



Supplement A, Adjustment of Status to Permanent Resident Under INA Section 245(i)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-485
OMB No. 1615-0023
Expires 06/30/2015

NOTE: Use Form I-485 Supplement A, Adjustment of Status to Permanent Resident Under INA Section 245(i) (Supplement A), only if you are applying to adjust status to that of a lawful permanent resident under the Immigration and Nationality Act (INA) section 245(i). You may file Supplement A only if you are filing your Form I-485, Application to Register Permanent Residence or Adjust Status, at the same time or if you previously filed your Form I-485 and it remains pending.

▶ **START HERE - Type or print in black ink.**

Part 1. Information About You

1. Your Current Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. U.S. Mailing Address

In Care Of Name (if any)

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Alien Registration Number (A-Number) (if any)

▶ **A-**

4. USCIS ELIS Account Number (if any)

▶

5. Date of Birth (mm/dd/yyyy)

6. Country of Birth

7. Country of Citizenship or Nationality

Part 2. Eligibility

1. Basis of INA section 245(i) Eligibility

You claim eligibility to adjust status under INA section 245(i) because (Select **only one** box):

- A. You are or were the **principal beneficiary** of an immigrant petition or application for permanent labor certification filed on or before January 14, 1998.
- B. You are or were the **principal beneficiary** of an immigrant petition or application for permanent labor certification filed on or after January 15, 1998, and on or before April 30, 2001, **and** you were physically present in the United States on December 21, 2000.
- C. You are or were the **derivative beneficiary** of an immigrant petition or application for permanent labor certification filed on or before January 14, 1998.
- D. You are or were the **derivative beneficiary** of an immigrant petition or application for permanent labor certification filed on or after January 15, 1998, and on or before April 30, 2001, **and** the principal beneficiary was physically present in the United States on December 21, 2000.
- E. You are **currently the spouse or child** (unmarried **and** under 21 years of age) applying to accompany or follow-to-join your spouse or parent described in **Items A., B., C., or D.**

Part 2. Eligibility (continued)

2. Qualifying Petition or Application

Provide the following information about the immigrant petition or application for permanent labor certification filed on or before April 30, 2001 that qualifies you to adjust status under INA section 245(i).

A. Receipt Number of Petition or Application (if any)

B. Name of Principal Beneficiary of Petition or Application

Family Name (Last Name)

Given Name (First Name)

Middle Name

3. Immigrant Category

Type or print the family-based, employment-based, special immigrant, or Diversity Visa immigrant category you selected on Form I-485, **Part 2. Application Type or Filing Category, Item Number 1.**

Part 3. Bars to Adjustment

1. You **are applying** to adjust under INA section 245(i) because one or more of the following bars to adjustment apply to you (Select **all applicable** boxes):

- A.** You last entered the United States without being admitted or paroled after inspection by an immigration officer.
- B.** You last entered the United States as a nonimmigrant crewman.
- C.** You are now employed or have ever been employed in the United States without authorization.
- D.** You are **not** in lawful immigration status on the date of filing your application for adjustment of status.
- E.** You have ever failed to continuously maintain a lawful status since entry into the United States, unless your failure to maintain status was through no fault of your own or for technical reasons.
- F.** You were last admitted to the United States in transit without a visa.
- G.** You were last admitted to the United States as a nonimmigrant visitor without a visa under the Guam and Commonwealth of the Northern Mariana Islands Visa Waiver Program, and you are not a Canadian citizen.
- H.** You were last admitted to the United States as a nonimmigrant visitor without a visa under the Visa Waiver Program (See travel.state.gov/content/visas/english/visit/visa-waiver-program.html).
- I.** You **are seeking** employment-based adjustment of status and you are not maintaining a lawful nonimmigrant status on the date of filing your application for adjustment of status.
- J.** You have ever violated the terms of your nonimmigrant status.

Part 4. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the information on penalties in the **Penalties** section of the Supplement A Instructions before completing this part. You must file Supplement A while in the United States.

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 supplement, as well as my answer to every question.

Part 4. Applicant's Statement, Contact Information, Certification, and Signature (continued)

B. The interpreter named in **Part 5.** has also read to me every question and instruction on this supplement, as well as my answer to every question, in , a language in which I am fluent. I understand every question and instruction on this supplement as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.

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 supplement for me.

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)

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that U.S. Citizenship and Immigration Services (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 that I seek.

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

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

Applicant's Signature

6. Applicant's Signature

Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this supplement or fail to submit required documents listed in the Instructions, USCIS may deny your Form I-485.

Part 5. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

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)

Part 5. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Mailing Address

3. 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)

Interpreter's Certification

I certify that:

I am fluent in English and , which is the same language provided in **Part 4., Item B. in Item Number 1.**

I have read to this applicant every question and instruction on this supplement, as well as the answer to every question, in the language provided in **Part 4., Item B. in Item Number 1.**; and

The applicant has informed me that he or she understands every instruction and question on the supplement, as well as the answer to every question, and the applicant verified the accuracy of every answer.

Interpreter's Signature

6. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 6. Contact Information, Statement, Certification, and Signature of the Person Preparing This Supplement, If Other Than the Applicant

Provide the following information about the preparer.

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)

Part 6. Contact Information, Statement, Certification, and Signature of the Person Preparing This Supplement, If Other Than the Applicant (continued)

Preparer's Mailing Address

3. Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State		ZIP Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Preparer's Contact Information

4. Preparer's Daytime Telephone Number	5. Preparer's Fax Number
<input type="text"/>	<input type="text"/>
6. Preparer's Email Address (if any)	
<input type="text"/>	

Preparer's Statement

7. A. I am not an attorney or accredited representative but have prepared this supplement 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 supplement.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this supplement, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this supplement.

Preparer's Certification

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this supplement on behalf of, at the request of, and with the express consent of the applicant. I completed this supplement based only on responses the applicant provided to me. After completing the supplement, I reviewed it and all of the applicant's responses with the applicant, who agreed with every answer on the supplement. If the applicant supplied additional information concerning a question on the supplement, I recorded it on the supplement.

Preparer's Signature

8. Preparer's Signature	Date of Signature (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>