**Table of Changes – FORM**

**Form I-600, Petition to Classify Orphan as an Immediate Relative**

**OMB Number: 1615-0028**

**8/26/2014**

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| **Reason for Revision: Updates to Universal Accreditation Act (UAA) requires changes to the form package** |

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| **Current Section and Page Number** | **Current Text** | **Proposed Text** |
| **Page 1** | **Type or print legibly in black ink. Complete a separate petition for each child.**  *Petition is being made to classify the named orphan as an immediate relative.* | **[Page 1]**  **START HERE - Type or print legibly in black ink. Complete a separate petition for each child.** *This petition is made to classify the named orphan as your immediate relative.* |
| **Page 1, BLOCK I - Information About Petitioner** | **BLOCK I - Information About Petitioner**  **1.** My name is: *(Last)*  *(First)*  *(Middle)*  **2**. Other names used *(including maiden name if appropriate)*:  **3.** I reside in the U.S. at:  *(C/O if appropriate)*  *(Number and Street)*  *(Apt. No.)*  *(Town or City)*  *(State)*  *(Zip Code)* | **[Page 1]**  **Part 1. Information About You** (Petitioner)  **1.** Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)  **2.** Other Names You Have Used (including maiden name, nicknames, and aliases, if any)  Family Name (Last Name)[2 fields]  Given Name (First Name)[2 fields]  Middle Name (if applicable)[2 fields]  **3.** U.S. Mailing Address (if any)  In Care Of Name  Street Number and Name  Apt.**/**Ste.**/**Flr.  Number  City or Town  State  ZIP Code  **4.** Is your current U.S. mailing address the same as your U.S. physical address?  If you answered "No" to **Item Number 4.,** provide your U.S. physical address in **Item Number 5.** or your address abroad in **Item Number 6.**, as appropriate.  **5.** U.S. Physical Address (if any)  Street Number and Name  Apt.**/**Ste.**/**Flr.  Number  City or Town  State  ZIP Code |
| **Page 1, BLOCK I - Information About Petitioner** (continued) | **4.** Address abroad *(if any)*:  *(Number and Street)*  *(Apt. No.)*  *(Town or City)*  *(State or Province)*  *(Country)*  **5.** I was born on: *(mm/dd/yyyy)*  In:*(Town or City)*  *(State or Province)*  *(Country)*  **6.** My telephone number is: *(include area code)*  **7.**  I am a citizen of the United States through:Birth**/**Parents**/**Naturalization  If acquired through parentage, have you obtained a certificate in your own name based on that acquisition?  If not, submit evidence of citizenship. See **Page 2** of the instructions.  If acquired through naturalization, provide the following:  **a**. Name under which you naturalized:  **b**. Naturalization certificate number:  **c**. Date of naturalization *(mm/dd/yyyy)*:  **d**. Place of naturalization: | **[Page 2]**  **Part 1. Information About You** (Petitioner)(continued)  **6.** Address Abroad (if any)  Street Number and Name  Apt.**/**Ste.**/**Flr.  Number  City or Town  State  Province  Postal Code  Country  **7.** Date of Birth *(mm/dd/yyyy)*  **8.** City/Town/Village of Birth  **9.** State or Province of Birth  **10.** Country of Birth  **[Deleted]**  **11.** Information About U.S. Citizenship  **A.** Are you a citizen of the United States?  \_\_Yes \_\_ No  **NOTE:** If you answered "No," you may NOT file Form I-600. See the **What Are the Eligibility Requirements?** section of the Form I-600 instructions for more information.  **B.** How did you acquire your U.S. citizenship?  Birth**/**Parents**/**Naturalization  **C.** If you acquired your citizenship through your parents, have you obtained a Certificate of Citizenship in your own name?  If "Yes," provide the following information about your Certificate of Citizenship:  Name Under Which the Certificate of Citizenship Was Issued  Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)  Alien Registration Number (A-Number) (if any)  Certificate of Citizenship Number  Date of Issuance  Place of Issuance*(mm/dd/yyyy)*  **D.** If you acquired your citizenship through naturalization, provide the following information about your Certificate of Naturalization:  Name Under Which the Certificate of Naturalization Was Issued  Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)  A-Number (if any)  Certificate of Naturalization Number  Date of Naturalization*(mm/dd/yyyy)*  Place of Naturalization |
| **Page 1-2, BLOCK I - Information About Petitioner** (continued) | **[Page 1]**  Have you or any person through whom you claimed citizenship ever lost U.S. citizenship?No**/**Yes *(If "Yes," attach detailed explanation)*  **[Page 2]**  **8.** My marital status is:  **a.** Married**/**Widowed**/**Divorced**/**Single  **b.** I have been married [Fillable Field] time(s)  **9.** If you are now married, provide the following information:  Date of present marriage *(mm/dd/yyyy)*:  Place of present marriage:  Name of present spouse:  (*Last)*  *(First)*  *(Middle)*  *(Maiden, if any)*  Date of birth of present spouse *(mm/dd/yyyy)*:  Place of birth of present spouse:  My spouse has been married [Fillable Field] time(s)  My spouse resides:  With me**/**Apart from me *(provide address below)*  *(Number and Street)*  *(Apt. No.)*  *(City)*  *(State)*  *(Country)* | **[Page 3]**  **12.** Have you, or any person through whom you claimed citizenship, **EVER** lost U.S. citizenship?  \_\_ Yes \_\_ No  **NOTE:** If you answered "Yes," attach a detailed explanation on a separate sheet of paper; type or print your A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet.  **13.** What is your marital status?  Married**/**Widowed**/**Divorced**/**Single  **14.** How many times have you been married (including your current marriage, if applicable)?  **15.** Date of Current Marriage (if applicable)(*mm/dd/yyyy*)  **16.** Place Where Current Marriage Occurred (if applicable)  **17.** Information About Your Current Spouse (if applicable)  Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)  Other Names Your Current Spouse Has Used (including maiden name, nicknames, and aliases, if any)  Family Name (Last Name)[2 fields]  Given Name (First Name)[2 fields]  Middle Name (if applicable)[2 fields]  Date of Birth*(mm/dd/yyyy)*  A-Number (if any)  City/Town/Village of Birth  State or Province of Birth  Country of Birth  Spouse's Immigration Status  **18.** How many times has your current spouse been married (including your current marriage, if applicable)?  **19.** Does your current spouse reside with you?  Yes\_\_ No\_\_  If you answered "No," provide your current spouse's physical address in **Item Number 20.**  **20.** Your Current Spouse's Physical Address  Street Number and Name  Apt.**/**Ste.**/**Flr.  Number  City or Town  State  ZIP Code  Province  Postal Code  Country  **21.** How many persons 18 years of age or older, other than your current spouse (if married), reside with you?  If you answered "1" or more, you **MUST** complete Form I-600A/I-600 Supplement 1, Listing of Adult Member of the Household, for each person.  **22**. Have you ever previously filed Form I-600, Form I-600A, *Application for Advance Processing of an Orphan Petition*, Form I-800A, *Application for Determination of Suitability to Adopt a Child From a Convention Country*, or Form I-800, *Petition to Classify Convention Adoptee as an Immediate relative*?  If “Yes,” provide the following:   1. Type of Petition/Application Filed 2. Result- Check the box that best describes the action taken by USCIS and/or U.S. Department of State on your petition and/or application.   \_\_ Approved – Approval Date *(mm/dd/yyyy)*: *\_\_\_\_\_\_\_\_\_*  \_\_Denied - Denial Date *(mm/dd/yyyy)*: \_\_\_\_\_\_\_\_\_  NOTE: A copy of the denial notice must accompany this petition.  \_\_Other - Explain\_\_\_\_\_\_\_\_\_\_\_\_   1. A detailed description of any previous Form I-600 or Form I-800 filing that resulted in a disruption prior to finalization of the adoption or that resulted in a completed adoption that was later dissolved either in the United States or abroad.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **NOTE:** If you need extra space to complete thisquestion, attach a separate sheet of paper; type or print your A-Number (if any) at the top of each sheet; include the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet. |
| **New** |  | **[Page 4]**  **Part 1. Information About You** (Petitioner)(continued)  ***Duty of Disclosure***  You and your spouse (if married) must answer the following questions. See the **Duty of Disclosure** section in the Form I-600 instructions concerning your ongoing duty to disclose information in response to these questions. If you or your spouse answer "Yes" to any of the questions, provide a certified copy of the documentation showing the final disposition of each incident which resulted in arrest, indictment, conviction, and/or any other judicial or administrative action and a written statement giving details, including any mitigating circumstances about each arrest, signed by you and your spouse (if married) under penalty of perjury under U.S. law. The written statement must show the date of each incident; place incident occurred (city/town, state/province, country); name of police department or other law enforcement administration or other entity involved; date of incarceration and name of facility, if applicable. Provide a description of any type of counseling, rehabilitation, or other information that you and your spouse (if married) would like considered in light of this history on a separate sheet of paper; type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet.  **23.** Have you **EVER,** whether in or outside the United States:  **A.** Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations, but including driving or operating a vehicle while intoxicated or while impaired by or under the influence of alcohol or other intoxicant, even if the record of the arrest, conviction, or other adverse criminal history was expunged, sealed, pardoned, or the subject of any other amelioration?  \_\_ Yes \_\_ No  **B.** Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action?  \_\_ Yes \_\_ No  **C.** Received a suspended sentence, been placed on probation or parole, or in an alternative sentencing or rehabilitation program, such as diversion, deferred prosecution, deferred or withheld adjudication, or expungement of a criminal charge?  \_\_ Yes \_\_ No  **D.** At any time been the subject of any investigation by any child welfare agency, court, or other official authority in any state or foreign country concerning the abuse or neglect of any child, *other than* an investigation that has been completed and formally closed based on a finding that the allegation of abuse or neglect was unfounded or unsubstantiated?  \_\_ Yes \_\_ No  **24.** Has your spouse **EVER,** whether in or outside the United States:  **A.** Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations, but including driving or operating a vehicle while intoxicated or while impaired by or under the influence of alcohol or other intoxicant, even if the record of the arrest, conviction, or other adverse criminal history was expunged, sealed, pardoned, or the subject of any other amelioration?  \_\_ Yes \_\_ No  **B.** Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action?  \_\_ Yes \_\_ No  **C.** Received a suspended sentence, been placed on probation or parole, or in an alternative sentencing or rehabilitation program, such as diversion, deferred prosecution, deferred or withheld adjudication, or expungement of a criminal charge?  \_\_ Yes \_\_ No  **D.** At any time been the subject of any investigation by any child welfare agency, court, or other official authority in any state or foreign country concerning the abuse or neglect of any child, *other than* an investigation that has been completed and formally closed based on a finding that the allegation of abuse or neglect was unfounded or unsubstantiated?  \_\_ Yes \_\_ No |
| **Page 2-3, BLOCK II - Information About Orphan Beneficiary** | **[Page 2]**  **BLOCK II - Information About Orphan Beneficiary**  **10.** Name at birth:  *(Last)*  *(First)*  *(Middle)*  **11.** Name at present:  *(Last)*  *(First)*  *(Middle)*  **12.** Any other names by which orphan is or was known:  **13**. Gender:  Male**/**Female  **14.** Date of birth *(mm/dd/yyyy)*:  **15.** Place of birth: *(City)*  *(State or Province)*  *(Country)*  **16.** The beneficiary is an orphan because *(check one)*:  He or she has no parents  He or she has only one parent who is the sole or surviving parent  **17.** If the orphan has only one parent, answer the following:  **a.**  State what has become of the other parent:  **b.** Is the remaining parent capable of providing for the orphan's support?  **c.** Has the remaining parent in writing irrevocably released the orphan for emigration and adoption?  **[Page 3]**  **18.** Has the orphan been adopted abroad by the petitioner and spouse jointly or the unmarried petitioner?  If "Yes," did the petitioner and spouse or unmarried petitioner personally see and observe the child prior to or during the adoption proceedings?  Date of adoption *(mm/dd/yyyy)*  Place of adoption  **19.** If either answer in **Question 18** is "No," answer the following:  **a.**  Does the petitioner and spouse jointly or does the unmarried petitioner intend to adopt the orphan in the United States?  **b.**  Have the preadoption requirements, if any, of the orphan's proposed State of residence been met?  **c.**  If  **b** is answered "No," will they be met later? | **[Page 4]**  **Part 2. Information About Orphan Beneficiary**  **1.** Name at Birth  Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)  **2.** Current Name  Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)  **[Page 5]**  **3.** Other Names the Orphan Has Used (including nicknames and aliases, if any):  Family Name (Last Name)[2 fields]  Given Name (First Name)[2 fields]  Middle Name (if applicable)[2 fields]  **4.** Gender  Male/Female  **5.** Date of Birth *(mm/dd/yyyy)*  **6.** City/Town/Village of Birth  **7.** State or Province of Birth  **8.** Country of Birth  **9.** The beneficiary is an orphan because (Select only one):  **A.** He or she has no parents due to death or disappearance of, abandonment or desertion by, or separation or loss from both parents.  **B.** He or she has only one sole or surviving parent who is incapable of providing proper care and who has irrevocably released the child for emigration and adoption in writing.  **10.** If the orphan has only one sole or surviving parent, answer the following:  **A.** What happened to the other birth or previous parent?  **B.** Is the remaining parent capable of providing proper care for the orphan?  **C.** Has the remaining parent irrevocably released the orphan for emigration and adoption, in writing?  **11.** Did you and your spouse (if married) adopt the orphan abroad?  **12.** If you answered "Yes" to **Item Number 11.**, provide the following information:  **A.** Did you or your spouse (if married) personally see and observe the child before or during the adoption proceedings?  **B.** Date of Adoption*(mm/dd/yyyy)*  **C.** Place of Adoption  **13.** If you answered "No" to either **Item Numbers 11.** or **12.A.,** provide the following information:  **A.** Do you and your spouse (if married) intend to adopt the orphan in the United States?  **B.** Have any pre-adoption requirements of the orphan's proposed state of residence been met?  **C.** If you answered “Yes” to **Item B**. in **Item Number 13.**, provide a written description of the pre-adoption requirements, if any, of the state of the child's proposed residence if you know that the child will be adopted in the United States. Cite any relative state statutes and regulations, and describe the steps you have taken or will take to comply with these requirements. Note and explain any pre-adoption requirements that you cannot meet at this time due to operation of state law.  **NOTE:** If you need extra space to complete this **Item Number**, attach a separate sheet of paper; type or print your A-Number (if any) at the top of each sheet; include the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.  **D.** If you answered "No" to **Item B. in Item Number 13.**, will the pre-adoption requirements be met later? |
| **Page 3-4, BLOCK II - Information About Orphan Beneficiary** (continued) | **[Page 3]**  **20.** To petitioner's knowledge, does the orphan have any physical or mental affliction?If "Yes," name the affliction.  **21.** Who has legal custody of the child?  **22.** Name of child welfare agency, if any, assisting in this case:  **23.** Name of attorney abroad, if any, representing petitioner in this case:  Address of above attorney abroad:  **24.** Address in the United States where orphan will reside:  **25.** Present address of orphan:  **26.** If orphan is residing in an institution, give full name of institution:  **27.** If orphan is not residing in an institution, give full name of person with whom residing:  **28.** Give any additional information necessary to locate orphan, such as name of district, section, zone, or locality in which orphan resides:  **[Page 4]**  **29.** Location of U.S. Embassy or consulate where application for visa will be made:  *(City in Foreign Country)*  *(Foreign Country)* | **[Page 6]**  **Part 2. Information About Orphan Beneficiary** (continued)  **14.** To your knowledge:  **A.** Does the orphan have any special need, disability, and/or impairment?  **B.** If you answered "Yes" to **Item A**. in **Item Number 14**., name or describe the special need, disability, and/or impairment.  **15.** Who has legal custody of the orphan?  **[Deleted]**  **16.** Information About the Attorney Abroad Representing You and/or Your Spouse (if married) in This Case (if any)  Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)  Street Number and Name  Apt.**/**Ste.**/**Flr.  Number  City or Town  State  ZIP Code  Province  Postal Code  Country  **17.** Address in the United States Where the Orphan Will Reside (if any)  Street Number and Name  Apt.**/**Ste.**/**Flr.  Number  City or Town  State  ZIP Code  **18.** Present Address of the Orphan  In Care Of Name  Street Number and Name  Apt.**/**Ste.**/**Flr.  Number  City or Town  State  ZIP Code  Province  Postal Code  Country  **19.** If the orphan resides in an institution, provide the full name of the institution.  **20.** If the orphan does not reside in an institution, provide the full name of the person with whom the orphan is residing or the name of the orphan's caretaker.  Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)  **[Page 7]**  **21.** Provide any additional information necessary to locate the orphan, such as the name of a district, section, zone, or locality in which the orphan resides:  **22.** Where do you wish to file your visa application? (Complete **one** of the options below.)  **A.** The USCIS office located at:  **OR**  **B.** The U.S. Embassy or U.S. Consulate located at: |
| **New** |  | **[Page 7]**  **Part 3. Information About Your Home Study and Primary Adoption Service Provider**  **1.** Your home study:  **A. \_\_**Was previously submitted with your **approved** Form I-600A application  **B. \_\_**Was previously submitted with your **pending** Form I-600A application  **C. \_\_IS** attached to this Form I-600.  **D. \_\_IS NOT** attached to this Form I-600 because of state requirements necessitating review and documentation. The appropriate state authority has indicated that it will submit the home study directly to U.S. Citizenship and Immigration Services (USCIS). (Do not submit your Form I-600 to USCIS until the state authority is ready to send your home study to USCIS*.)*  **2.** Provide the name and address of your primary adoption service provider in the United States. (A primary adoption service provider is the accredited agency or approved person who is responsible under 22 CFR Part 96.14 for ensuring the six adoption services defined in 22 CFR 96.2 are provided, supervising and being responsible for supervised providers where used, and developing and implementing a service plan in accordance with 22 CFR 96.44*.)*  **A.** Name of Primary Adoption Service Provider  **B.** Point of Contact Within the Organization  Family Name (Last Name)  Given Name (First Name)  **C.** Provider's Mailing Address  Street Number and Name  Apt.**/**Ste.**/**Flr.  Number  City or Town  State  ZIP Code  Province  Postal Code  Country  **D.** Provider's Daytime Telephone Number  **E.** Provider's Fax Number (if any)  **F.** Provider's Email Address (if any)  **[Page 8]**  **Part 3. Information About Your Home Study and Primary Adoption Service Provider** (continued)  **3.** The primary adoption service provider named above is one of the following:  **A.** An accredited agency in the United States.  \_\_ Yes \_\_ No  **B.** An approved person in the United States.  \_\_ Yes \_\_ No |
| **Page 4, BLOCK III - Accommodations for Individuals With Disabilities and Impairments** | **BLOCK III - Accommodations for Individuals With Disabilities and Impairments** *(Read the information in the instructions before completing this section.)*  **30. I am requesting an accommodation:**  **A.** Because of my disability(ies) and/or impairment(s).  **B.** For my spouse because of his or her disability(ies) and/or impairment(s).  **C.**  For my household member because of his or her disability(ies) and/or impairment(s).  If you answered "Yes," check any applicable box. Provide information on the disability(ies) and/or impairment(s) for each person:  Deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):  Blind or sight-impaired and request the following accommodation(s):  Other type of disability(ies) and/or impairment(s) (describe the nature of the disability(ies) and/or impairment(s) and accommodation(s) being requested): | **[Page 8]**  **Part 4. Accommodations for Individuals With Disabilities and/or Impairments**  **1.** Are you requesting an accommodation because of disabilities and/or impairments?  \_\_ Yes \_\_ No  **2.** If you answered "Yes" to **Item Number 1.**, select all applicable boxes below to indicate who has the disabilities and/or impairments.  Petitioner**/**Spouse**/**Other Household Member  **3.** If you answered "Yes" to **Item Number 1**., select all applicable boxes below. Provide information for each person with the disabilities and/or impairments.  **A. \_\_**Deaf or hard of hearing and request the following accommodations (If requesting a sign-language interpreter, indicate for which language (e.g., American Sign Language)):  **B. \_\_**Blind or have low vision and request the following accommodations:  **C. \_\_**Another type of disability and/or impairment (Describe the nature of the disability and/or impairment and accommodation you are requesting): |
| **Page 4, Certification of Petitioner** | **Certification of Petitioner**  I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct, and that I will care for an orphan or orphans properly if admitted to the United States.  *(Signature of Petitioner)*  *Executed on (Date)* | **[Page 8]**  **Part 5. Petitioner's Statement, ASC Acknowledgement (if applicable), Certification, Signature, and Contact Information**  ***Petitioner’s Statement***  Select the box for either **Item 1.A.** or **1.B.** If applicable, select the box for **Item Number 2.**  **1.A.** [Check Box] I can read and understand English, and have read and understand each and every question and instruction on this petition, as well as my answer to each question**.** I have read and understand the **Acknowledgement of Appointment at USCIS Application Support Center** (if applicable).  **1.B.** [Check Box] The interpreter named in **Part 9.** has read to me each and every question and instruction on this petition, as well as my answer to each question, in[Fillable Field], a language in which I am fluent.  I understand each and every question and instruction on this petition as translated to me by my interpreter, and have provided complete, true, and correct responses. The interpreter named in **Part 9.** also has read the **Acknowledgement of** **Appointment at USCIS Application Support Center** (if applicable) to me, in the language in which I am fluent, and I understand this ASC Acknowledgement as read to me by my interpreter.  **[Page 9]**  **2.** [Check Box] I have requested the services of and consented to [Fillable Field], who is\_\_ is not \_\_ an attorney or accredited representative, preparing this petition for me. This person who assisted me in preparing my petition has reviewed the **Acknowledgement of Appointment at USCIS Application Support Center** (if applicable) with me and I understand the ASC Acknowledgement.  ***Acknowledgement of Appointment at USCIS Application Support Center (if applicable)***  I,[Auto-populate Field Petitioner Full Name]**,** understand that the purpose of a USCIS Application Support Center (ASC) appointment is for me to provide my fingerprints, photograph, and/or signature and to reverify that all of the information in my petition is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment:  ***By signing here, I declare under penalty of perjury that I have reviewed and understand this petition as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with this petition that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.***  I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be reverifying that I willingly submit this petition; I have reviewed the contents of this petition; all of the information in my petition and all supporting documents submitted with my petition are complete, true, and correct; and if I was assisted in completing this petition, the person assisting me also reviewed this **Acknowledgement of Appointment at USCIS Application Support Center** (if applicable) with me.  ***Petitioner's Certification***  I certify, under penalty of perjury under the laws of the United States of America, that the information in this petition and any document submitted with this petition is complete, true, and correct.  Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from my records that USCIS may need to determine whether the child I am petitioning for is eligible to be classified as my immediate relative.  I furthermore authorize release of information contained in this petition, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.  ***Petitioner's Signature***  **3.** Petitioner's Signature  Date of Signature *(mm/dd/yyyy)*  ***Petitioner's Contact Information***  **4.** Petitioner's Daytime Telephone Number  **5.** Petitioner's Mobile Telephone Number(if any)  **6.** Petitioner's Email Address (if any) |
| **New** |  | **[Page 10]**  **Part 6. Petitioner's Duty of Disclosure**  **Certification:** I understand the ongoing duty to disclose information concerning my suitability and eligibility as an adoptive parent, as described in the Form I-600 and/or I-600A instructions, and I agree to notify the home study preparer and USCIS of any new information that I am required to disclose.  Petitioner's Signature  Date of Signature *(mm/dd/yyyy)* |
| **Page 4, Certification of Petitioner's Spouse** | **Certification of Petitioner's Spouse**  I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct, and that my spouse and I will care for an orphan or orphans properly if admitted to the United States.  *(Signature of Petitioner's Spouse)*  *Executed on (Date)* | **[Page 10]**  **Part 7. Spouse's Statement, ASC Acknowledgement (if applicable), Certification, Signature, and Contact Information**  ***Spouse’s Statement***  Select the box for either **Item 1.A.** or **1.B.** If applicable, select the box for **Item Number 2.**  **1.A.** [Check Box] I can read and understand English, and have read and understand each and every question and instruction on this petition, as well as my answer to each question**.** I have read and understand the **Acknowledgement of Appointment at USCIS Application Support Center** (if applicable).  **1.B.** [Check Box] The interpreter named in **Part 9.** has read to me each and every question and instruction on this petition, as well as my answer to each question, in[Fillable Field], a language in which I am fluent. I understand each and every question and instruction on this petition as translated to me by my interpreter, and have provided complete, true, and correct responses. The interpreter named in **Part 9.** also has read the **Acknowledgement of Appointment at USCIS Application Support Center** (if applicable) to me, in the language in which I am fluent, and I understand this ASC Acknowledgement as read to me by my interpreter.  **2.** [Check Box] I have requested the services of and consented to [Fillable Field], who is\_\_ is not\_\_ an attorney or accredited representative, preparing this petition for me. This person who assisted me in preparing this petition has reviewed the **Acknowledgement of Appointment at USCIS Application Support Center** (if applicable) with me and I understand the ASC Acknowledgement.  ***Acknowledgement of Appointment at USCIS Application Support Center (if applicable)***  I,[Three Auto-Filled Fields]**,** understand that the purpose of a USCIS Application Support Center (ASC) appointment is for me to provide my fingerprints, photograph, and/or signature and to reverify that all of the information in this petition is complete, true, and correct and was provided by me or my spouse. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment:  ***By signing here, I declare under penalty of perjury that I have reviewed and understand this petition*** ***as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with this petition*** ***that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.***  I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be reverifying that I willingly submit this petition; I have reviewed the contents of this petition; all of the information in this petition and all supporting documents submitted with my petition are complete, true, and correct; and if I was assisted in completing this petition, the person assisting me also reviewed this **Acknowledgement of Appointment at USCIS Application Support Center** (if applicable)with me.  ***Spouse's Certification***  I certify, under penalty of perjury under the laws of the United States of America, that the information in this petition and any document submitted with this petition is complete, true and correct.  Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from my records that USCIS may need to determine whether the child my spouse is petitioning for is eligible to be classified as our immediate relative.  I furthermore authorize release of information contained in this petition, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.  **[Page 11]**  ***Spouse's Signature***  **3.** Spouse's Signature  Date of Signature *(mm/dd/yyyy)*  ***Spouse's Contact Information***  **4.**  Spouse's Daytime Telephone Number  **5.** Spouse's Mobile Telephone Number(if any)  **6.** Spouse's Email Address (if any) |
| **New** |  | **[Page 11]**  **Part 8. Spouse's Duty of Disclosure**  I understand the ongoing duty to disclose information concerning my suitability and eligibility as an adoptive parent, as described in the Form I-600 and/or I-600A instructions, and I agree to notify the home study preparer and USCIS of any new information that I am required to disclose.  Spouse's Signature  Date of Signature *(mm/dd/yyyy)* |
| **New** |  | [Page 11]  **Part 9.** **Interpreter's Name, Contact Information, Certification, and Signature**  If you and/or your spouse (if married) used an interpreter to read and complete this petition, the interpreter must provide the following information:  *Interpreter's Full Name*  1. Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)  2. Interpreter's Business or Organization Name (if any)  3. Interpreter's Mailing Address  Street Number and Name  Apt./Ste./Flr.  Number  City or Town  State  ZIP Code  Province  Postal Code  Country  *Interpreter's Contact Information*  4. Interpreter's Daytime Telephone Number  5. Interpreter's Email Address (if any)  [Page 12]  Part 9. Interpreter's Certification, Signature, and Contact Information (continued)  *Interpreter's Certification*  **I certify that:**  I am fluent in English and [Fillable Field].  I have read and accurately translated to this petitioner and/or the petitioner’s spouse (if married) every question and instruction on this petition, as well as the answer to each question, in the language in which he and/or she is fluent.  I have read and accurately translated the **Acknowledgement of Appointment at USCIS Application Support Center (ASC)** (if applicable)to the petitioner and/or the petitioner’s spouse, in the language in which he and/or she is fluent.  The petitioner and/or the petitioner’s spouse has informed me that he and/or she understands every instruction and question on the petition, as well as the answer to each question.  The petitioner and/or the petitioner’s spouse also has informed me that he and/or she understands the ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his and/or her fingerprints, photograph, and/or signature, he and/or she will be reaffirming that the contents of this petition and all supporting documentation are complete, true, and correct.    *Interpreter’s Signature*  6. Interpreter's Signature  Date of Signature *(mm/dd/yyyy)* |
| **Page 4, Signature of Person Preparing Form, If Other Than Petitioner** | **Signature of Person Preparing Form, If Other Than Petitioner**  *Street Address and Room or Suite No./City/State/Zip Code*  I declare that this document was prepared by me at the request of the petitioner and is based entirely on information of which I have knowledge.  *(Signature)*  *Executed on (Date)* | **[Page 12]**  **Part 10.** **Name, Contact Information, Statement, Certification, and Signature of the Person Preparing this Petition, If Other Than the Petitioner and/or Spouse**  If you and/or your spouse (if married) used a preparer to complete this petition, the preparer must provide the following information:  ***Preparer's Full Name***  **1.** Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)  **2.** Preparer's Business or Organization Name (if any)  **3. Preparer's Mailing Address**  Street Number and Name  Apt.**/**Ste.**/**Flr.  Number  City or Town  State  ZIP Code  Province  Postal Code  Country  ***Preparer's Contact Information***  **4.** Preparer's Telephone Number  **5.** Preparer's Fax Number (if any)  **6.** Preparer's Email Address (if any)  **[Page 13]**  ***Preparer's Statement***  **7.A.** [Check Box] I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and/or the petitioner’s spouse (if married) and with the petitioner's and/or petitioner’s spouse’s consent.  **7.B.** [Check Box] I am an attorney or accredited representative and my representation of the petitioner and/or the petitioner’s spouse (if married) in this case (choose one) extends**/**does not extendbeyond the preparation of this petition.  ***Preparer's Certification***  By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner and/or the petitioner’s spouse (if married). I completed this petition based only on responses the petitioner and/or the petitioner’s spouse provided to me. After completing the petition, I reviewed it and all of the petitioner's and/or the petitioner’s spouse’s responses with the petitioner and/or the petitioner’s spouse, who agreed with each and every answer on the petition. If the petitioner and/or the petitioner’s spouse supplied additional information concerning a question on the petition, I recorded it on the petition. I also have read the **Acknowledgement of Appointment at USCIS Application Support Center** (if applicable)to the petitioner and/or the petitioner’s spouse and the petitioner and/or the petitioner’s spouse has informed me that he and/or she understands the ASC Acknowledgement.  ***Preparer's Signature***  **8.** Preparer's Signature  Date of Signature*(mm/dd/yyyy)* |