

**TABLE OF CHANGES – Form  
FORM I-360, Petition for Amerasian, Widow(er), or Special Immigrant  
OMB Number: 1615-0020  
Submission Date 02/29/2016**

**Reason for Revision:** Adding a new classification in the form; updating the instructions related to a self-petitioning battered or abused parent of a U.S. citizen pursuant to the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA 2005), Public Law 109-162; clarifying instructions for existing classifications and other clarifying edits throughout the instructions, reformatting for better flow; reorganizing the form questions in a more logical manner; adding a single check box as a means to provide the VAWA self-petitioners to request employment authorization; incorporating a fact sheet for prospective employment-based fourth preference (EB-4) petitioners; and updating the form’s certification statement to conform with standard certification language.

<b>Current Section and Page Number</b>	<b>Current Text</b>	<b>Proposed Text</b>
<b>Page 1, To Be Completed By</b>	<p>[Page 1]</p> <p><b>To Be Completed By</b></p> <p><input type="checkbox"/> <b>Attorney or Representative, if any</b> Fill in box if Form G-28 is attached to represent the applicant</p> <p>VOLAG Number</p> <p>ATTY State License Number</p>	<p>[Page 1]</p> <p><b>To be completed by an Attorney or Accredited Representative</b> (if any).</p> <p><input type="checkbox"/> <b>Select this box if Form G-28 or G-28I is attached.</b></p> <p>[delete]</p> <p><b>Attorney State Bar Number</b> (if applicable)</p> <p><b>Attorney or Accredited Representative USCIS Online Account Number</b> (if any)</p>
<b>Page 1</b>		<p>[Page 1]</p> <p><b>START HERE - Type or print in black ink.</b></p>
<b>Page 1, Part 1. Information About Person or Organization Filing This Petition</b>	<p>[Page 1]</p> <p><b>Part 1. Information About Person or Organization Filing This Petition</b> (Individuals use the top name line; organizations use the second line.) If you are a self-petitioning spouse or child and do not want USCIS to send notices about this petition to your home, you may show an alternate mailing address here. If you are filing for yourself and do not want to use an alternate mailing address, skip to Part 2.</p> <p>1a. Family Name 1b. Given Name</p>	<p>[Page 1]</p> <p><b>Part 1. Information About Person or Organization Filing This <b>P</b>etition</b></p> <p><b>NOTE:</b> You must complete <b>Part 1.</b> as the petitioner if you are filing this petition on behalf of another person. If you are a Violence Against Women Act (VAWA) self-petitioner or special immigrant juvenile, skip to <b>Part 1., Item Number 7.</b></p> <p><b>1. Your Full Name</b> Family Name (Last Name) Given Name (First Name)</p>

	<p>1c. Middle Name</p> <p>10. U.S. Social Security Number</p> <p>11. A-Number</p> <p>12. IRS Tax No. (if any)</p> <p>3. Address – C/O</p> <p>2. Company or Organization Name</p> <p>4. Street Number and Name</p> <p>5. Apt. Number</p> <p>6. City</p> <p>7. State or Province</p> <p>8. Country</p> <p>9. Zip/Postal Code</p>	<p>Middle Name</p> <p>2. USCIS Online Account Number (if any)</p> <p>3. U.S. Social Security Number (if any)</p> <p>4. Alien Registration Number (A-Number) (if any)</p> <p>5. Individual IRS Tax Number (if any)</p> <p>6. Mailing Address In Care Of Name (if any) Organization Name (if applicable) Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p><b>[Page 2]</b></p> <p>7. Alternate and/or Safe Mailing Address</p> <p>If you are a VAWA self-petitioning spouse, child, parent, or a special immigrant juvenile and do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this petition to your home, you may provide an alternate and/or safe mailing address.</p> <p>In Care Of Name (if any) Street Number and Name Apt. Ste. Flr. Number City or Town/State/ZIP Code Province/Postal Code/Country</p>
<p><b>Page 1, Part 2. Classification Requested</b></p>	<p><b>[Page 1]</b></p> <p><b>Part 2. Classification Requested (Check one):</b></p> <p>a. Amerasian</p> <p>b. Widow(er) of a U.S. citizen</p> <p>c. Special Immigrant Juvenile</p> <p>d. Special Immigrant Religious Worker Will the alien be working as a minister? Y/N</p> <p>e. Special Immigrant based on employment with the Panama Canal Company, Canal Zone Government, or U.S. Government in the Canal Zone</p>	<p><b>[Page 2]</b></p> <p><b>Part 2. Classification Requested</b></p> <p>Select <b>only one</b> box.</p> <p><b>1.A.</b> Amerasian</p> <p><b>B.</b> Widow(er) of a U.S. citizen</p> <p><b>C.</b> Special Immigrant Juvenile</p> <p><b>D.</b> Special Immigrant Religious Worker <b>(1)</b> Will the <b>beneficiary</b> be working as a minister? Y/N</p> <p><b>E.</b> Special Immigrant based on employment with the Panama Canal Company, Canal Zone <b>Government</b>, or U.S. <b>Government</b> in the Canal Zone</p>

	<p>f. Special Immigrant Physician</p> <p>g. Special Immigrant International Organization Employee or family member</p> <p>h. Special Immigrant Armed Forces Member</p> <p>i. Self-Petitioning Spouse of Abusive U.S. Citizen or Lawful Permanent Resident</p> <p>j. Self-Petitioning Child of Abusive U.S. Citizen or Lawful Permanent Resident</p> <p>k. Special Immigrant Afghanistan or Iraq National who worked with the U.S. Armed Forces as a translator</p> <p>l. Special Immigrant Iraq National who was employed by or on behalf of the U.S. Government</p> <p>m. Other, explain:</p>	<p><b>F.</b> Special Immigrant Physician</p> <p><b>G.</b> Special Immigrant <b>G-4</b> International Organization Employee or <b>Family Member</b> or <b>NATO-6 Employee</b> or <b>Family Member</b></p> <p><b>H.</b> Special Immigrant Armed Forces Member</p> <p><b>I.</b> Self-Petitioning Spouse of Abusive U.S. <b>citizen</b> or Lawful Permanent Resident</p> <p><b>J.</b> Self-Petitioning Child of Abusive U.S. <b>citizen</b> or Lawful Permanent Resident</p> <p><b>K.</b> <b>VAWA Self-Petitioning Parent of a U.S. citizen son or daughter</b></p> <p><b>L.</b> Special Immigrant <b>Afghanistan or Iraq National</b> who worked with the U.S. Armed Forces as a translator</p> <p><b>M.</b> Special Immigrant Iraq National who was employed by or on behalf of the U.S. Government</p> <p><b>N.</b> Special Immigrant <b>Afghanistan National</b> who was employed by or on behalf of the U.S. Government or the International Security Assistance Force (ISAF) in Afghanistan</p> <p><b>O.</b> Broadcasters</p> <p><b>P.</b> Other</p> <p>Provide the name of the classification below. [Fillable field]</p>
<p><b>Page 2,</b> <b>Part 3. Information About the Person for Whom This Petition Is Being Filed</b></p>	<p>[Page 2]</p> <p><b>Part 3. Information About the Person Whom This Petition is Being Filed</b></p> <p>1a. Family Name 1b. Given Name 1c. Middle Name</p> <p>2. Address – C/O</p> <p>3a. Street Number and Name 3b. Apt. Number 4. City 5. State or Province</p>	<p>[Page 3]</p> <p><b>Part 3. Information About the Person for Whom This Petition Is Being Filed</b></p> <p><b>NOTE:</b> On this petition, the “beneficiary” or “self-petitioner” means the person for whom this petition is being filed. If you provided an alternate and/or safe mailing address above, you must also complete <b>Part 3.</b></p> <p><b>1. Your Full Name</b> Family Name (Last Name) Given Name (First Name) Middle Name</p> <p><b>2. Mailing Address</b> In Care Of Name (if any) Street Number and Name Apt. Ste. Flr. Number City or Town State/ZIP Code</p>

	<p>6. Country 7. Zip/Postal Code</p> <p>8. Date of Birth (<i>mm/dd/yyyy</i>) 9. Country of Birth 10. U.S. Social Security Number 11. A-Number (<i>if any</i>) 12. Marital Status: Single/Married/Divorced/Widowed</p> <p>13. Complete the items below if this person is in the United States. If an item is not applicable or the answer is “none,” leave the space blank. Provide data below for the passport or other document used at the time of last arrival to the United States.</p> <p>a. Date of Arrival (<i>mm/dd/yyyy</i>)</p> <p>b. I-94 Number</p> <p>c. Passport Number</p> <p>d. Travel Document Number</p> <p>e. Country of Issuance for Passport or Travel Document</p> <p>f. Expiration Date for Passport or Travel Document</p> <p>g. Current Nonimmigrant Status</p> <p>h. Current Status Expires on (<i>mm/dd/yyyy</i>)</p>	<p>Province Postal Code Country</p> <p><b>Other Information</b> [subheader] <b>3.</b> Date of Birth (<i>mm/dd/yyyy</i>) <b>4.</b> Country of Birth <b>5.</b> U.S. Social Security Number (<i>if any</i>) <b>6.</b> A-Number (<i>if any</i>) <b>7.</b> Marital <b>Status</b> Single/Married/Divorced/Widowed</p> <p><b>Complete Item Numbers 8. - 15.</b> if this person is in the United States. If an item <b>number</b> is not applicable or the answer is “none,” leave the space <b>blank</b>. <b>Provide information</b> below for the passport or other document used at the time of last arrival to the United States.</p> <p><b>8.</b> Date of <b>Last</b> Arrival (<i>mm/dd/yyyy</i>)</p> <p><b>9.</b> <b>Form I-94 Number or I-95 Crewman’s Landing Permit</b></p> <p><b>10.</b> Passport Number</p> <p><b>11.</b> Travel Document Number</p> <p><b>12.</b> Country of Issuance for Passport or Travel Document</p> <p><b>13.</b> Expiration Date for Passport or Travel Document (<i>mm/dd/yyyy</i>)</p> <p><b>14.</b> Current Nonimmigrant Status</p> <p><b>15.</b> <b>Date current status expired, or will expire, as shown on Form I-94 or I-95 (<i>mm/dd/yyyy</i>)</b></p>
<p><b>Page 2, Part 4. Processing Information</b></p>	<p><b>[Page 2]</b></p> <p><b>Part 4. Processing Information</b></p> <p>1. Provide information on which U.S. consulate you want notified if this petition is approved, and if any requested adjustment of status cannot be granted.</p> <p>a. U.S. Consulate: City b. Country</p> <p>2. If you gave a U.S. address in <b>Part 3</b>, print the person's foreign address below. If his or her native alphabet does not use Roman letters, print his or her name and foreign address in the native alphabet.</p>	<p><b>[Page 3]</b></p> <p><b>Part 4. Processing Information</b></p> <p>1. <b>If the person listed in Part 3. is outside the U.S., is ineligible to adjust status in the U.S., or does not wish to adjust status in the U.S., provide the following information about the U.S. Consulate at which the person prefers to apply for an immigrant visa.</b></p> <p><b>U.S. Consulate</b> <b>A.</b> City or Town _____ <b>B.</b> Country _____</p> <p><b>[Page 4]</b></p> <p>2. <b>If a U.S. address was provided in Part 3., type or print the person's foreign address below. If he or she does not maintain a foreign address, list the city or town and country of last foreign residence. If his or her native alphabet does not</b></p>

	<p>a. Name</p> <p>b. Address</p> <p>c. Gender of the person for whom this petition is being filed: Male/Female</p> <p>d. Are you filing any other petitions or applications with this one? N/Y (How many? _____)</p> <p>e. Is the person this petition is for in deportation or removal proceedings? N/Y (Explain on a separate sheet of paper)</p> <p>f. Has the person for whom this petition is being filed ever worked in the U.S. without permission? N/Y (Explain on a separate sheet of paper)</p> <p>g. Is an application for adjustment of status attached to this petition? N/Y (Attach a full explanation)</p>	<p>use Roman letters, <b>type or</b> print his or her name and foreign address in the native alphabet.</p> <p><b>A. Your Full Name</b>  Family Name (Last Name)  Given Name (First Name)  Middle Name</p> <p><b>B. Mailing Address</b>  Street Number and Name  Apt. Ste. Flr. Number  City or Town  Province  Postal Code  Country</p> <p><b>3. Gender of the beneficiary:</b> Male/Female</p> <p><b>4.A.</b> Are you filing any other petitions or applications with this one? <b>Y/N</b></p> <p><b>B.</b> If you answered “Yes” to <b>Item A. in Item Number 4.</b>, how many? _____</p> <p>If you answer “Yes” to <b>Item Numbers 5. - 6.</b>, provide an explanation in the space provided in <b>Part 14. Additional Information.</b></p> <p><b>5.</b> Is the <b>beneficiary</b> in removal proceedings? <b>Y/N</b></p> <p><b>6.</b> Has the <b>beneficiary</b> ever worked in the U.S. without permission? (If you are applying for a special immigrant juvenile status, you are not required to answer this item number.) <b>Y/N</b></p> <p><b>7.</b> Is an application for adjustment of status attached to this petition? <b>Y/N</b></p>
<p><b>Pages 10-11,  Part 9. Information About the Spouse and Children of the Person for Whom This Petition Is Being Filed</b></p>	<p><b>[Page 10]</b></p> <p><b>Part 9. Information About the Spouse and Children of the Person for Whom This Petition Is Being Filed</b> A widow/widower or a self-petitioning spouse of an abusive citizen or lawful permanent resident should also list the children of the deceased spouse or of the abuser. This includes biological and adopted children and stepchildren.</p>	<p><b>[Page 4]</b></p> <p><b>Part 5. Information About the Spouse and Children of the Person for Whom This Petition Is Being Filed</b></p> <p><b>NOTE:</b> Depending on the classification you seek, you can either file this petition for another person or for yourself. On this petition, the “beneficiary” or “self-petitioner” means the person for whom this petition is being filed, whether that person is yourself or another person.</p> <p><b>1.</b> If you are filing as a self-petitioning spouse, have any of your children filed separate self-petitions? <b>Y/N</b></p>

	<p>1a. Family Name 1b. Given Name 1c. Middle Name</p> <p>1d. Date of Birth (<i>mm/dd/yyyy</i>) 1e. Country of Birth 1f. Relationship Spouse/Child 1g. A-Number</p> <p>2a. Family Name 2b. Given Name 2c. Middle Name</p> <p>2d. Date of Birth (<i>mm/dd/yyyy</i>) 2e. Country of Birth 2f. Relationship Spouse/Child 2g. A-Number</p> <p>3a. Family Name 3b. Given Name 3c. Middle Name</p> <p>3d. Date of Birth (<i>mm/dd/yyyy</i>) 3e. Country of Birth 3f. Relationship Spouse/Child 3g. A-Number</p> <p>4a. Family Name 4b. Given Name 4c. Middle Name</p> <p>4d. Date of Birth (<i>mm/dd/yyyy</i>) 4e. Country of Birth 4f. Relationship Spouse/Child 4g. A-Number</p> <p>5a. Family Name 5b. Given Name 5c. Middle Name</p> <p>5d. Date of Birth (<i>mm/dd/yyyy</i>) 5e. Country of Birth 5f. Relationship Spouse/Child 5g. A-Number</p> <p><b>[Page 11]</b></p> <p>6a. Family Name 6b. Given Name 6c. Middle Name</p> <p>6d. Date of Birth (<i>mm/dd/yyyy</i>) 6e. Country of Birth</p>	<p><b>2. Person 1</b> Family Name (<b>Last Name</b>) Given Name (<b>First Name</b>) Middle Name</p> <p><b>Date</b> of Birth (mm/dd/yyyy) <b>Country</b> of Birth <b>Relationship</b> [ ] Spouse [ ] Child <b>A-Number</b> (if any)</p> <p><b>[Page 5]</b></p> <p><b>3. Person 2</b> Family Name (<b>Last Name</b>) Given Name (<b>First Name</b>) Middle Name</p> <p><b>Date</b> of Birth (mm/dd/yyyy) <b>Country</b> of Birth <b>Relationship</b> [ ] Spouse [ ] Child <b>A-Number</b> (if any)</p> <p><b>4. Person 3</b> Family Name (<b>Last Name</b>) Given Name (<b>First Name</b>) Middle Name</p> <p><b>Date</b> of Birth (mm/dd/yyyy) <b>Country</b> of Birth <b>Relationship</b> [ ] Spouse [ ] Child <b>A-Number</b> (if any)</p> <p><b>5. Person 4</b> Family Name (<b>Last Name</b>) Given Name (<b>First Name</b>) Middle Name</p> <p><b>Date</b> of Birth (mm/dd/yyyy) <b>Country</b> of Birth <b>Relationship</b> [ ] Spouse [ ] Child <b>A-Number</b> (if any)</p> <p><b>6. Person 5</b> Family Name (<b>Last Name</b>) Given Name (<b>First Name</b>) Middle Name</p> <p><b>Date</b> of Birth (mm/dd/yyyy) <b>Country</b> of Birth <b>Relationship</b> [ ] Spouse [ ] Child <b>A-Number</b> (if any)</p> <p><b>7. Person 6</b> Family Name (<b>Last Name</b>) Given Name (<b>First Name</b>) Middle Name</p> <p><b>Date</b> of Birth (mm/dd/yyyy) <b>Country</b> of Birth</p>
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	<p>6f. Relationship Spouse/Child 6g. A-Number</p> <p>7a. Family Name 7b. Given Name 7c. Middle Name</p> <p>7d. Date of Birth (mm/dd/yyyy) 7e. Country of Birth 7f. Relationship Spouse/Child 7g. A-Number</p> <p>8a. Family Name 8b. Given Name 8c. Middle Name</p> <p>8d. Date of Birth (mm/dd/yyyy) 8e. Country of Birth 8f. Relationship Spouse/Child 8g. A-Number</p> <p>9a. Family Name 9b. Given Name 9c. Middle Name</p> <p>9d. Date of Birth (mm/dd/yyyy) 9e. Country of Birth 9f. Relationship Spouse/Child 9g. A-Number</p>	<p><b>Relationship</b> [ ] Spouse [ ] Child <b>A-Number</b> (if any)</p> <p><b>[Page 6]</b></p> <p><b>8. Person 7</b> Family Name (<b>Last Name</b>) Given Name (<b>First Name</b>) Middle Name</p> <p><b>Date</b> of Birth (mm/dd/yyyy) <b>Country</b> of Birth <b>Relationship</b> [ ] Spouse [ ] Child <b>A-Number</b> (if any)</p> <p><b>9. Person 8</b> Family Name (<b>Last Name</b>) Given Name (<b>First Name</b>) Middle Name</p> <p><b>Date</b> of Birth (mm/dd/yyyy) <b>Country</b> of Birth <b>Relationship</b> [ ] Spouse [ ] Child <b>A-Number</b> (if any)</p> <p><b>10. Person 9</b> Family Name (<b>Last Name</b>) Given Name (<b>First Name</b>) Middle Name</p> <p><b>Date</b> of Birth (mm/dd/yyyy) <b>Country</b> of Birth <b>Relationship</b> [ ] Spouse [ ] Child <b>A-Number</b> (if any)</p>
<p><b>Page 3, Part 5. Complete Only If Filing for an Amerasian</b></p>	<p><b>[Page 3]</b></p> <p><b>Part 5. Complete Only If Filing for an Amerasian</b></p> <p><b>Section A. Information about the mother of the Amerasian</b></p> <p>1.a. Family Name 1.b. Given Name 1.c. Middle Name</p> <p>2. Living? No (Give date of death ____)/Yes (Complete address line below)/Unknown</p> <p>3. Address</p>	<p><b>[Page 6]</b></p> <p><b>Part 6. Complete Only If Filing for an Amerasian</b></p> <p><b>Information About the Mother of the Amerasian</b> [subheader]</p> <p><b>1. Mother's Full Name</b> Family Name (<b>Last Name</b>) Given Name (<b>First Name</b>) Middle Name</p> <p><b>2.A. Is the mother still alive?</b> Unknown/Yes/No</p> <p><b>B. If you answered "Yes" to Item A. in Item Number 2., provide her address below.</b></p> <p>In Care Of Name (if any) Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province</p>

	<p><b>Section B. Information about the father of the Amerasian:</b></p> <p>If possible, attach a notarized statement from the father regarding parentage. Explain on a separate paper any question you cannot fully answer in the space provided on this form. (Attach a full explanation.)</p> <p>1.a. Family Name 1.b. Given Name 1.c. Middle Name</p> <p>2. Date of Birth (mm/dd/yyyy) 3. Country of Birth</p> <p>4. Living No (Give date of death ___)/Yes (Complete address line below)/Unknown</p> <p>5. Home Address</p> <p>6. Home Phone Number 7. Work Phone Number</p> <p>8. <b>At the time the Amerasian was conceived:</b></p> <p>a. The father was in the military (indicate branch of service below and give service number here): _____ Army/Air Force/Navy/Marine Corps/Coast Guard</p> <p>b. ___ The father was a civilian employed abroad. Attach a list of names and addresses of organizations which employed him at that time.</p> <p>c. ___ The father was not in the military and</p>	<p>Postal Code Country</p> <p><b>[Page 7]</b></p> <p><b>C.</b> If you answered “No” to <b>Item A.</b> in <b>Item Number 2.</b>, provide her date of death (mm/dd/yyyy).</p> <p><b>Information About the Father of the Amerasian</b> [subheader]</p> <p>If possible, attach a notarized statement from the father regarding parentage. If there is a question you cannot fully answer in the space provided on this petition, use the space provided in <b>Part 14. Additional Information.</b></p> <p><b>3.</b> Father’s Full Name Family Name (Last Name) Given Name (First Name) Middle Name</p> <p><b>4.</b> Date of Birth (mm/dd/yyyy) <b>5.</b> Country of Birth</p> <p><b>6.A.</b> Is the father still alive? Unknown/Yes/No</p> <p><b>B.</b> If you answered “Yes” to <b>Item A.</b> in <b>Item Number 4.</b>, provide his address below.</p> <p>In Care Of Name (if any) Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p><b>C.</b> If you answered “No” to <b>Item A.</b> in <b>Item Number 4.</b>, provide his date of death (mm/dd/yyyy).</p> <p><b>D.</b> Daytime Telephone Number <b>E.</b> Work Telephone Number (if any)</p> <p>At the time the Amerasian was conceived:</p> <p><b>7.A.</b> The father was in the military (indicate branch of service below). Army/Air Force/Navy/Marine Corps/Coast Guard</p> <p><b>B.</b> Provide the father’s service number: _____</p> <p><b>C.</b> ___ The father was <b>not in the military and</b></p>
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<p><b>Page 4, Part 7. Complete Only if Filing as a Widow/Widower, a Self-petitioning Spouse of an Abuser, or as a Self-petitioning Child of an Abuser</b></p>	<p>was not a civilian employed abroad. Attach a full explanation of the circumstances.</p> <p><b>[Page 4]</b></p> <p><b>Part 7. Complete Only if Filing as a Widow/Widower, a Self-petitioning Spouse of an Abuser, or as a Self-petitioning Child of an Abuser</b></p> <p><b>Section A. Information about the U.S. citizen husband or wife who died or about the U.S. citizen or lawful permanent resident abuser</b></p> <p>1.a. Family Name 1.b. Given Name 1.c. Middle Name</p> <p>2. Date of Birth (mm/dd/yyyy) 3. Country of Birth 4. Date of Death (mm/dd/yyyy)</p> <p>5. He or she is now, or was, at the time of death a (check one):</p> <p>a. U.S. citizen born in the United States b. U.S. citizen born abroad to U.S. citizen parents c. U.S. lawful permanent resident (Provide A#) _____ d. U.S. citizen through naturalization (Provide A#) _____ e. Other, explain _____</p> <p><b>Section B. Additional information about you</b></p> <p>1. How many times have you been married? 2. How many times was the person in <b>Section A</b> married? 3. Give the date and place where you and the person in Section A were married. (If you are a self-petitioning child, write "N/A") 4. When did you live with the person named in Section A? From (Month/Year) _____ until (Month/Year) _____</p>	<p>was not a civilian employed abroad. (Attach a full explanation of the circumstances.)</p> <p><b>[Page 7]</b></p> <p><b>Part 7. Complete Only if Filing as a Widow/Widower</b></p> <p><b>[delete.]</b></p> <p><b>1. Full Name of U.S. Citizen Husband or Wife Who Died</b></p> <p>Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>[No change]</p> <p><b>[Page 8]</b></p> <p><b>5. At time of death, your spouse was a (Select only one):</b></p> <p><b>A.</b> U.S. citizen born in the United States <b>B.</b> U.S. citizen born abroad to U.S. citizen parents <b>[delete]</b> <b>C.</b> U.S. citizen through naturalization (1) Provide A-Number (if any) _____ <b>D. Other (Explain)</b> _____</p> <p><b>[delete]</b></p> <p><b>6.</b> How many times have you been married? <b>7.</b> How many times was <b>your spouse</b> married? <b>8.A.</b> When did you and <b>your spouse</b> get married (mm/dd/yyyy)? <b>B.</b> Where did you and your spouse get married? (mm/dd/yyyy) <b>9.A.</b> Did you remarry after the death of your spouse? Yes/No</p>
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	<p>5. If you are filing as a widow/widower, were you legally separated at the time of the U.S. citizen's death? No/Yes (<i>Attach explanation</i>)</p> <p>6. Give the last address at which you lived together with the person named in <b>Section A</b>, and show the last date that you lived together with that person at that address:</p> <p>7. If you are filing as a self-petitioning spouse, have any of your children filed separate self-petitions? No/Yes (<i>Show child(ren)'s full names</i>):</p>	<p><b>B.</b> If you answered "Yes" to <b>Item A.</b> in <b>Item Number 9.</b>, provide the date that you remarried. (mm/dd/yyyy)</p> <p><b>10.</b> If you are filing as a widow/widower, were you legally separated at the time of the U.S. citizen's death? Yes/No</p> <p><b>NOTE:</b> If you answered "Yes" to <b>Item Number 10.</b>, provide an explanation in the space provided in <b>Part 14. Additional Information.</b></p> <p>[delete]</p>
<p><b>Page 3, Part 6. Complete Only If Filing for a Special Immigrant Juvenile Court Dependent</b></p>	<p>[Page 3]</p> <p><b>Part 6. Complete Only If Filing for a Special Immigrant Juvenile Court Dependent</b></p> <p><b>Section A. Information about the juvenile</b></p> <p>List any other names used</p> <p>Answer the following questions regarding the person for whom the petition is being filed. If you answer "No," explain on a separate sheet of paper.</p> <p><b>a.</b> Have you been declared dependent upon a juvenile court in the United States, or have you been legally committed to, or placed under the custody of, an agency or department of a State, or an individual or entity appointed by a State or juvenile court? No/Yes</p> <p><b>b.</b> Has a juvenile court declared that reunification with one or both of your parents is not viable due to abuse, neglect, abandonment, or a similar basis under State law? No/Yes</p>	<p>[Part 8]</p> <p><b>Part 8. Complete Only If Filing for a Special Immigrant Juvenile</b></p> <p><b>Information about the Juvenile</b> [subheader]</p> <p><b>1.</b> List any other names used:</p> <p><b>A.</b> Family Name (Last Name) Given Name (First Name) Middle Name</p> <p><b>B.</b> Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>Answer the following questions regarding the person for whom the petition is being filed. If you answer "No" to both <b>Items A.</b> and <b>B.</b> in <b>Item Number 2.</b>, provide an explanation in the space provided in <b>Part 15. Additional Information.</b></p> <p><b>2.A.</b> Have you been declared dependent on a juvenile court in the United States OR has a juvenile court legally committed you to, or placed you under the custody of, an agency, department of a state, or an individual or entity? Yes/No</p> <p><b>B.</b> Provide the name of the state agency, department, or court-appointed organization or individual with which you are placed below.</p> <p><b>C.</b> Are you currently under the jurisdiction of</p>

	<p>c. Have you been the subject of proceedings in which it was determined that it would not be in your best interest to be returned to your or your parent's country of nationality or last habitual residence? No/Yes</p>	<p>the juvenile court that made your placement or custody determination identified in <b>Item B.</b> in <b>Item Number 2.</b> above? Y/N</p> <p><b>[Page 9]</b></p> <p><b>3.A.</b> If you answered “Yes” to <b>Item C.</b> in <b>Item Number 2.</b> above, are you currently residing in your court-ordered placement? Y/N</p> <p><b>B.</b> If you answered “No” to <b>Item C.</b> in <b>Item Number 2.</b> above, select your reason below.  <input type="checkbox"/> You were adopted or placed in a permanent guardianship or another permanent living arrangement (other than reunification with the abusive parents).   <input type="checkbox"/> You aged-out of the juvenile court’s jurisdiction and the order was terminated based on age.   <input type="checkbox"/> Other. (If you selected “Other,” provide an explanation in the space provided in <b>Part 15. Additional Information.</b>)</p> <p><b>4.A.</b> A juvenile court has determined that reunification with <input type="checkbox"/> one or <input type="checkbox"/> both of my parents is not viable due to:  <input type="checkbox"/> Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Abandonment  <input type="checkbox"/> Similar basis under state law (specify)  _____</p> <p><b>B.</b> If you selected “one” in <b>Item A.</b> in <b>Item Number 3.</b>, provide the name of that parent below. _____</p> <p><b>5.</b> Has it been determined in judicial or administrative proceedings that it would not be in your best interest to be returned to your or your parent’s country of citizenship or nationality or last habitual residence? Yes/No</p> <p><b>6.A.</b> Are you currently or were you previously in the custody of the U.S. Department of Health and Human Services (HHS)? Yes/No</p> <p><b>B.</b> If you answered “Yes” to <b>Item A.</b> in <b>Item Number 6.</b>, and you are in HHS custody, did the juvenile court order determine or alter your custody status or placement? Yes/No</p>
<p><b>Pages 5-8, Part 8. Complete Only If Filing a Special Immigrant Religious Worker Petition</b></p>	<p><b>[Page 5]</b></p> <p><b>Part 8. Complete Only If Filing a Special Immigrant Religious Worker Petition</b></p> <p><b>Employer Attestation</b></p> <p><b>1.</b> Provide the following information about the prospective employer:</p>	<p><b>[Page 9]</b></p> <p><b>Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition</b></p> <p><b>Prospective Employer Attestation</b> [subheader]</p> <p><b>1.</b> Provide the following information about the prospective employer.</p>

	<p><b>a.</b> Number of members of the prospective employer's organization:</p> <p><b>b.</b> Number of employees working at the same location where the beneficiary will be employed:</p> <p><b>c.</b> Number of aliens holding special immigrant or nonimmigrant religious worker status currently employed or employed within the past 5 years:</p> <p><b>d.</b> Number of Special Immigrant Religious Worker I-360 and Nonimmigrant Religious Worker I-129 Petitions submitted by the prospective employer within the past 5 years:</p> <p><b>2.</b> Has the alien or any of the alien's dependent family members previously been admitted to the United States for a period of stay in the R classification for the last 5 years? No/Yes</p> <p>If "Yes," complete the table below. List the alien and any dependent family member's prior periods of stay in the R classification in the United States for the last 5 years. Be sure to list only those periods in which the alien and/or family members were actually in the United States in the R classification.</p> <p><b>NOTE:</b> Submit photocopies of Form I-94 (Arrival-Departure Record), Form I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R classification. If more space is needed, provide the information on additional sheets of paper.</p> <p>[Table with 3 columns and 10 rows] Alien or Dependent Family Member's Name</p> <p>Period of Stay (mm/dd/yyyy) From: To:</p>	<p><b>A.</b> Number of members of the prospective employer's <b>organization</b></p> <p><b>B.</b> Number of employees working at the same location where the beneficiary will be <b>employed</b></p> <p><b>C.</b> Number of aliens holding special immigrant or nonimmigrant religious worker status <b>who are</b> currently employed or <b>were</b> employed within the past <b>five years</b></p> <p><b>D.</b> Number of Special Immigrant Religious Worker (<b>Form I-360</b>) and Nonimmigrant Religious Worker (<b>Form I-129</b>) <b>petitions</b> submitted by the prospective employer within the past <b>five years</b></p> <p><b>E.</b> Number of Special Immigrant Religious Worker (<b>Form I-360</b>) <b>petitions</b> submitted by the <b>beneficiary</b> during the last <b>five years</b></p> <p><b>2.</b> Has the <b>beneficiary</b> or <b>have</b> any of the <b>beneficiary's</b> dependent family members previously been admitted to the United States for a period of stay in the <b>Religious Worker (R)</b> classification <b>during</b> the last <b>five years</b>? <b>Yes/No</b></p> <p>If you answered "Yes" to <b>Item Number 2.</b>, <b>provide</b> the <b>beneficiary's</b> and any dependent family member's prior periods of stay in the R classification in the United States <b>during</b> the last <b>five years</b>. <b>Be sure to provide</b> only those periods <b>when</b> the <b>beneficiary</b> and/or family members were actually in the United States in the R classification. <b>Provide the beneficiary's information in Item Number 3.</b> below. For dependent family members, use the space provided in <b>Part 15. Additional Information.</b></p> <p><b>NOTE:</b> Submit photocopies of Form I-94 Arrival-Departure <b>Record</b>, Form I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R classification. <b>If you need extra space to complete this section, use the space provided in Part 14. Additional Information.</b></p> <p><b>[Page 10]</b></p> <p><b>3. Beneficiary</b> Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>Period of Stay From (mm/dd/yyyy) To (mm/dd/yyyy)</p>
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<p>[Page 6]</p> <p>3. Provide a summary of the type of responsibilities of those employees who work at the same location where the beneficiary will be employed. If additional space is needed, provide the information on additional sheets of paper.</p> <p>[2 columns, 5 rows] Position _____</p> <p>Summary of the Type of Responsibilities for That Position _____</p> <p>4. Describe the relationship, if any, between the religious organization in the United States and the organization abroad of which the alien is a member. _____</p> <p>5. Provide the following information about the prospective employment:</p> <p>a. Title of position offered. _____</p> <p>b. Detailed description of the alien's proposed daily duties. _____</p> <p>[Page 7]</p> <p>c. Description of the alien's qualifications for the position offered. _____</p> <p>d. Description of the proposed salaried and/or non-salaried compensation. _____</p> <p>e. List of the specific address(es) or location(s) where the alien will be working. _____</p>	<p>4. Provide a summary of the type of responsibilities of those <b>employees, other than the beneficiary</b>, who work at the same location where the beneficiary will be <b>employed</b>. <b>If you need extra space to complete this section, use the space provided in Part 15. Additional Information.</b></p> <p>Position _____</p> <p>Summary of the Type of Responsibilities for That Position _____</p> <p>5. Describe the relationship, if any, between the religious organization in the United States and the organization abroad of which the <b>beneficiary</b> is a member. _____</p> <p>6. Provide the following information about the prospective <b>employment</b>. <b>If you need extra space to complete this section, use the space provided in Part 15. Additional Information.</b></p> <p>A. Title of position offered _____</p> <p>B. The beneficiary will be working (select <b>only one box</b>):  <input type="checkbox"/> As a minister  <input type="checkbox"/> In a religious vocation  <input type="checkbox"/> In a religious occupation</p> <p>C. Detailed description of the <b>beneficiary's</b> proposed daily <b>duties</b> _____</p> <p>D. Description of the <b>beneficiary's</b> qualifications for the position <b>offered</b> _____</p> <p>E. Description of the proposed salaried and/or non-salaried <b>compensation</b> _____</p> <p>F. Provide the specific <b>addresses</b> or <b>locations</b> where the <b>beneficiary</b> will be <b>working</b> _____</p> <p>Company Name _____  Street Number and Name _____  Apt. Ste. Flr. Number _____  City or Town _____  State _____  ZIP Code _____  Province _____  Postal Code _____  Country _____</p> <p>[Page 11]</p> <p>Answer <b>Item Numbers 7 - 13</b>. about the prospective employer. If you answer "No" for</p>
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	<p>Does the prospective employer attest to all of the requirements described in statements 6 through 12 below?</p> <p><b>6.</b> The prospective employer is a bona fide non-profit religious organization or a bona fide organization that is affiliated with the religious denomination and is tax exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the prospective employer is affiliated with the religious denomination, complete the Religious Denomination Certification included in this form.</p> <p>Yes/No (If “No,” attach explanation(s))</p> <p><b>7.</b> The prospective employer is willing and able to provide salaried and/or non-salaried compensation at a level that the alien and any</p>	<p><b>Item Numbers 7. – 13.,</b> provide an explanation in the space provided in <b>Part 14. Additional Information.</b></p> <p><b>7.</b> The prospective employer is a bona fide non-profit religious organization or a bona fide organization that is affiliated with the religious denomination and is tax exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the prospective employer is affiliated with the religious denomination, complete the Religious Denomination Certification included in this petition. Y/N</p> <p>If you answered “Yes,” select the applicable box and attach the appropriate documentation to the petition.</p> <p>A. <input type="checkbox"/> A currently valid determination letter from the Internal Revenue Service (IRS) establishing that the organization is a tax-exempt organization;</p> <p>B. <input type="checkbox"/> A currently valid determination letter from the IRS establishing that the organization is recognized as tax-exempt under a group tax exemption; or</p> <p>C. <input type="checkbox"/> If you are claiming that the prospective employer is a bona fide organization that is affiliated with the religious denomination, provide the following:</p> <p>(1) <input type="checkbox"/> A currently valid determination letter from the IRS establishing that the organization is a tax-exempt organization;</p> <p>(2) <input type="checkbox"/> Documentation that establishes the religious nature and purpose of the organization, such as a copy of the organizing instrument of the organization that specifies the purposes of the organization;</p> <p>(3) <input type="checkbox"/> Organizational literature, such as books, articles, brochures, calendars, flyers, and other literature describing the religious purpose and nature of the activities of the organization; and</p> <p>(4) <input type="checkbox"/> A completed religious denomination certification, signed and dated, certifying that the petitioning organization is affiliated with the religious denomination.</p> <p><b>8.</b> The prospective employer is willing and able to provide salaried and/or non-salaried compensation at a level that the beneficiary and any dependents will not become a public charge. Y/N</p>
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<p>dependents will not become a public charge.</p> <p>Yes/No (If “No,” attach explanation(s))</p> <p><b>8.</b> The funds to pay the prospective employee’s compensation do not include any monies obtained from the alien, excluding reasonable donations or tithing to the religious organization.</p> <p>Yes/No (If “No,” attach explanation(s))</p> <p><b>9.</b> If the position is not a religious vocation, the prospective employee will not engage in secular employment, and the prospective employer will provide salaried and/or non-salaried compensation.</p> <p>Yes/No (If “No,” attach explanation(s))</p> <p><b>[Page 8]</b></p> <p><b>10.</b> The offered position is full time, requiring at least an average of 35 hours of work per week.</p> <p>Yes/No (If “No,” attach explanation(s))</p> <p><b>11.</b> The alien has been a religious worker for at least 2 years immediately before Form I-360 was filed and is otherwise qualified for the position offered.</p> <p>Yes/No (If “No,” attach explanation(s))</p> <p><b>12.</b> The alien has been a member of the prospective employer’s denomination for at least 2 years immediately before Form I-360 was filed.</p> <p>Yes/No (If “No,” attach explanation(s))</p> <p><b>I certify or attest under penalty of perjury under the laws of the United States of America that the contents of this attestation, and the evidence submitted, are true and correct.</b></p> <p>Signature</p> <p>Date (mm/dd/yyyy)</p>	<p><b>9.</b> The funds to pay the <b>beneficiary’s</b> compensation do not include any monies obtained from the <b>beneficiary</b>, excluding reasonable donations or tithing to the religious organization. <b>Y/N</b></p> <p><b>10.</b> The <b>beneficiary</b> will not engage in secular employment, and the prospective employer will provide salaried and/or non-salaried compensation. <b>Y/N</b></p> <p><b>11.</b> The offered position is full time, requiring at least an average of 35 hours of work per week. <b>Y/N</b></p> <p><b>12.</b> The <b>beneficiary</b> has been a religious worker for at least <b>two</b> years immediately before Form I-360 was filed and is otherwise qualified for the position offered. <b>Y/N</b></p> <p><b>13.</b> The <b>beneficiary</b> has been a member of the prospective employer’s denomination for at least <b>two</b> years immediately before Form I-360 was filed. <b>Y/N</b></p> <p><b>Prospective Employer Attestation (must be completed by the prospective employer even if the beneficiary is filing on his or her own behalf) [subheader]</b></p> <p>[no change]</p> <p><b>14.</b> Signature of an authorized official of the prospective employer</p> <p>Date of Signature (mm/dd/yyyy)</p> <p><b>[Page 12]</b></p> <p><b>Printed Name and Title of Signatory for Prospective Employer [subheader]</b></p> <p><b>15.</b> Family Name (Last Name) Given Name (First Name)</p>
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	<p>Printed Name</p> <p>Title</p> <p>Employer/Organization Name</p> <p>Employer/Organization Street Address (<i>Do not use a post office or private mail box</i>)</p> <p>Suite Number</p> <p>City</p> <p>State</p> <p>Zip Code</p> <p>Daytime Phone Number (<i>with area code</i>)</p> <p>Fax Number (<i>if any</i>)</p> <p>E-Mail Address (<i>if any</i>)</p> <p><b>Religious Denomination Certification</b></p> <p><b>I certify under penalty of perjury, that:</b>  _____ <i>Name of Petitioning Organization</i>  is affiliated with: _____ <i>Name of Religious Denomination</i> and that the attesting <i>religious</i> organization within the religious denomination is tax-exempt as described in section 201(c)(3) of the Internal Revenue Code. The contents of this certification are true and correct to the best of my knowledge.</p> <p>Signature</p> <p>Date (<i>mm/dd/yyyy</i>)</p> <p>Printed Name</p> <p>Title</p> <p>Name of Attesting Religious Organization within the religious denomination</p> <p>Street Address of the Attesting Religious</p>	<p>Middle Name</p> <p>16. Title of the Signatory</p> <p><b>Mailing Address</b> [subheader]</p> <p>17. Employer/Organization Name  Street Number and Name  Apt. Ste. Flr. Number  City or Town  State  ZIP Code</p> <p><b>Contact Information</b> [subheader]</p> <p>18. Daytime Telephone Number  19. Fax Number (if any)  20. Email Address (if any)</p> <p><b>Religious Denomination Certification</b> (<i>to be completed only if the prospective employer is affiliated with a religious denomination</i>)</p> <p><b>I certify under penalty of perjury, that the prospective employer, _____, is affiliated with this Religious Denomination, _____, and that the attesting religious organization within the religious denomination is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, or equivalent sections of prior enactments of the Internal Revenue Code. The contents of this certification are true and correct to the best of my knowledge.</b></p> <p>21. Signature of the Authorized Representative of the Religious Denomination</p> <p>Date of Signature (mm/dd/yyyy)</p> <p><b>Printed Name and Title of the Signature of the Religious Denomination</b></p> <p>22. Family Name (Last Name)  Given Name (First Name)  Middle Name</p> <p>23. Title of the Signatory</p> <p><b>[Page 13]</b></p> <p><b>Information About the Attesting Religious Organization Within the Religious Denomination</b></p> <p>24. Name of Attesting Religious Organization Within the Religious Denomination</p> <p>[delete]</p>
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	<p>Organization within the religious denomination <i>(do not use a post office or private mail box)</i></p> <p>Suite Name City State Zip Code</p> <p>Daytime Phone Number <i>(with area code)</i> Fax Number <i>(if any)</i> Email Address <i>(if any)</i></p>	<p>25. Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code</p> <p>26. Daytime Telephone Number 27. Fax Number (if any) 28. Email Address (if any) 29. IRS Tax Number of the Attesting Religious Organization</p>
<p><b>NEW</b></p>		<p><b>[Page 13]</b></p> <p><b>Part 10. Complete Only If Filing as a VAWA Self-Petitioning Spouse or Child of a U.S. Citizen or Lawful Permanent Resident or a VAWA Self-Petitioning Parent of a U.S. Citizen Son or Daughter</b></p> <p><b>NOTE: For the safety and protection of all VAWA self-petitioners, information regarding a filing will only be provided to the self-petitioner or their designated attorney or representative with a valid Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative.</b></p> <p>1. Full Name of U.S. citizen or Lawful Permanent Resident Abuser Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>2. Date of Birth (mm/dd/yyyy) 3. Country of Birth 4. Date of Death (mm/dd/yyyy)</p> <p>5. Your abuser is now, or was, a (Select one):</p> <p>A. U.S. citizen born in the United States</p> <p>B. U.S. citizen born abroad to U.S. citizen parents</p> <p>C. U.S. citizen through naturalization (1) Provide A-Number (if known)_____</p> <p>D. U.S. Lawful Permanent Resident (1) Provide A-Number (if any)_____</p> <p>E. Other (Explain) _____</p> <p>6. How many times have you been married?</p> <p>7. How many times was your abuser married (if known)?</p> <p><b>[Page 14]</b></p>

		<p><b>8.A.</b> When did you and your abuser get married? (If you are a self-petitioning child or self-petitioning parent, type or print “N/A.”) (mm/dd/yyyy)</p> <p><b>B.</b> Where did you and your abuser get married? (If you are a self-petitioning child or self-petitioning parent, type or print “N/A.”)</p> <p><b>9.</b> When did you live with your abuser? From (mm/dd/yyyy) To (mm/dd/yyyy)</p> <p>Include any other dates you have lived off/on with your abuser in the space provided in <b>Part 15. Additional Information.</b></p> <p><b>10.</b> Provide the last address at which you lived together with your abuser.</p> <p>Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p><b>11.</b> Provide the last date that you lived together with your abuser at this address. From (mm/dd/yyyy) To (mm/dd/yyyy)</p> <p><b>12.</b> I am currently residing in the United States and I request an Employment Authorization Document. Yes/No</p>
<p><b>Page 11,</b> <b>Part 10. Signature</b></p>	<p><b>[Page 11]</b> <b>Part 10. Signature</b></p> <p><i>Read the information on penalties in the instructions before completing this part. If you will be filing this petition at a USCIS office in the United States, sign below. If you will be filing it at a U.S. consulate or USCIS office overseas, sign in front of a USCIS or consular official.</i></p>	<p><b>[Page 14]</b> <b>Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual)</b></p> <p><b>IMPORTANT:</b> Complete this section <b>ONLY</b> if you are an individual filing this petition for yourself. If you are filing Form I-360 to petition for another person or as an authorized signatory of an organization, complete <b>Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory.</b></p> <p><b>NOTE:</b> Read the <b>Penalties</b> section of the Form I-360 Instructions before completing this part.</p> <p><i>Petitioner's Statement</i></p> <p><b>NOTE:</b> Select the box for either <b>Item A.</b> or <b>B.</b></p>

	<p>Daytime Phone Number    Extension</p> <p>Mobile Phone Number</p> <p>E-Mail Address</p>	<p>in <b>Item Number 1</b>. If applicable, select the box for <b>Item Number 2</b>.</p> <p><b>1. Petitioner's Statement Regarding the Interpreter</b></p> <p><b>A.</b> I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.</p> <p><b>B.</b> The interpreter named in <b>Part 13</b>, read to me every question and instruction on this petition and my answer to every question in [fillable field], a language in which I am fluent. I understand all of this information as interpreted.</p> <p><b>2. Petitioner's Statement Regarding the Preparer</b></p> <p>At my request, the preparer named in <b>Part 14</b>, [fillable field], prepared this petition for me based only upon information I provided or authorized.</p> <p><b>[Page 15]</b></p> <p><b><i>Petitioner's Contact Information</i></b></p> <p><b>3.</b> Petitioner's Daytime Telephone Number</p> <p><b>4.</b> Petitioner's Mobile Telephone Number (if any)</p> <p><b>5.</b> Petitioner's Email Address (if any)</p> <p><b><i>Petitioner's Declaration and Certification</i></b></p> <p>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.</p> <p>I further 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 and enforcement of U.S. immigration laws. I am not, however, waiving the special protections under 8 U.S.C. section 1367.</p> <p>If the information contained in this Form I-360 is protected under 8 U.S.C. section 1367, any sharing with Federal, state, local, or foreign government agencies will be done in accordance with 8 U.S.C. section 1367.</p> <p>I understand that USCIS may require me to</p>
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	<p>I certify, or if outside the United States, I swear or affirm, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. If filing this on behalf of an organization, I certify that I am empowered to do so by that organization. I authorize the release of any information from my records, or from the petitioning organization's records, that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.</p> <p>Signature Date</p> <p><b>Signature of USCIS or Consular Official</b> Print Name Date</p> <p><b>NOTE:</b> If you do not completely fill out this petition or fail to submit required documents listed in the instructions, the person(s) filed for may not be found eligible for a requested benefit, and the petition may be denied.</p>	<p>appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:</p> <ol style="list-style-type: none"> <li>1) I provided or authorized all of the information contained in, and submitted with, my petition;</li> <li>2) I reviewed and understood all of the information in, and submitted with, my petition; and</li> <li>3) All of this information was complete, true, and correct at the time of filing.</li> </ol> <p>I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.</p> <p><i>Petitioner's Signature</i> 6. Petitioner's Signature Date of Signature (mm/dd/yyyy)</p> <p><b>[Deleted]</b></p> <p><b>NOTE TO ALL PETITIONERS:</b> If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.</p>
<p><b>New</b></p>		<p><b>[Page 15]</b></p> <p><b>Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory</b></p> <p><b>IMPORTANT:</b> Complete this section <b>ONLY</b> if you are filing Form I-360 to petition for another person or as an authorized signatory of an organization. If you are an individual filing this petition for yourself, complete <b>Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual)</b>.</p> <p><b>NOTE:</b> Read the <b>Penalties</b> section of the Form</p>

I-360 Instructions before completing this part.

***Petitioner's or Authorized Signatory's Statement***

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

**1. Petitioner's Statement Regarding the Interpreter**

**A.** I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.

**[Page 16]**

**B.** The interpreter named in **Part 13.** read to me every question and instruction on this petition and my answer to every question in **[fillable field]**, a language in which I am fluent. I understand all of this information as interpreted.

**2. Petitioner's Statement Regarding the Preparer**  
At my request, the preparer named in **Part 14., [fillable field]**, prepared this petition for me based only upon information I provided or authorized.

***Authorized Signatory's Contact Information***

**3. Authorized Signatory's Family Name (Last Name)**

Authorized Signatory's Given Name (First Name)

**4. Authorized Signatory's Title**

**5. Authorized Signatory's Daytime Telephone Number**

**6. Authorized Signatory's Mobile Telephone Number (if any)**

**7. Authorized Signatory's Email Address (if any)**

***Petitioner's or Authorized Signatory's Declaration and Certification***

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit

	<p>sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews. I am not, however, waiving the special protections under 8 U.S.C. section 1367.</p> <p>If the information contained in this Form I-360 is protected under 8 U.S.C. section 1367, any sharing with Federal, state, local, or foreign government agencies will be done in accordance with 8 U.S.C. section 1367.</p> <p>If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization. I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.</p> <p><b>Petitioner's or Authorized Signatory's Signature</b>  <b>8.</b> Petitioner's or Authorized Signatory's Signature  Date of Signature (mm/dd/yyyy)</p> <p><b>NOTE TO ALL PETITIONERS AND AUTHORIZED SIGNATORIES:</b> If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or deny your petition.</p>
<p><b>New</b></p>	<p><b>[Page 17]</b></p> <p><b>Part 13. Interpreter's Contact Information, Certification, and Signature</b></p> <p>Provide the following information about the interpreter.</p> <p><b>Interpreter's Full Name</b>  <b>1.</b> Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)  <b>2.</b> Interpreter's Business or Organization Name (if any)</p> <p><b>Interpreter's Mailing Address</b>  <b>3.</b> Street Number and Name  Apt. Ste. Flr. Number  City or Town  State  ZIP Code</p>

		<p>Province Postal Code Country</p> <p><b>Interpreter's Contact Information</b>  <b>4.</b> Interpreter's Daytime Telephone Number  <b>5.</b> Interpreter's Mobile Telephone Number (if any)  <b>6.</b> Interpreter's Email Address (if any)</p> <p><b>Interpreter's Certification</b>  I certify, under penalty of perjury, that:</p> <p>I am fluent in English and [fillable field], which is the same language specified in <b>Part 11., Item B.</b> in <b>Item Number 1.</b>, or in <b>Part 12., Item B.</b> in <b>Item Number 1.</b>, and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the <b>Petitioner's Declaration and Certification, or Petitioner's or Authorized Signatory's Declaration and Certification,</b> and has verified the accuracy of every answer.</p> <p><b>Interpreter's Signature</b>  <b>7.</b> Interpreter's Signature  Date of Signature (mm/dd/yyyy)</p>
<p><b>Page 12,</b>  <b>Part 11. Signature of Person Preparing Form, If Other Than Above (Sign below)</b></p>	<p>[Page 12]</p> <p><b>Part 11. Signature of Person Preparing Form, If Other Than Above (Sign Below)</b></p> <p>Print Your Name</p> <p>Firm Name and Address</p>	<p>[Page 16]</p> <p><b>Part 14. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner</b></p> <p>Provide the following information about the preparer.</p> <p><b>Preparer's Full Name</b>  <b>1.</b> Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)  <b>2.</b> Preparer's Business or Organization Name (if any)</p> <p><b>Preparer's Mailing Address</b>  <b>3.</b> Street Number and Name  Apt. Ste. Flr. Number  City or Town  State  ZIP Code  Province  Postal Code</p>

	<p>Daytime Phone Number (<i>Area/Country Code</i>)          Fax Number (<i>if any</i>)          E-Mail Address</p> <p>I declare that I prepared this petition at the request of the above person, and it is based on all information of which I have knowledge.</p> <p><b>Attorney or Representative:</b> In the event of a Request for Evidence (RFE), may USCIS contact you by fax or e-mail? Yes/No</p> <p>Signature          Date</p>	<p>Country</p> <p><b>Preparer's Contact Information</b>  <b>4.</b> Preparer's Daytime Telephone Number  <b>5.</b> Preparer's Mobile Number  <b>6.</b> Preparer's Email Address (if any)</p> <p><b>Preparer's Statement</b>  <b>7. A.</b> I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.  <b>B.</b> I am an attorney or accredited representative and my representation of the petitioner in this case extends/does not extend beyond the preparation of this petition.</p> <p><b>NOTE:</b> If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.</p> <p><b>Preparer's Certification</b>          By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner or authorized signatory. The petitioner has reviewed this completed petition, including the <b>Petitioner's Declaration and Certification</b>, or <b>Petitioner's or Authorized Signatory's Declaration and Certification</b>, and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.</p> <p><b>[Deleted]</b></p> <p><b>Preparer's Signature</b>  <b>8.</b> Preparer's Signature          Date of Signature (mm/dd/yyyy)</p>
<p><b>New</b></p>		<p><b>[Page 18]</b></p> <p><b>Part 15. Additional Information</b></p> <p>If you need extra space to provide any additional information within this petition, 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 petition or</p>



		<p>attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the <b>Page Number</b>, <b>Part Number</b>, and <b>Item Number</b> to which your answer refers; and sign and date each sheet.</p> <p><b>1.</b> Family Name (Last Name) [Auto-populated field]  Given Name (First Name) [Auto-populated field]  Middle Name [Auto-populated field]</p> <p><b>2.</b> A-Number (if any) [Auto-populated field]</p> <p><b>3.A.</b> Page Number  <b>B.</b> Part Number  <b>C.</b> Item Number  <b>D.</b> [Fillable field]</p> <p><b>4.A.</b> Page Number  <b>B.</b> Part Number  <b>C.</b> Item Number  <b>D.</b> [Fillable field]</p> <p><b>5.A.</b> Page Number  <b>B.</b> Part Number  <b>C.</b> Item Number  <b>D.</b> [Fillable field]</p> <p><b>6.A.</b> Page  <b>B.</b> Part Number  <b>C.</b> Item Number  <b>D.</b> [Fillable field]</p>
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