Supplement A to Form I-485, Adjustment of Status Under Section 245(i)

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 Nar	me	First Name	Middle Name	Action Block	
Address	: In Care Of				
Street N	umber and Name		Apt. Number		
Buccin	unioer and raune				
City		State	Zip Code		
Alien Re	egistration Number (A-N	o.) if any Date of Bir	th (<i>mm/dd/</i> yyyy)		
Country	of Birth	Country of	Citizenship/Nationality		
Telepho	ne Number	 Email Addı	ress if any		
Telepho	ne rumoer		10000, 11 uny		
Part B. Eligibility (Select the correct response)					
1. I am	filing Supplement A to				
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.					
d	2001.	in application for a labor c	erification filed on or after January 1	3, 1998, and on or before April 30,	
If you United	checked box b. or d. in d States on December 21	Question 1., you must sub	omit evidence demonstrating that you	were physically present in the	
		f these categories: (Select	t 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 employme	nt-based adjustment of sta	tus and am not in lawful nonimmigra	nt status.	
Part C. Additional Eligibility Information					
1. Are y	ou applying to adjust s	tatus based on any of the	e 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;

Par	t C. Additional Eligibility Information (Conti	nued)			
e.	You are a native or citizen of Cuba, or the spouse or c United States;	hild of such alien, who was not lawfully inspected or admitted to the			
f.	You are a special immigrant retired international orga	nization employee or family member;			
g.	You are a special immigrant physician;				
h.	You are a public interest parolee, who was denied reficambodia (a "Lautenberg Parolee" under Public Law	agee status, and are from the former Soviet Union, Vietnam, Laos or 101-167); or			
i.	You are eligible under the Immigration Nursing Relie	f Act.			
	No. I am not applying for adjustment of status for an Yes. I am applying for adjustment of status for any or	y of these reasons. (Go to next question) ne of these reasons. (If you answered "Yes," do not file this form.)			
	,	ion status in the United States since November 5, 1986. married minor child of a U.S. citizen or the parent of a U.S. citizen			
	No. None of these conditions describe me. (Go to Part D. Signature)				
	Yes. If you answered "Yes," do not file this form.				
		t ton			
Par	t D. Signature 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 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.					
Sig	Hature Ronn	Print Name Date			
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	n Name and Address	Daytime Telephone Number (Area Code and Number)			
	Trume and Address				
		Email Address, if any			