



# Request for a Hearing on a Decision in Naturalization Proceedings

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

USCIS  
Form N-336  
OMB No. 1615-0050  
Expires 01/31/2016

For USCIS Use Only	
Barcode	Date Stamp
Remarks	
<input type="checkbox"/> Re-Affirm N-400 Denial <input type="checkbox"/> Re-Determine N-400 Denial	

<b>To be completed by an attorney or accredited representative (if any).</b>	<input type="checkbox"/> Select this box if Form G-28 is attached.	<b>Attorney State Bar Number</b> (if applicable) <input style="width: 100%;" type="text"/>	<b>Attorney or Accredited Representative USCIS Online Account Number</b> (if any) <input style="width: 100%; height: 20px;" type="text"/>
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▶ **START HERE - Type or print in black ink.**

**NOTE:** Type or print "N/A" if an item is not applicable. Type or print "None" if the answer is none. Failure to answer all of the questions may delay your Form N-336.

Enter Your 9 Digit A-Number:

<b>Part 1. Information About You, the Naturalization Applicant</b>	▶	A- <input style="width: 100%;" type="text"/>
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1. Current Legal Name (do **not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

2. Other Names Used (if any)

List all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information.**

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

3. Date of Birth (mm/dd/yyyy)

4. USCIS Online Account Number (if any)

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5. Physical Address (do **not** provide a PO Box in this space unless it is your only address)

Street Number and Name	Apt.	Ste.	Flr.	Number
<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>

City or Town	County	State	ZIP Code + 4
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Province or Region (foreign address only)	Postal Code (foreign address only)	Country (foreign address only)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Part 1. Information About You, the Naturalization Applicant**  
(continued)

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**6. Mailing Address**

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

    

City or Town

County

State

ZIP Code + 4

    - 

Province or Region  
(foreign address only)

Postal Code  
(foreign address only)

Country  
(foreign address only)

  

**7. Contact Information**

**A. Daytime Telephone Number**

**B. Work Telephone Number (if any)**

**C. Evening Telephone Number**

**D. Mobile Telephone Number (if any)**

**E. Email Address (if any)**

**Part 2. Information About Form N-400 Denial On Which You (the Naturalization Applicant) Are Requesting a Hearing**

**1. Form N-400 Receipt Number**

**2. Date of Form N-400 Denial Notice (mm/dd/yyyy)**

**3. USCIS Office That Issued Form N-400 Denial Notice**

**Part 3. Biographic Information**

**1. Ethnicity (Select only one box)**

Hispanic or Latino  Not Hispanic or Latino

**2. Race (Select all applicable boxes)**

White  Asian  Black or African American  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander

**3. Height** Feet  Inches

**4. Weight** Pounds

**5. Eye Color (Select only one box)**

Black  Blue  Brown  Gray  Green  Hazel  Maroon  Pink  Unknown/Other

**6. Hair Color (Select only one box)**

Bald (No hair)  Black  Blond  Brown  Gray  Red  Sandy  White  Unknown/Other



**Part 5. Accommodations for Individuals With Disabilities and/or Impairments**

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**NOTE:** Read the information in the Form N-336 Instructions before completing this part.

1. Are you requesting an accommodation because of your disabilities and/or impairments?  Yes  No

If you answered "Yes" to **Item Number 1.**, select any applicable box.

A.  I am deaf or hard of hearing and request the following accommodation. (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).)

\_\_\_\_\_

\_\_\_\_\_

B.  I am blind or have low vision and request the following accommodation:

\_\_\_\_\_

\_\_\_\_\_

C.  I have another type of disability and/or impairment. (Describe the nature of your disability and/or impairment and the accommodation you are requesting.)

\_\_\_\_\_

\_\_\_\_\_

**Part 6. Naturalization Applicant's Statement, Contact Information, Certification, and Signature**

**NOTE:** Read the **Penalties** section of the Form N-336 Instructions before completing this part.

***Naturalization Applicant'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. Naturalization Applicant's Statement Regarding the Interpreter

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

B.  The interpreter named in **Part 7.** read to me every question and instruction on this request and my answer to every question in , a language in which I am fluent, and I understood everything.

2. Naturalization Applicant's Statement Regarding the Preparer

At my request, the preparer named in **Part 8.**, , prepared this request for me based only upon information I provided or authorized.

***Naturalization Applicant's Contact Information***

3. Naturalization Applicant's Daytime Telephone Number

4. Naturalization Applicant's Mobile Telephone Number (if any)

5. Naturalization Applicant's Email Address (if any)

**Part 6. Naturalization Applicant's Statement, Contact Information, Certification, and Signature** (continued)

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**Naturalization 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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this request, 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 understand that USCIS may require me to 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:

- 1) I reviewed and provided or authorized all of the information in my request;
- 2) I understood all of the information contained in, and submitted with, my request; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my request, I understand all of the information contained in, and submitted with, my request, and that all of this information is complete, true, and correct.

**Naturalization Applicant's Signature**

6. Naturalization Applicant's Signature Date of Signature (mm/dd/yyyy)

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

**Part 7. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**Interpreter's Full Name**

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)

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

**Interpreter's Mailing Address**

3. Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code + 4

Province Postal Code Country

**Part 7. Interpreter's Contact Information, Certification, and Signature**

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**Interpreter's Contact Information**

- 4. Interpreter's Daytime Telephone Number
- 5. Interpreter's Mobile Telephone Number (if any)
- 6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 6., Item B., in Item Number 1.**; and I have read to this naturalization applicant in the identified language every question and instruction on this request and his or her answer to every question. The naturalization applicant informed me that he or she understands every instruction, question, and answer on the request, including the **Naturalization Applicant's Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

- 7. Interpreter's Signature  Date of Signature (mm/dd/yyyy)

**Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Naturalization Applicant**

Provide the following information about the preparer.

**Preparer's Full Name**

- 1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name (if any)

**Preparer's Mailing Address**

- 3. Street Number and Name  Apt.  Ste.  Flr.  Number
- City or Town  State  ZIP Code + 4  -
- Province  Postal Code  Country



**Part 9. Additional Information**

If you need extra space to provide any additional information within this request, 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 request or attach a separate sheet of paper. Type or print 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.

1. Family Name (Last Name)  Given Name (First Name)  Middle Name

2. A-Number (if any) ▶ A-

3. A. Page Number  B. Part Number  C. Item Number

D.

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4. A. Page Number  B. Part Number  C. Item Number

D.

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5. A. Page Number  B. Part Number  C. Item Number

D.

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6. A. Page Number  B. Part Number  C. Item Number

D.

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