



# Application for Action on an Approved Application or Petition

USCIS

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

Form I-824  
OMB No. 1615-0044  
Expires 09/30/2015

<b>For USCIS Use Only</b>	<b>Returned</b>		<b>Fee Stamp</b>	<b>Action Block</b>
	Date	Date		
	<b>Resubmitted</b>			
	Date	Date		
	<b>Relocated</b>			
	Received	Sent		
<b>Remarks</b>				
Priority Date: _____		Date the Previously Approved Visa Petition Was Filed (Form I-130, I-140 or I-360): _____		
Country of Chargeability: _____		Date the Previous Visa Petition Was Approved (Form I-130, I-140 or I-360): _____		
Classification Code: _____				

<b>To be completed by an attorney or BIA-accredited representative (if any).</b>	<input type="checkbox"/> <b>Select this box if Form G-28 is attached.</b>	<b>Attorney State Bar Number (if applicable)</b> _____	<b>Attorney or Accredited Representative USCIS ELIS Account Number (if any)</b> _____
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▶ **START HERE - Type or print in black ink.**

## Part 1. Information About You (Person filing this Application)

1. I am the (select **only one**):  Applicant  Petitioner on the previously approved application or petition.

2.a. Family Name (Last Name) \_\_\_\_\_

2.b. Given Name (First Name) \_\_\_\_\_

2.c. Middle Name \_\_\_\_\_

3. Company or Organization Name (if any) \_\_\_\_\_

4. Current/Recent Immigration Status \_\_\_\_\_

**NOTE: If you are a U.S. citizen, type or print "N/A" for Item Number 4.**

5. Certificate of Naturalization or Citizenship Number (if any) \_\_\_\_\_

6. Alien Registration Number (A-Number) (if any)  
A- ▶ \_\_\_\_\_

7. Date of Birth (mm/dd/yyyy) \_\_\_\_\_

8. Country of Birth \_\_\_\_\_

9. Country of Citizenship or Nationality \_\_\_\_\_

10. IRS Tax Number (if any) \_\_\_\_\_

11. U.S. Social Security Number (if any) \_\_\_\_\_

12. USCIS ELIS Account Number (if any) ▶ \_\_\_\_\_

## Mailing Address

13.a. In Care Of Name \_\_\_\_\_

13.b. Street Number and Name \_\_\_\_\_

13.c.  Apt.  Ste.  Flr. \_\_\_\_\_

13.d. City or Town \_\_\_\_\_

13.e. State \_\_\_\_\_ 13.f. ZIP Code \_\_\_\_\_

13.g. Province \_\_\_\_\_

13.h. Postal Code \_\_\_\_\_

13.i. Country \_\_\_\_\_

**Part 1. Information About You (Person filing this Application) (continued)**

**Physical Address**

14.a. Street Number and Name

14.b.  Apt.  Ste.  Flr.

14.c. City or Town

14.d. State  14.e. ZIP Code

14.f. Province

14.g. Postal Code

14.h. Country

**Part 2. Reason for Request**

I am requesting (select **only one**):

- 1.a.  A duplicate approval notice.
- 1.b.  **U.S. Citizenship and Immigration Services (USCIS)** to notify a new U.S. Consulate, different from **the one** that I originally requested, through the U.S. Department of State's National Visa Center (NVC) or Kentucky Consular Center. **USCIS will notify the U.S. Consulate** about the approval of a nonimmigrant visa petition or **about** a new Port-of-Entry (**the Port-of-Entry is different from what I** originally requested) about the approval of a waiver application. Please notify the U.S. Consulate or Port-of-Entry at:
- 1.c.  USCIS to notify a U.S. Consulate through the **NVC about my adjustment** of status to permanent resident in the **United States**. Please notify the U.S. Consulate at:  
  
so that my spouse and/or **children** may accompany or follow-to-join me.
- 1.d.  USCIS to send my approved immigrant visa petition to the **NVC**.
- 1.e.  USCIS to notify the U.S. Department of State that I have become a U.S. citizen through naturalization.

**Part 3. Other Information**

Provide the following information about the principal beneficiary of the previous application or petition, **if other than you**.

1.a. Form Number of **Previously Approved Application or Petition**

1.b. Receipt Number (**On Form I-797, Notice of Action**)

1.c. Filing Date of Application or Petition (**mm/dd/yyyy**)

1.d. Approval Date (**mm/dd/yyyy**)

2.a. Family Name (**Last Name**)

2.b. Given Name (**First Name**)

2.c. **Middle Name**

2.d. Date of Birth (**mm/dd/yyyy**)

2.e. Country of Birth

2.f. Alien Registration Number (A-Number) (**if any**)  
A- ►

2.g. **Daytime Telephone Number**

**Mailing Address**

3.a. In Care Of Name

3.b. Street Number and Name

3.c.  Apt.  Ste.  Flr.

3.d. City or Town

3.e. State  3.f. ZIP Code

3.g. Province

3.h. Postal Code

3.i. Country

**Part 3. Other Information** (continued)

**Physical Address**

**4.a.** Street Number and Name

**4.b.**  Apt.  Ste.  Flr.

**4.c.** City or Town

**4.d.** State  **4.e.** ZIP Code

**4.f.** Province

**4.g.** Postal Code

**4.h.** Country

**Dependents**

If you selected **Part 2., Item Number 1.c.**, provide the following information about the dependents for whom you are requesting follow-to-join **benefits**. If you need additional space for your dependents, **use the space provided in Part 7. Additional Information**, and include all the information collected in **Item Numbers 5.a. - 11.**

**5.a.** Family Name (Last Name)

**5.b.** Given Name (First Name)

**5.c.** Middle Name

**6.** Date of Birth (mm/dd/yyyy)

**7.** Country of Birth

**8.** Country of Citizenship or Nationality

**9.** Relationship to Principal Applicant

**10.** Dependent's Email Address (if any)

**11.** Dependent's Daytime Telephone Number

**12.a.** Family Name (Last Name)

**12.b.** Given Name (First Name)

**12.c.** Middle Name

**13.** Date of Birth (mm/dd/yyyy)

**14.** Country of Birth

**15.** Country of Citizenship or Nationality

**16.** Relationship to Principal Applicant

**17.** Dependent's Email Address (if any)

**18.** Dependent's Daytime Telephone Number

**19.** Family Name (Last Name)

**19.** Given Name (First Name)

**19.** Middle Name

**20.** Date of Birth (mm/dd/yyyy)

**21.** Country of Birth

**22.** Country of Citizenship or Nationality

**23.** Relationship to Principal Applicant

**24.** Dependent's Email Address (if any)

**25.** Dependent's Daytime Telephone Number

**Part 3. Other Information** (continued)

**26.a.** Family Name (Last Name)

**26.b.** Given Name (First Name)

**26.c.** Middle Name

**27.** Date of Birth (mm/dd/yyyy)

**28.** Country of Birth

**29.** Country of Citizenship or Nationality

**30.** Relationship to Principal Applicant

**31.** Dependent's Email Address (if any)

**32.** Dependent's Daytime Telephone Number

**Foreign Address of Dependents**

**33.a.** In Care Of Name

**33.b.** Street Number and Name

**33.c.**  Apt.  Ste.  Flr.

**33.d.** City or Town

**33.e.** Province

**33.f.** Postal Code

**33.g.** Country

**Contact Information of Dependents**

**34.** Foreign Telephone Number

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

**NOTE:** Read the information on penalties in the **Penalties** section of the Form I-824 Instructions before completing this part.

**Applicant's Statement**

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.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.
- 1.b.**  The interpreter named in **Part 5.** has also 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.
- 2.**  I have requested the services of and consented to , who  is  is not an attorney or accredited representative, preparing this application 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 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 application, 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 application and any document submitted with my application were provided by me and are complete, true, and correct.

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

**Applicant's Signature**

6.a. Applicant's Signature

6.b. Date of Signature (mm/dd/yyyy)

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

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

Provide the following information about the interpreter.

**Interpreter's Full Name**

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

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

**Interpreter's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. 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 Number 1.b.**;

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 4., Item Number 1.b.**; and

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.

**Interpreter's Signature**

6.a. Interpreter's Signature

6.b. Date of Signature (mm/dd/yyyy)

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

Provide the following information about the preparer.

**Preparer's Full Name**

1.a. Preparer's Family Name (Last Name)

1.b. 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 Application, If Other Than the Applicant** (continued)

**Preparer's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

5. Preparer's Fax Number

6. Preparer's Email Address (if any)

**Preparer'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.
- 7.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.

**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you must 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 of the Geographical Confines of the United States, with this application.

**Preparer's Certification**

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

**Preparer's Signature**

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

**Part 7. 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.

**Your Full Name**

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any)

A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d. \_\_\_\_\_

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4.a. Page Number  4.b. Part Number  4.c. Item Number

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5.a. Page Number  5.b. Part Number  5.c. Item Number

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6.a. Page Number  6.b. Part Number  6.c. Item Number

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