

Application to Adjust Status From Temporary to Permanent Resident (Under Section 245A of the INA)

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-698 OMB No. 1615-0035 Expires: 03/31/2015

| US | For SCIS Jse | Applicant Interviewed Date: Date of Adjustment | R | eceipt | | Action Blo | ck |
|----|--------------------|--|-------------------------|----------------------------|------------------|-------------|-------------|
| | nly | Date: | Remarks | | | | |
| ► | STA | RT HERE - Type or print | in black ink. | | | | |
| P | art 1 | . Information About Y | You | | | | |
| 1. | Full | Legal Name | | | | | |
| | Fam | ily Name (Last Name) | | Given Name (First Name |) | Middle Name | 3 |
| | | | | | | | |
| 2. | Nam | ne as it Appears on Your Emp | ployment Authorizatio | | | | |
| | A. | Family Name (Last Name) | | Given Name (First Name | | Middle Name | e |
| | _ | | | | | | |
| | В. | Provide the reason for a diffe | erence in the names, if | any (marriage, divorce, e | tc.) | |] |
| 2 | A | Other Names Used | | 1 | 4 | | |
| 3. | | Family Name (Last Name) | nrc | Given Name (First Name | | Middle Name | 2 |
| | Δ. | | | Civen Ivanie (1113) Ivanie | | | |
| | B. | Family Name (Last Name) | 1 | Given Name (First Name |) | Middle Name | e |
| | | | | | | | |
| 4. | A. | If your native alphabet does | not use Roman letters | type or print your name i | n your native al | phabet. | |
| | | Family Name (Last Name) | | Given Name (First Name) | | Middle Name | e |
| | | | | | | | |
| | В. | Language of Your Native Al | lphabet | | | | |
| _ | II.C | | | | | | |
| 5. | | Mailing Address are Of Name | | | | | |
| | | | | | | | |
| | Stree | et Number and Name | | | | Apt. Ste. | Flr. Number |
| | | | | | | | |
| | City | or Town | | | | State | ZIP Code |
| | | | | | | | |
| 6. | Is yo | our current U.S. mailing addr | ress the same as your U | J.S. physical address? | | | Yes No |

If you answered "No," provide your U.S. physical address in Item Number 7.

| P | art 1. Information About You (continued) | | | A- | | | |
|-----|---|--|--|----------------------------------|------------------|---------------------|--------|
| 7. | U.S. Physical Address | | | | | | |
| ·• | Street Number and Name | Apt. Ste. | Flr | Numb | er | | |
| | | | | | | | |
| | City or Town | | | State | ZIP C | Code | |
| | | | | | | | |
| 8. | Alien Registration Number (A-Number) (if any) 9. ▶ A- | U.S. Social Security | Number (if any) | | | | |
| 10. | Date of Birth (mm/dd/yyyy) 11. Gender | | | | | | |
| | | emale | | | | | |
| 12. | Place of Birth | | | | | | |
| | City or Town Province o | Foreign State | Country | | | | |
| | | | | | | | |
| 13. | Country of Citizenship or Nationality 14. M | other's First Name | 15. | Father's First Na | ame | | |
| | | | | | | | |
| | | larried Divorced o | | Widowed | - 0 | | |
| 17 | List absences from the United States since becoming absence that exceeded 30 days or if the total of all of Additional Information or attach a separate sheet of sheet; indicate the Page Number , Part Number , and | your absences exceeds paper. Type or print y | 90 days , explain u our name and A-N | using the space plumber (if any) | provid at the | ed in P top of t | art 8. |
| | Country Purpo | ose of Trip | From (mm/dd/yyyy) | To (mm/dd/yyy | y) | Total Abs | |
| | Renr(| | | | | | |
| | | JUU | | | | | |
| | | | | | | | |
| | 08/2 | 9/7 | 01 | 4 | | | |
| Pa | art 2. Biographic Information | | | | | | |
| 1. | Ethnicity (Select only one box) Hispanic or La | atino 🗌 Not Hispar | nic or Latino | | | | |
| 2. | Race (Select all applicable boxes) | | | | | | |
| | White Asian Black or African American | American Indian or Alaska Native | Native Hawa Other Pacifi | | | | |
| 3. | Height Feet Inches 4. Weig | ht Pounds | | | | | |
| 5. | Eye Color (Select only one box) | | | | | | |
| | Black Blue Brown Gray | Green Hazel | Maroon |] Pink 🗌 U | Jnkno | wn/Oth | ner |
| 6. | Hair Color (Select only one box) | | | | | | |
| | Bald Black Blond Bro (No Hair) | wn Gray | Red Sand | y 🗌 White | | Unkno Other | own/ |

Part 3. Eligibility Standards

| 1. | You are required to have a minimal understanding of standard English and a knowledge and understanding of the history and |
|----|---|
| | Government of the United States. Select the appropriate box in Item A. or B. below. |

| A. I | will | satisfy | these | requirements | through: |
|-------------|------|---------|-------|--------------|----------|
|-------------|------|---------|-------|--------------|----------|

| An examination at the time of interview for lawful permanent reside |
|---|
|---|

Satisfactory pursuit of a course of study recognized by the Secretary of Homeland Security (Secretary).

B. I have satisfied these requirements by:

Satisfactory pursuit of a course of study recognized by the Secretary (attach appropriate documentation); or

An exemption because I am 65 years of age or older, under 16 years of age, or I am physically unable to comply. (If you are physically unable to comply, explain and attach relevant documentation.)

A-

Answer Item Numbers 2. - 29. If you answer "Yes" to any of the questions, provide a complete explanation using the space provided in Part 8. Additional Information or attach 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. Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for lawful permanent residence.

| 2. | Have you EVER assisted in the persecution of any person or persons on account of race, religion, political opinion, nationality, or membership in a particular social group? | Yes | L No |
|-----|---|------------|--------|
| 3. | Have you EVER been treated for a mental disorder, drug addiction, or alcoholism? | Yes | 🗌 No |
| 4. | Have you EVER committed a crime or offense for which you were not arrested? | Yes | 🗌 No |
| 5. | Have you EVER been arrested, cited, or detained by any law enforcement officer (including Immigration and Customs Enforcement (ICE), Customs and Border Protection (CBP), former Immigration and Naturalization Service (INS), and/or military officers) for any reason? | Yes | 🗌 No |
| 6. | Have you EVER been charged with committing any crime or offense? | Yes | 🗌 No |
| 7. | Have you EVER been convicted of a crime or offense? | Yes | 🗌 No |
| 8. | Have you EVER been in jail or prison? | Yes | 🗌 No |
| 9. | Have you EVER been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)? | Yes | No No |
| 10. | Have you EVER received a suspended sentence, been placed on probation, or been paroled? | Yes | No No |
| 11. | A. Have you, or a dependent member of your immediate family, EVER received public assistance from any source, including, but not limited to, the U.S. Government, any state, county, city, or municipality? | Yes | No No |
| | B. If "Yes," provide the names of the recipients and their U.S. Social Security Numbers below. | | |
| | Full Name of Recipient (Family Name, Given Name, Middle Name) U.S. Social | l Security | Number |
| | | | |
| | | | |
| | | | |
| 12. | Have you EVER: | | |
| | A. Within the past 10 years been a prostitute, procured anyone for prostitution, or intend to engage in such activities in the future? | Yes | 🗌 No |

| B. | Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? | 🗌 Yes 🗌 No |
|----|---|------------|
| C. | Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? | Yes No |
| D | Illicitly trafficked in any controlled substance or knowingly assisted abetted or colluded in the illicit | Ves No |

D. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit Yes No trafficking of any controlled substance?

| Pa | art 3. Eligibility Standards (continued) A- | | |
|-----|--|------------------------|----|
| 13. | Have you EVER engaged in, conspired to engage in, do you intend to engage in, or have you EVER solicited membership or funds for, or have you EVER through any means assisted or provided any type or material support to any person or organization that has EVER engaged or conspired to engage in sabotage kidnapping, political assassination, hijacking, or any other form of terrorist activity? | f | No |
| 14. | Do you intend to engage in the United States in: | | |
| | A. Espionage? | Yes N | lo |
| | B. Any activity, a purpose of which, is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means? | Yes N | No |
| | C. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? | Yes N | lo |
| 15. | Have you EVER been a member of, or in any way affiliated with, a Communist Party or any other totalitarian party? | Yes N | No |
| 16. | Did you EVER , during the period from March 23, 1933 to May 8, 1945, in association with either the Naz Government of Germany or any organization or government associated or allied with the Nazi Governmen of Germany, order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion? | nt | No |
| 17. | Have you EVER claimed to be a United States citizen in writing or any other way? | Yes N | lo |
| 18. | Have you EVER been deported from the United States, removed from the United States at government expense, excluded within the past year, or are you NOW , or have you EVER been in exclusion, deportation, removal, or rescission proceedings? | Yes N | Лo |
| 19. | Are you NOW under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act (INA) for use of fraudulent documents or have you EVER , by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa, other documentation, entry into the United States, or any immigration benefit? | Yes N | No |
| 20. | Have you EVER left the United States to avoid being drafted into the U.S. Armed Forces? | Yes N | lo |
| 21. | Have you EVER been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? | Yes N | lo |
| 22. | Are you NOW withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? | d 🗌 Yes 🗌 N | lo |
| 23. | Do you plan to practice polygamy in the United States? | Yes N | lo |
| 24. | Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in | n any of the following | g: |
| | A. Acts involving torture or genocide? | Yes N | lo |
| | B. Killing any person? | Yes N | lo |
| | C. Intentionally and severely injuring any person? | Yes N | lo |
| | D. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? | Yes N | lo |
| | E. Limiting or denying any person's ability to exercise religious beliefs? | Yes N | lo |
| 25. | Have you EVER: | | |
| | A. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? | Yes N | No |
| | B. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? | Yes N | lo |

| Part 3. Eligibility Standards (continued) |
|--|
| 26. Have you EVER been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? |
| 27. Have you EVER assisted or participated in selling, providing, or transporting weapons to any person who, Yes No to your knowledge, used them against another person? |
| 28. Have you EVER received any type of military, paramilitary or weapons training? |
| 29. Have you EVER: |
| A. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed Yes No force or group? |
| B. Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat? |
| |
| Part 4. Accommodations for Individuals With Disabilities and Impairments (Read the information in the Form I-698 instructions before completing this part.) |
| |
| 1. Are you requesting an accommodation because of your disabilities and/or impairments? Yes No |
| If you answered "Yes," select all applicable boxes. |
| A. I am deaf or hard of hearing and request the following accommodations (if you are requesting a sign-language interpreter indicate for which language (e.g., American Sign Language)): |
| B. I am blind or have low vision and request the following accommodations: |
| |
| C. I have another type of disability and/or impairment (describe the nature of your disabilities and/or impairments and the accommodations you are requesting): |
| Keproduction |
| Part 5. Applicant's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature |
| NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2. |
| 1. Applicant's Statement Regarding the Interpreter |
| A. I can read and understand English, and have read and understand every question and instruction on this application, as |
| well as my answer to every question. I have read and understand the Acknowledgement of Appointment at USCIS Application Support Center. |
| B. The interpreter named in Part 6. has read to me every question and instruction on this application, as well as my |
| answer to every question, in, a language in which I |
| am fluent. I understand every question and instruction on this application as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named Part 6. has also read the Acknowledgement of Appointment at USCIS Application Support Center to me, in the language in which I am fluent, and I understand this ASC Acknowledgement as read to me by my interpreter. |
| 2. Applicant's Statement Regarding the Preparer |
| I have requested the services of and consented to who is is not an attorney or accredited representative, preparing this application for me. This person who assisted me in preparing my application has reviewed the Acknowledgement of Appointment at USCIS Application Support Center with me and I understand the ASC Acknowledgement. |

| | | | | | |
|--|----|------|--|--|--|
| Part 5. Applicant's Statement, Contact Information, ASC Acknowledgement, | A- | | | | |
| Certification, and Signature (continued) | I | | | | |
| | | | | | |

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4. Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)

Acknowledgement of Appointment at USCIS Application Support Center

I, ______, understand that the purpose of a USCIS Application Support Center (ASC) appointment is for me to provide fingerprints, photograph, and/or signature and to re-verify that all of the information in my application 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 my application, petition, or request as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request 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 re-verifying that I willingly submit this application; I have reviewed the contents of this application; all of the information in my application and all supporting documents submitted with my application were provided by me and are complete, true, and correct; and if I was assisted in completing this application, the person assisting me also reviewed this **Acknowledgement of Appointment at USCIS Application Support Center** with me.

Applicant's Certification

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 any and all of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

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

I certify, under penalty of perjury, that the information in my application and any document submitted with my application were provided by me and are complete, true, and correct.

Applicant's Signature

6. Applicant's Signature

Date of Signature (mm/dd/yyyy)

Part 6. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

Provide the following information concerning the interpreter.

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Part 6. Interpreter's Contact Information, Certification, and Signature A-(continued) **Interpreter's Mailing Address** Street Number and Name Number 3. Apt. Ste. Flr. [] City or Town State **ZIP** Code Province Postal Code Country **Interpreter's Contact Information** 5. Interpreter's Email Address (if any) Interpreter's Daytime Telephone Number 4. **Interpreter's Certification** I certify that: which is the same language provided I am fluent in English and in Part 5., Item B. in Item Number 1.; I have read to this applicant every question and instruction on this application, as well as the answer to every question, in the language provided in Part 5., Item B. in Item Number 1.; and I have read the Acknowledgement of Appointment at USCIS Application Support Center to the applicant in the same language provided in Part 5., Item B. in Item Number 1. The applicant has informed me that he or she understands every instruction and question on the application, as well as the answer to every question, and the applicant verified the accuracy of every answer; and The applicant has also informed me that he or she understands the ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photographs, and/or signature, he or she is re-affirming that the contents of this application and all supporting documentation are complete, true, and correct. **Interpreter's Signature** Date of Signature (mm/dd/yyyy) Interpreter's Signature 6. Part 7. Contact Information, Statement, Certification, and Signature of the Person Preparing This **Application, If Other Than the Applicant Preparer's Full Name** Provide the following information concerning the preparer. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) 1.

2. Preparer's Business or Organization (if any)

| | art 7. Contact Information, Statement, Certification, and Signature of the erson Preparing This Application, If Other Than the Applicant (continued) | | | | | | | | |
|---------------------------------|---|--|--|--|--|--|--|--|--|
| | reparer's Mailing Address | | | | | | | | |
| 3. | Street Number and Name Apt. Ste. Flr. Number | | | | | | | | |
| | City or Town State ZIP Code | | | | | | | | |
| | Province Postal Code Country | | | | | | | | |
| P | reparer's Contact Information | | | | | | | | |
| 4. | Preparer's Daytime Telephone Number 5. Preparer's Fax Telephone Number | | | | | | | | |
| 6. | Preparer's Email Address (if any) | | | | | | | | |
| P | reparer's Statement | | | | | | | | |
| 7. | A. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent. | | | | | | | | |
| | B. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application. | | | | | | | | |
| P | reparer's Certification | | | | | | | | |
| wit cor ans the and | my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this application on behalf of, at the request of, and h the express consent of, the applicant. I completed this application based only on responses the applicant provided to me. After npleting the application, I reviewed it and all of the applicant's responses with the applicant, who agreed with each and every wer on the application. If the applicant supplied additional information concerning a question on the application, I recorded it on application. I have also read the Acknowledgement of Appointment at USCIS Application Support Center to the applicant I the applicant has informed me that he or she understands the ASC Acknowledgement. | | | | | | | | |
| P | reparer's Signature | | | | | | | | |

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)

Part 8. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Include 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.

| 1. | Family Name (Last Name) | Given Name (First Name) | Middle Name |
|----------|--|-------------------------|---|
| | | | |
| 2. 3. | A-Number (if any) ► A- A. Page Number B. Part Number D. | C. Item Number | |
| 4. | A. Page Number B. Part Number D. | C. Item Number | |
| 5. | A. Page Number B. Part Number D. | C. Item Number | 01 |
| 6. | A. Page Number B. Part Number D. | C. Item Number | |
| 7. | Applicant's Signature | | Date of Signature (<i>mm/dd/yyyy</i>) |