System and DHS/USCIS-015 - Electronic Immigration System-2 Account and Case Management System of Records which can be found at www.dhs.gov/privacy. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.



Paperwork Reduction Act

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 80 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 Ave., NW, Washington, DC 20529-2140, OMB No. 1615-0095. **Do not mail your completed Form I-290B to this address.**

[Return to Request](#)



USCIS ELIS		MAKE REQUEST		CHECK CASE STATUS	
I-290B REQUEST	EVIDENCE UPLOAD	REVIEW	E-SIGN	Form Instructions	Save Draft

OMB No. 1616-0095
Expires 11/30/2014

Information About Petitioner/Applicant

Alien Registration Number USCIS ELIS Account Number (if any)

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

I do not have a Given Name (First Name) I do not have a Middle Name.

Complete Name of Business/Organization (if applicable):

Receipt Number



USCIS may contact me by:

<input type="checkbox"/> Email	Email Address	<input type="text"/>
<input type="checkbox"/> Daytime Telephone	Daytime Telephone Number	Extension <input type="text"/>
<input type="checkbox"/> Mobile Telephone	Mobile Telephone Number	<input type="text"/>
<input type="checkbox"/> Fax Number	Fax Number	<input type="text"/>

Mailing Address

(or Military APO/FPO Address, if applicable)

In Care of Name (if applicable) City or Town

Street Number and Name State

Apt. Ste. Flr. ZIP Code

Country United States Province

Postal Code

Are you an attorney or representative accredited by the Board of Immigration Appeals (BIA) filing this appeal or motion on behalf of the petitioner/applicant? Yes No

If you check Yes for this question, you must attach a new Form G-28, Notice of Appearance as Attorney or Representative, signed by the attorney or accredited representative named on the Form G-28.

Information About the Appeal or Motion

Check the box below indicating that you are filing an appeal or a motion, not both. You may select only one option.

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Motion

- I am filing a **motion to reopen** a decision. My brief and/or additional evidence is attached.
- I am filing a **motion to reconsider** a decision. My brief is attached.
- I am filing a **motion to reopen and a motion to reconsider a decision**. My brief and/or additional evidence is attached.

USCIS Form for which you are filing an Appeal or Motion to Reopen/Reconsider (e.g. I-140, I-360, I-129, I-485, I-601, etc.)

Specific Classification Requested (e.g., H-1B, R-1, O-1, EB-1, EB-2, EB-3, etc., if applicable.)

Date of Adverse Decision USCIS Office Where Last Decision Issued

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Alien Registration Number (A-Number, if applicable) USCIS ELIS Account Number (if any)

Family Name (Last Name): Given Name (First Name): Middle Name:
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<input type="checkbox"/> Email	Email Address	<input type="text"/>
<input type="checkbox"/> Daytime Telephone	Daytime Telephone Number	Extension <input type="text"/>
<input type="checkbox"/> Mobile Telephone	Mobile Telephone Number	<input type="text"/>
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In Care of Name (if applicable) City or Town
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Information About Person/Organization Filing Appeal or Motion on Behalf of Petitioner/Applicant

Family Name (Last Name): Given Name (First Name): Middle Name:
 I do not have a Given Name (First Name). I do not have a Middle Name.

Complete Name of Business/Organization (if applicable):

USCIS may contact me by:

<input type="checkbox"/> Email	Email Address	<input type="text"/>
<input type="checkbox"/> Daytime Telephone	Daytime Telephone Number	Extension <input type="text"/>
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Appeals:

1. Brief

You do not need to submit a brief in support of your appeal. If you do submit a brief and/or additional evidence, you may submit these materials at the time of initial filing of the Notice of Appeal or Motion (I-290B) or within 30 days of filing.

Any brief and/or additional evidence submitted after the initial filing of the Notice of Appeal or Motion must be submitted directly to the AAO. Click here for the correct submission address.

Any brief and additional evidence must specifically reference the appeal for which it is being submitted. If an affected party has filed multiple appeals with the AAO, separate copies of the brief and evidence must be provided for each individual appeal. Failure to do so may result in the return of the brief or evidence to the individual or entity that submitted it and preclude such material from consideration.

If you need more than 30 calendar days to submit a brief, you must make a written request to the AAO within 30 calendar days of filing the appeal. The AAO may grant more time to submit a brief for good cause.

2. Oral Argument

You may request an oral argument before the AAO in Washington, DC in a letter attached as evidence to this filing. The letter must explain specifically why an oral argument is necessary (i.e. why your argument cannot be adequately addressed in writing). If your request is granted, the AAO will contact you about setting the date and time. The U.S. Government does not furnish interpreters for oral arguments.

USCIS Form for which you are filing an Appeal or Motion to Reopen/Reconsider
(e.g. I-140, I-360, I-129, I-485, I-601, etc.)

Specific Classification Requested (e.g., H-1B, R-1, O-1, EB-1, EB-2, EB-3, etc., if applicable)

Date of Adverse Decision

USCIS Office Where Last Decision Issued

Basis for the Appeal or Motion

Appeal: Provide a statement that specifically identifies an erroneous conclusion of law or fact in the decision being appealed.

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Complete Name of Business/Organization (if applicable):

Receipt Number

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	Extension	<input type="text"/>
<input type="checkbox"/> Mobile Telephone	Mobile Telephone Number	<input type="text"/>
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In Care of Name (if applicable) City or Town
Street Number and Name State
Apt. Ste. Flr. ZIP Code
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Motions:

(a) If you file a motion to reopen, the motion must be accompanied by new facts and/or documentary evidence that establish eligibility at the time of filing the initial petition or application

(b) If you file a motion to reconsider, you must provide the citations to the statute, regulation, or precedent decisions that serve(s) as the basis for your motion to reconsider. The motion must establish that the decision was based on an incorrect application of law or policy, and that the decision was incorrect based on the evidence of record at the time of the decision.

(c) No additional time will be permitted to submit supplementary arguments or evidence in support of a motion to reopen or reconsider after the Notice of Appeal or Motion has been filed.

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Basis for the Appeal or Motion

Motion to Reopen: The motion must state new facts and must be supported by affidavits and/or documentary evidence that establish eligibility at the time the underlying petition or application was filed.

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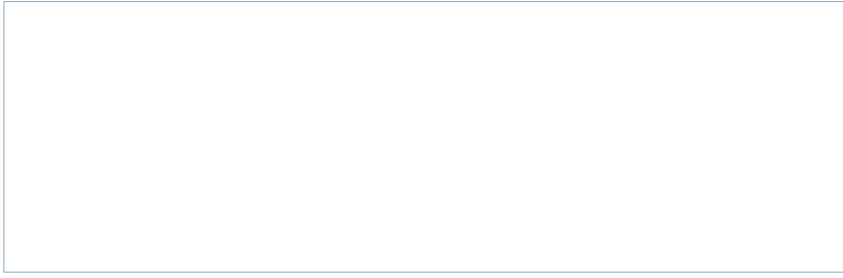
USCIS Form for which you are filing an Appeal or Motion to Reopen/Reconsider (e.g. I-140, I-360, I-129, I-485, I-601, etc.) Select One

Specific Classification Requested (e.g., H-1B, R-1, O-1, EB-1, EB-2, EB-3, etc., if applicable) Select One

Date of Adverse Decision USCIS Office Where Last Decision Issued Select One

Basis for the Appeal or Motion

Motion to Reconsider: The motion must be supported by citations to appropriate statutes, regulations, or precedent decisions and must establish that the decision was based on an incorrect application of law or policy, and that the decision was incorrect based on the evidence of record at the time of decision.



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OMB No. 1616-0095
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<input type="checkbox"/> Daytime Telephone	Daytime Telephone Number	Extension <input type="text"/>
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(or Military APO/FPO Address, if applicable)

In Care of Name (if applicable) City or Town

Street Number and Name State

Apt. Ste. Flr. ZIP Code

Country Province

Postal Code

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Motion to Reconsider: The motion must be supported by citations to appropriate statutes, regulations, or precedent decisions.

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USCIS ELIS

MAKE REQUEST

CHECK CASE STATUS

I-290B REQUEST

EVIDENCE UPLOAD

REVIEW

E-SIGN

Form Instructions

Save Draft

Evidence Upload

Based on your responses to the questions in this request, you will need to upload supporting evidence. You must submit all required evidence and supporting documentation with your request. Failure to provide required evidence may result in a delay in processing your request. Any document containing a foreign language must be accompanied by a full English translation. See Form Instructions for further details.

Evidence Categories and Sample Documents

Based on your request, you are required to submit the following categories of evidence. Examples of document types are provided to guide you. Please choose the first one or an alternative from the list. Other documents in each category are also acceptable.

Category	Sample Types of Acceptable Evidence
>TBD	>TBD
>TBD	>TBD
>TBD	>TBD
>TBD	>TBD
>TBD	>TBD



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USCIS ELIS	MAKE REQUEST	CHECK CASE STATUS	
I-290B REQUEST	EVIDENCE UPLOAD	REVIEW	E-SIGN
		<input type="button" value="Form Instructions"/> <input type="button" value="Save Draft"/>	

Upload Instructions

[Click to view the File Upload How to Chart](#)

For each document that you submit please select the "Category" from the drop down list provided. We recommend that you describe the type of document in the file name. For example, if you are uploading a scanned image of your Permanent Resident Card consider "MyPermanentResidentCard.jpg" as the file name.

List of All Acceptable File Standards



Acceptable File Standards: Before you upload your scanned evidence, please make sure that your file is in a proper format. The file should be saved as an image and the name for your document should end with a period (.) and one of the following three letters (.bmp, .doc, .jpg, .pdf, .tif).

Password Protection: Your files should not be password protected. Please remove any password protection before uploading your files into USCIS ELIS.




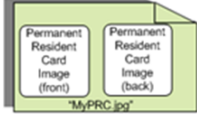
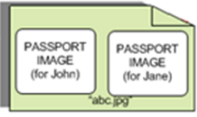
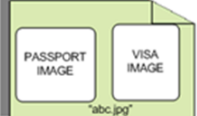
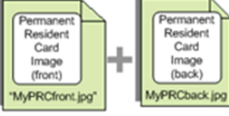

Scanned Images: The size of your scanned document file cannot exceed 60 megabytes (MB). If it is greater than 60 MB, try rescanning your document or decreasing your file size using your computer software.

<p>Category</p> <input type="text" value="Select Category"/>	<p>File Upload</p> <input type="button" value="Browse to Upload Files"/> <p>Max File Size Limit 60 MB</p>
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NOTE: Once uploaded, your File Uploads are automatically saved

FILE UPLOAD	CATEGORY	VIEW FILE	
WebStorm_ReferenceCard.pdf	USCIS Notices		<input type="button" value="Delete"/>

I choose not to upload evidence at this time. I understand this will potentially delay my request and that I will likely be asked to present this evidence at a later time.

 Acceptable	 Not Acceptable
<p>Save each document type in separate file. Make file name descriptive.</p>  <p>If possible, keep pages to the same document type in one file.</p> 	<p>Do NOT save documents for multiple individuals to the same file.</p>  <p>Do NOT save multiple document types to the same file.</p> 
<p>Documents separated into multiple files should use unique file names.</p> 	<p>Do Not use duplicate file names.</p> 



Close Window

USCIS ELIS	MAKE REQUEST	CHECK CASE STATUS
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E-SIGN	Form Instructions	Save Draft

Electronic Filing Only

Notice of Motion or Appeal

Department of Homeland Security
U.S. Citizenship and Immigration Services (USCIS) Page 1 of 16

This document is a printable version of your electronically submitted information as of **Wednesday Feb 13 2013 8:52:30 AM EST**. All time stamps shown on this snapshot should be considered as representing the same time zone that appears in the stamp shown here.

Part 1. Information About You

Account Information

1. Do you have a USCIS Account Identifier?
 Yes No

2. Do you have an Alien Registration Number (A Number)?
 Yes No A

Name(s)

3.a. Last Name (Family Name) John

3.b. First Name (Given Name) NPM

3.c. Middle Name NNM

3.d. No First Name

3.e. No Middle Name

3.f. Have you ever used any other names other than the name entered above?
 Yes No

Addresses

Physical Address

4.a.1. Street Number 123

4.a.2. Street Name or P.O. Box Main St

4.a.3. Apartment / Suite Number

4.a.4. City or Town McLean

4.a.5. State VA

4.a.6. ZIP Code 22102

4.a.7. Province

4.a.8. Postal Code

4.a.9. Country USA



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Signature of the Person Filing the Appeal/Motion or His or Her Authorized Representative

I certify, under penalty of perjury under the laws of the United States, that the foregoing is true and correct. Copies of documents submitted are exact photocopies of unaltered original documents, and I understand that I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date. Furthermore, I authorize the release of any information from my records that USCIS may need to determine my eligibility for the benefit that I am seeking.

I furthermore authorize release of information contained in this form, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration of U.S. immigration laws.

Full Legal Name

USCIS ELIS Password

NOTE: Your typewritten full legal name and corresponding USCIS ELIS password submitted electronically as part of this application/petition signifies that you are the identified signatory.

REFUNDS: USCIS will not refund fees if a request is denied, revoked, or withdrawn. If you accidentally paid twice or otherwise feel you paid a USCIS Fee in error, you may contact USCIS at 1-800-375-5283 for information on how to file a refund request.

Submit Request



System Message

- The system has populated the Payment Date with the next available payment date.



Online Payment

[Return to your originating application](#)

Step 1: Enter Payment Information

1 | 2

Pay Via Bank Account (ACH) [About ACH Debit](#)

Required fields are indicated with a red asterisk *

Account Holder Name: *

Payment Amount: \$

Account Type: *

Routing Number: *

Account Number: *

Confirm Account Number: *

Check Number:

Routing Number	Account Number	Check Number
<input type="text" value="026946763"/>	<input type="text" value="9243767390"/>	<input type="text" value="1234"/>

Payment Date: mm/dd/yyyy

Select the "Continue with ACH Payment" button to continue to the next step in the ACH Debit Payment Process.

Pay Via Plastic Card (PC) (ex: American Express, Discover, Mastercard, VISA)

Required fields are indicated with a red asterisk *