

## 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					
Re-Affirm N-400 Denial Re-De	etermine N-400 Denial		_		
To be completed by an attorney or accredited Form G-28 is Attorney State Bar Number (if applicable) Attorney or Accredited Republicable USCIS Online Account Number (if applicable)					
attorney or accredited representative (if any).			USCIS Online Account Number (if any)		
representative (if any).					
► START HERE - Type or print in bla	ck ink.				
<b>NOTE:</b> Type or print "N/A" if an item is n	ot applicable. Type or print "l	None" if the answ	wer is none. Failure to answer all of the		
questions may delay your Form N-336.			Enter Your 9 Digit A-Number:		
Part 1. Information About You, t	he Naturalization Appli	icant	► A-		
,			,		
1. Current Legal Name (do <b>not</b> provide a Family Name (Last Name)	Given Name (F	West Name)	Middle Name		
Family Name (Last Name)	Given Name (F	rirst Name)	Middle Name		
KEPR			,		
2. Other Names Used (if any)					
List all other names you have ever used section, use the space provided in <b>Part</b>		me, and nicknan	nes. If you need extra space to complete this		
Family Name (Last Name)	Given Name (F	Gret Nome)	Middle Name		
Paining Name (Last Name)	Orveir Ivalile (I	rist Ivaine)	Wildle Name		
2 De CRISTA (11/4)	VICE OF L	1 (10 )			
3. Date of Birth (mm/dd/yyyy) 4.	USCIS Online Account Num	iber (if any)			
<b>5.</b> Physical Address (do <b>not</b> provide a PO	Box in this space unless it is	your only addres			
Street Number and Name			Apt. Ste. Flr. Number		
City or Town	County		State ZIP Code + 4		
Province or Region	Postal Code	Country			
(foreign address only)	(foreign address only)	(foreign addre	ess only)		

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	rt 1. Information About You, the Naturalization Applicant ontinued)
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)
	rt 2. Information About Form N-400 Denial On Which You (the Naturalization Applicant) Are questing a Hearing
	Form N-400 Receipt Number  2. Date of Form N-400 Denial Notice (mm/dd/yyyy)  Denial Notice  Denial Notice
Pa	rt 3. Biographic Information
1.	Ethnicity (Select <b>only one</b> box)
2	Hispanic or Latino Not Hispanic or Latino  Page (Calcat all applicable bases)
2.	Race (Select <b>all applicable</b> boxes)  White Asian Black or African American Indian or Native Hawaiian or American Alaska Native Other Pacific Islander
3.	Height Feet Inches
4.	Weight Pounds Down Down Down Down Down Down Down Down
5.	Eye Color (Select <b>only one</b> box)
	Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other
6.	Hair Color (Select <b>only one</b> box)
	Bald (No Black Blond Brown Gray Red Sandy White Unknown/hair)

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Part 4. Reason You Are Requesting a Hearing	► A-
Provide the reasons you are requesting a hearing on your denied Form N-400. If you need ext space provided in <b>Part 9. Additional Information</b> .	ra space to complete this section, use the
<b>NOTE:</b> Refer to the <b>What Evidence Must You Submit</b> section of Form N-336 Instructions N-336.	for documents to submit with your Form
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REPRODUC	TION
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01/20/20	

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	art 5. Accommodations for Individuals With Disabilities and/or apairments	► A-[			
NO'	TE: 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?			Ye	es 🗌 No
	If you answered "Yes" to <b>Item Number 1.</b> , 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.)				
		K			
Pa	art 6. Naturalization Applicant's Statement, Contact Information, Cen	rtificati	on, and	d Signati	ure
NO'	TE: Read the <b>Penalties</b> section of the Form N-336 Instructions before completing this pa	rt.			
	DEDDODLIA	=			
	nturalization Applicant's Statement	-		771	$\overline{}$
	TE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the b	ox for <b>Ite</b>	m Num	ber 2.	M
1.					
	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.			iest	
	B. The interpreter named in Part 7. read to me every question and instruction on the every question in, a language understood everything.	-			
2.	Naturalization Applicant's Statement Regarding the Preparer				
	At my request, the preparer named in <b>Part 8.</b> ,				,
	prepared this request for me based only upon information I provided or authorized.				
Na	nturalization Applicant's Contact Information				
3.	Naturalization Applicant's Daytime Telephone Number  4. Naturalization Appli	cant's Mo	bile Tele	ephone Nu	nber (if anv)
				<u>r</u>	
5.	Naturalization Applicant's Email Address (if any)				

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	art 6. Naturalization Applicant's Statement, Contact Information, ertification, and Signature (continued)				
No	aturalization Applicant's Certification				
req	pies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may uire that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of records that USCIS may need to determine my eligibility for the immigration benefit I seek.				
	orther authorize release of information contained in this request, in supporting documents, and in my USCIS records to other entities I 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.				
	ertify, under penalty of perjury, that I provided or authorized all of the information in my request, I understand all of the ormation contained in, and submitted with, my request, and that all of this information is complete, true, and correct.				
N	aturalization Applicant's Signature				
6.	Naturalization Applicant's Signature  Date of Signature (mm/dd/yyyy)				
doc	TE TO ALL NATURALIZATION APPLICANTS: If you do not completely fill out this request or fail to submit required numents listed in the Instructions, USCIS may deny your request.				
Pa	art 7. Interpreter's Contact Information, Certification, and Signature				
Pro	wide the following information about the interpreter.				
In	terpreter'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)				
In	terpreter's Mailing Address				
3.	Street Number and Name  Apt. Ste. Flr. Number				
	City or Town State ZIP Code + 4				
	Province Postal Code Country				

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Pa	rt 7. Interpreter's Contact Information, Certification, and Signature ► A-
In	erpreter's Contact Information
4.	Interpreter's Daytime Telephone Number  5. Interpreter's Mobile Telephone Number (if any)
6.	Interpreter's Email Address (if any)
In	erpreter's Certification
I ce	tify, under penalty of perjury, that:
Iter on t inst	fluent in English and, which is the same language specified in <b>Part 6.</b> , a <b>B.</b> , in <b>Item Number 1.</b> ; and I have read to this naturalization applicant in the identified language every question and instruction has request and his or her answer to every question. The naturalization applicant informed me that he or she understands every auction, question, and answer on the request, including the <b>Naturalization Applicant's Certification</b> , and has verified the racy of every answer.
Int	erpreter's Signature
7.	Interpreter's Signature  Date of Signature (mm/dd/yyyy)
Th	et 8. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other an the Naturalization Applicant ide the following information about the preparer.
Pr	parer'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)
Pr	parer's Mailing Address
3.	Street Number and Name  Apt. Ste. Flr. Number  City or Town  Apt. Ste. Flr. Number  ZIP Code + 4
	Province Postal Code Country

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Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Naturalization Applicant (continued)					
Pi	reparer's Contact Information				
4.	Preparer's Daytime Telephone Number  5. Preparer's Mobile Telephone Number (if any)				
6.	Preparer's Email Address (if any)				
Pi	reparer's Statement				
7.	A. I am not an attorney or accredited representative but have prepared this request on behalf of the naturalization applicant and with the naturalization applicant's consent.				
	B. I am an attorney or accredited representative and my representation of the naturalization applicant in this case extends does not extend beyond the preparation of this request.				
	<b>NOTE:</b> If you are an attorney or accredited representative whose representation extends beyond preparation of this request, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this request.				
Pı	reparer's Certification				
nat cor infe	my signature, I certify, under penalty of perjury, that I prepared this request at the request of the naturalization applicant. The uralization applicant then reviewed this completed request and informed me that he or she understands all of the information nation in tained in, and submitted with, his or her request, including the <b>Naturalization Applicant's Certification</b> , and that all of this formation is complete, true, and correct. I completed this request based only on information that the naturalization applicant wided to me or authorized me to obtain or use.				
Pi	reparer's Signature				
8.	Preparer's Signature  Date of Signature (mm/dd/yyyy)				

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## 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.	Fan	nily Name (Last Name)	Given Name (First Name)	Middle Name
2.	A-N	Number (if any) ► A-		
3.	A.	Page Number B. Part Number	er C. Item Number	
	D.		DRAF	T
4.	Α.	Page Number B. Part Number	cr C. Item Number	)R
	D.			
5.	A.	Page Number B. Part Number	er C. Item Number	HON
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	D.			

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