

**NOTE: Use this form only if you are applying to adjust status to that of a lawful permanent resident under section 245(i) of the Immigration and Nationality Act (INA).**

| Part A. Information About You                                    |  |                                     | For USCIS Use Only |
|--|--|-------------------------------------|--------------------|
| Last Name  | First Name   | Middle Name                         | Action Block       |
| <input type="text"/>   | <input type="text"/>                                       | <input type="text"/>                |                    |
| Address: In Care Of<br><input type="text"/>                      |  |                                     |                    |
| Street Number and Name<br><input type="text"/>                   |  | Apt. Number<br><input type="text"/> |                    |
| City<br><input type="text"/>                                     | State<br><input type="text"/>                              | Zip Code<br><input type="text"/>    |                    |
| Alien Registration Number (A-No.) if any<br><input type="text"/> | Date of Birth (mm/dd/yyyy)<br><input type="text"/>         |                                     |                    |
| Country of Birth<br><input type="text"/>                         | Country of Citizenship/Nationality<br><input type="text"/> |                                     |                    |
| Telephone Number<br><input type="text"/>                         | E-Mail Address, if any<br><input type="text"/>             |                                     |                    |

**Part B. Eligibility (Check the correct response)**

**1. I am filing Supplement A to Form I-485 because:**

- a.  I am the beneficiary of a visa petition filed on or before January 14, 1998.
- b.  I am the beneficiary of a visa petition filed on or after January 15, 1998, and on or before April 30, 2001.
- c.  I am the beneficiary of an application for a labor certification filed on or before January 14, 1998.
- d.  I am the beneficiary of an application for a labor certification filed on or after January 15, 1998, and on or before April 30, 2001.

*If you checked box b. or d. in Question 1., you must submit evidence demonstrating that you were physically present in the United States on December 21, 2000.*

**2. And I fall into one or more of these categories: (Check all that apply to you)**

- a.  I entered the United States as an alien crewman;
- b.  I have accepted employment without authorization;
- c.  I am in unlawful immigration status because I entered the United States without inspection or I remained in the United States past the expiration of the period of my lawful admission;
- d.  I have failed (except through no fault of my own or for technical reasons) to maintain, continuously, lawful status;
- e.  I was admitted to the United States in transit without a visa;
- f.  I was admitted as a nonimmigrant visitor without a visa;
- g.  I was admitted to the United States as a nonimmigrant in the S classification; or
- h.  I am seeking employment-based adjustment of status and am not in lawful nonimmigrant status.

**Part C. Additional Eligibility Information**

**1. Are you applying to adjust status based on any of the below reasons?**

- a. You were granted asylum in the United States;
- b. You have continuously resided in the United States since January 1, 1972;
- c. You entered as a K-1 fiancé(e) of a U.S. citizen;
- d. You have an approved Form I-360, Petition for Amerasian, Widow(er), Battered or Abused Spouse or Child, or Special Immigrant, and are applying for adjustment as a special immigrant juvenile court dependent, a special immigrant who has served in the U.S. armed forces, or a battered or abused spouse or child;

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**Part C. Additional Eligibility Information (Continued)**

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- e. You are a native or citizen of Cuba, or the spouse or child of such alien, who was not lawfully inspected or admitted to the United States;
- f. You are a special immigrant retired international organization employee or family member;
- g. You are a special immigrant physician;
- h. You are a public interest parolee, who was denied refugee status, and are from the former Soviet Union, Vietnam, Laos or Cambodia (a "Lautenberg Parolee" under Public Law 101-167); or
- i. You are eligible under the Immigration Nursing Relief Act.

**No.** I am not applying for adjustment of status for any of these reasons. (*Go to next question*)

**Yes.** I am applying for adjustment of status for any one of these reasons. (**If you answered "Yes," do not file this form.**)

**2. Do any of the following conditions describe you?**

- a. You are already a lawful permanent resident of the United States.
- b. You have continuously maintained lawful immigration status in the United States since November 5, 1986.
- c. You are applying to adjust status as the spouse or unmarried minor child of a U.S. citizen or the parent of a U.S. citizen child at least 21 years of age, and you were inspected and lawfully admitted to the United States.

**No.** None of these conditions describe me. (*Go to Part D. Signature*)

**Yes.** If you answered "Yes," do not file this form.

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**Part D. Signature** *Read the information on penalties in the instructions before completing this section.*

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I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.

**Signature****Print Name****Date**

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**Part E. Signature of Person Preparing Form, If Other Than Above***Read the information on penalties in the instructions before completing this section.*

I certify, under penalty of perjury under the laws of the United States of America, that I prepared this form at the request of the above person and that to the best of my knowledge the contents of this application are all true and correct.

**Signature****Print Name****Date****Firm Name and Address****Daytime Phone Number (Area Code and Number)****E-Mail Address, if any**