

TABLE OF CHANGES
FORM I-824
Application for Action on an Approved Application or Petition
OMB Number: 1615-0044
09/09/2015

Reason for Revision:

- The Form I-824 and instructions are being amended to include USCIS ELIS Account Number fields for electronic filing, to better serve the customers, and to improve USCIS operations' efficiency.
- The Form I-824 is being revised to include Post Code, Province, and Country fields under Part 3, Additional Information to allow the affected party to file the form abroad.
- FMB incorporated updates to standard language/formatting required by OMB.

| Current Section and Page Number | Current Text | Proposed Text |
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| Page 1 | <p>To Be Completed by an Attorney or a BIA- Accredited Representative, if any.</p> <p>Fill in box if G-28 is attached to represent the applicant.</p> <p>Attorney License Number:</p> | <p>[Page 1] To Be Completed by an Attorney or a BIA- Accredited Representative (if any).</p> <p>Select this box if Form G-28 is attached to represent the applicant.</p> <p>Attorney State Bar Number (if applicable)</p> <p>[New] Attorney or Accredited Representative USCIS ELIS Account Number (if any)</p> |
| Page 1, Information About You | <p>Part 1. Information About You (Person filing this Application)</p> <p>1. I am the (select only one): Applicant Petitioner on the previously approved application or petitioner.</p> <p>2.a. Family Name (Last Name) 2.b. Given Name (First name) 2.c. Middle Name</p> <p>3. Company or Organization Name</p> <p>Provide the following information about the petitioner or applicant for the previous petition or application.</p> <p>4. Current/Recent Immigration Status</p> | <p>[Page 1], Part 1. Information About You (Person filing this Application)</p> <p>[No Change]</p> <p>2.a. Family Name (Last Name) 2.b. Given Name (First name) [No Change]</p> <p>3. Company or Organization Name (if any)</p> <p>[Delete]</p> <p>[No Change]</p> |

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| | <p>5. Certificate of Naturalization or Citizenship Number</p> <p>6. Alien Registration Number (A-Number)</p> <p>7. Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>8. Country of Birth</p> <p>9. IRS Tax Number (if any)</p> <p>10. U.S. Social Security Number (if any)</p> <p><i>Mailing Address</i></p> <p>12.a. In Care Of Name</p> <p>12.b. Street Number and Name</p> <p>12.c. Apt. Ste. Flr.</p> <p>12.d. City or Town</p> <p>12.e. State</p> <p>12.f. Zip Code</p> <p>12.g. Postal Code</p> <p>12.h. Province</p> <p>12.i. Country</p> <p><i>Physical Address</i></p> <p>11.a. Street Number and Name</p> <p>11.b. Apt. Ste. Flr.</p> <p>11.c. City or Town</p> <p>11.d. State</p> <p>11.e. Zip Code</p> <p>11.f. Postal Code</p> | <p>NOTE: If you are a U.S. citizen, type or print “N/A” for Item Number 4.</p> <p>5. Certificate of Naturalization or Citizenship Number (<i>if any</i>)</p> <p>6. Alien Registration Number (A-Number) (<i>if any</i>)</p> <p>7. Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>[No Change]</p> <p>9. Country of Citizenship or Nationality</p> <p>10. IRS Tax Number (if any)</p> <p>11. U.S. Social Security Number (if any)</p> <p>[New]</p> <p>12. USCIS ELIS Account Number (if any)</p> <p><i>Mailing Address</i> [Sub-header]</p> <p>13.a. In Care Of Name</p> <p>13.b. Street Number and Name</p> <p>13.c. Apt. Ste. Flr.</p> <p>13.d. City or Town</p> <p>13.e. State</p> <p>13.f. ZIP Code</p> <p>13.g. Province</p> <p>13.h. Postal Code</p> <p>13.i. Country</p> <p><i>Physical Address</i> [Sub-header]</p> <p>14.a. Street Number and Name</p> <p>14.b. Apt. Ste. Flr.</p> <p>14.c. City or Town</p> <p>14.d. State</p> <p>14.e. ZIP Code</p> <p>14.f. Province</p> |
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| | <p>11.g. Province</p> <p>11.h. Country</p> <p>Contact Information</p> <p>13. Daytime Phone Number (if any) Extension</p> <p>14. Mobile Phone Number (if any)</p> <p>15. E-mail Address (<i>if any</i>)</p> | <p>14.g. Postal Code</p> <p>14.h. Country</p> <p>[Moved to Part 4.]</p> <p>[Moved to Part 4.]</p> <p>[Moved to Part 4.]</p> <p>[Moved to Part 4.]</p> |
| <p>Page 2, Part 2. Reason for Request</p> | <p>I am requesting (<i>select one</i>):</p> <p>a. A duplicate approval notice.</p> <p>b. <input type="checkbox"/> USCIS to notify a new U.S. Consulate, different from that originally requested, through the U.S. Department of State's National Visa Center or Kentucky Consular Center about the approval of a nonimmigrant visa petition or to notify a new Port-of-Entry, different from that originally requested, about the approval of a waiver application. Please notify the U.S. Consulate or Port-of-Entry at:</p> <p>c. <input type="checkbox"/> USCIS to notify a U.S. Consulate through the National Visa Center that I adjusted status to permanent resident in the U.S. Please notify the U.S. Consulate at:</p> <p>so that my spouse and/or child(ren) may accompany or follow-to-join me.</p> <p>d. USCIS to send my approved immigrant visa petition to the National Visa Center (NVC).</p> <p>e. USCIS to notify the U.S. Department of State that I have become a U.S. Citizen through naturalization.</p> | <p>[Page 2], Part 2. Reason for Request</p> <p>I am requesting (select only one):</p> <p>1.a. A duplicate approval notice.</p> <p>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:</p> <p>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:</p> <p>so that my spouse and/or children may accompany or follow-to-join me.</p> <p>1.d. USCIS to send my approved immigrant visa petition to the NVC.</p> <p>1.e. USCIS to notify the U.S. Department of State that I have become a U.S. citizen through naturalization.</p> |
| <p>Page 2, Part 3. Additional Information</p> | | <p>[Page 2], Part 3. Other Information</p> |

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| | <p>Provide the following information about the principal beneficiary of the previous application or petition.</p> <p>1.a. Form Number of Application or Petition</p> <p>1.b. Receipt Number (<i>On Form I-797, Notice of Action</i>)</p> <p>1.c. Filing Date of Application or Petition (<i>mm/dd/yyyy</i>)</p> <p>1.d. Approval Date (<i>mm/dd/yyyy</i>)</p> <p>Provide the following information about the principal beneficiary of the previous application or petition.</p> <p>2.a. Family Name (<i>Last Name</i>)</p> <p>2.b. Given Name (<i>First name</i>)</p> <p>2.c. Middle Name</p> <p>2.d. Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>2.e. Country of Birth</p> <p>2.f. Alien Registration Number (A-Number)</p> <p>2.g. Daytime Phone Number (if any) Extension</p> <p>Mailing Address</p> <p>4.a. In Care Of Name</p> <p>4.b. Street Number and Name</p> <p>4.c. Apt. Ste. Flr.</p> <p>4.d. City or Town</p> <p>4.e. State</p> <p>4.f. Zip Code</p> <p>4.g. Postal Code</p> <p>4.h. Province</p> <p>4.i. Country</p> | <p>Provide the following information about the principal beneficiary of the previous application or petition, if other than you.</p> <p>[No Change]</p> <p>1.b. Receipt Number (<i>On Form I-797, Notice of Action</i>)</p> <p>1.c. Filing Date of Application or Petition (<i>mm/dd/yyyy</i>)</p> <p>1.d. Approval Date (<i>mm/dd/yyyy</i>)</p> <p>[No Change]</p> <p>2.a. Family Name (<i>Last Name</i>)</p> <p>2.b. Given Name (<i>First name</i>)</p> <p>2.c. Middle Name</p> <p>2.d. Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>[No Change]</p> <p>2.f. Alien Registration Number (A-Number) (if any)</p> <p>2.g. Daytime Telephone Number</p> <p>Mailing Address [Sub-header]</p> <p>3.a. In Care Of Name</p> <p>3.b. Street Number and Name</p> <p>3.c. Apt. Ste. Flr.</p> <p>3.d. City or Town</p> <p>3.e. State</p> <p>3.f. ZIP Code</p> <p>3.g. Province</p> <p>3.h. Postal Code</p> <p>3.i. Country</p> |
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| | <p>Physical Address</p> <p>3.a. Street Number and Name</p> <p>3.b. Apt. Ste. Flr.</p> <p>3.c. City or Town</p> <p>3.d. State</p> <p>3.e. Zip Code</p> <p>Dependents</p> <p>If you selected Box "c" in Part 2. Reason for Request, provide the following information about the dependent(s) for whom you are requesting follow-to-join. If you need additional space for your dependents, attach a separate sheet(s) of paper and include all the information collected in Items Number 5.a. - 10.</p> <p>5.a. Family Name (<i>Last Name</i>)</p> <p>5.b. Given Name (<i>First name</i>)</p> <p>5.c. Middle Name</p> <p>5.d. Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>5.e. Country of Birth</p> <p>5.f. Country of Citizenship</p> <p>5.g. Relationship to Principal Alien</p> <hr/> <p>6.a. Family Name (<i>Last Name</i>)</p> <p>6.b. Given Name (<i>First name</i>)</p> <p>6.c. Middle Name</p> <p>6.d. Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>6.e. Country of Birth</p> | <p>Physical Address [Sub-header]</p> <p>4.a. Street Number and Name</p> <p>4.b. Apt. Ste. Flr.</p> <p>4.c. City or Town</p> <p>4.d. State</p> <p>4.e. ZIP Code</p> <p>4.f. Province</p> <p>4.g. Postal Code</p> <p>4.h. Country</p> <p>Dependents [Sub-header]</p> <p>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.</p> <p>5.a. Family Name (Last Name)</p> <p>5.b. Given Name (First Name) [No Change]</p> <p>6. Date of Birth (mm/dd/yyyy)</p> <p>7. Country of Birth</p> <p>8. Country of Citizenship or Nationality</p> <p>9. Relationship to Principal Applicant</p> <p>10. Dependent's Email Address (if any)</p> <p>11. Dependent's Daytime Telephone Number</p> <hr/> <p>12.a. Family Name (Last Name)</p> <p>12.b. Given Name (First Name)</p> <p>12.c. Middle Name</p> <p>13. Date of Birth (mm/dd/yyyy)</p> <p>14. Country of Birth</p> |
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| | <p>6.f. Country of Citizenship</p> <p>6.g. Relationship to Principal Alien</p> <hr/> <p>7.a. Family Name (<i>Last Name</i>)</p> <p>7.b. Given Name (<i>First name</i>)</p> <p>7.c. Middle Name</p> <p>7.d. Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>7.e. Country of Birth</p> <p>7.f. Country of Citizenship</p> <p>7.g. Relationship to Principal Alien</p> <hr/> <p>8.a. Family Name (<i>Last Name</i>)</p> <p>8.b. Given Name (<i>First name</i>)</p> <p>8.c. Middle Name</p> <p>8.d. Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>8.e. Country of Birth</p> <p>8.f. Country of Citizenship</p> <p>8.g. Relationship to Principal Alien</p> <hr/> <p>9.a. In Care Of Name</p> <p>9.b. Street Number and Name</p> <p>9.c. Apt. Ste. Flr.</p> <p>9.d. City or Town</p> <p>9.g. Postal Code</p> | <p>15. Country of Citizenship or Nationality</p> <p>16. Relationship to Principal Applicant</p> <p>17. Dependent's Email Address (if any)</p> <p>18. Dependent's Daytime Telephone Number</p> <hr/> <p>19.a. Family Name (Last Name)</p> <p>19.b. Given Name (First Name)</p> <p>19.c. Middle Name</p> <p>20. Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>21. Country of Birth</p> <p>22. Country of Citizenship or Nationality</p> <p>23. Relationship to Principal Applicant</p> <p>24. Dependent's Email Address (if any)</p> <p>25. Dependent's Daytime Telephone Number</p> <hr/> <p>26.a. Family Name (Last Name)</p> <p>26.b. Given Name (First Name)</p> <p>26.c. Middle Name</p> <p>27. Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>28. Country of Birth</p> <p>29. Country of Citizenship or Nationality</p> <p>30. Relationship to Principal Applicant</p> <p>31. Dependent's Email Address (if any)</p> <p>32. Dependent's Daytime Telephone Number</p> <p>Foreign Address of Dependents [Sub-header]</p> <p>33.a. In Care Of Name</p> <p>33.b. Street Number and Name</p> <p>33.c. Apt. Ste. Flr.</p> <p>33.d. City or Town</p> <p>33.e. Province</p> |
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| | <p>9.h. Province</p> <p>9.i. Country</p> <p>10. Foreign Telephone Number Extension</p> | <p>33.f. Postal Code</p> <p>33.i. Country</p> <p>Contact Information of Dependents [Sub-header]</p> <p>34. Foreign Telephone Number</p> |
| <p>Page 4, Part 4. Signature of Applicant</p> | <p><i>(Read the information on penalties in the Form I-824 instructions before completing this part.)</i></p> | <p>[Page 4], Part 4. Applicant’s Statement, Contact Information, Certification, and Signature</p> <p>NOTE: Read the information on penalties in the Penalties section of the Form I-824 Instructions before completing this part.</p> <p>[New] Applicant’s Statement [Sub-header]</p> <p>NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>1.a. <input type="checkbox"/> 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.</p> <p>1.b. <input type="checkbox"/> 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.</p> <p>2. <input type="checkbox"/> I have requested the services of and consented to _____, who <input type="checkbox"/> is <input type="checkbox"/> is not an attorney or accredited representative, preparing this application for me.</p> <p>Applicant’s Contact Information [Sub-header]</p> <p>3. Applicant’s Daytime Telephone Number 4. Applicant’s Mobile Telephone Number (if any)</p> |

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| | <p>I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct to the best of my knowledge and abilities. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine my eligibility for this benefit.</p> <p>I furthermore authorize release of information contained in this form, supporting documents, and my USCIS records to other entities and persons where necessary for the administration of U.S. immigration laws.</p> <p>1.a. Signature of Applicant 1.b. Date of Signature (<i>mm/dd/yyyy</i>)</p> <p>NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, your application may be denied.</p> | <p>5. Applicant's Email Address (if any)</p> <p><i>Applicant's Certification</i> [Sub-header]</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 that I seek.</p> <p>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.</p> <p>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.</p> <p>[See above]</p> <p><i>Applicant's Signature</i> [Sub-header]</p> <p>6.a. Applicant's Signature 6.b. Date of Signature (<i>mm/dd/yyyy</i>)</p> <p>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.</p> |
| <p>NEW</p> | | <p>Page 4, [New]</p> |

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

Provide the following information about the interpreter.

Interpreter’s Full Name [Sub-header]

- 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 [Sub-header]

- 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 [Sub-header]

- 4. Interpreter’s Daytime Telephone Number
- 5. Interpreter’s Email Address (if any)

Interpreter’s Certification [Sub-header]

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.

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| | | <p><i>Interpreter's Signature</i> [Sub-header]</p> <p>6.a. Interpreter's Signature 6.b. Date of Signature (mm/dd/yyyy)</p> |
| <p>Page 4</p> | <p>Part 5. Signature of Person Preparing This Form, If Other Than the Applicant</p> <p>NOTE: If you are an attorney or a BIA-Accredited Representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with this application.</p> <p>Preparer's Information</p> <p>Provide the following information concerning the preparer:</p> <p>1.a. Preparer's Family Name (<i>Last Name</i>) 1.b. Preparer's Given Name (<i>First Name</i>) 2. Preparer's Business or Organization Name</p> <p>Preparer's Mailing Address</p> <p>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. Postal Code 3.g. Province 3.h. Country</p> <p>Preparer's Contact Information</p> <p>4. Preparer's Daytime Phone Number</p> | <p>[Page 5], Part 6. Contact Information, Statement, Certification, and Signature of the Person Preparing this Application, If Other Than the Applicant</p> <p>[See below]</p> <p>Provide the following information about the preparer.</p> <p>Preparer's Full Name [Sub-header]</p> <p>[See above]</p> <p>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)</p> <p>Preparer's Mailing Address [Sub-header]</p> <p>[No change] [No change] [No change] [No change] 3.e. ZIP Code 3.f. Province 3.g. Postal Code [No change]</p> <p>Preparer's Contact Information [Sub-header]</p> <p>4. Preparer's Daytime Telephone Number</p> |

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| | | <p>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.</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First name) 1.c. Middle Name</p> <p>2. A-Number (if any)</p> <p>3.a. Page Number 3.b. Part Number 3.c. Item Number 3.d.</p> <hr/> <p>4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d.</p> <hr/> <p>5.a. Page Number 5.b. Part Number 5.c. Item Number 5.d.</p> <hr/> <p>6.a. Page Number 6.b. Part Number 6.c. Item Number 6.d.</p> <hr/> |
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