

**TABLE OF CHANGES – FORM**  
**Form I-485, Supplement A - Adjustment of Status Under Section 245(i)**  
**OMB Number: 1615-0023**  
**11/21/2016**

**Reason for Revision: Comprehensive revision.**

<b>Current Section and Page Number</b>	<b>Current Text</b>	<b>Proposed Text</b>
<b>Page 1</b>	<p>[Page 1]</p> <p><b>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).</b></p> <p><b>For USCIS Use Only Action Block</b></p>	<p>[Page 1]</p> <p><b>NOTE: Use Supplement A to Form I-485, Adjustment of Status Under INA Section 245(i) (Supplement A), only if you are applying to adjust status to that of a lawful permanent resident under the Immigration and Nationality Act (INA) section 245(i). You may file Supplement A only if you are filing your Form I-485, Application to Register Permanent Residence or Adjust Status, at the same time or if you previously filed your Form I-485 and it remains pending.</b></p> <p>[Delete]</p> <p><b>START HERE – Type or print in black ink.</b></p>
<b>Page 1, Part A. Information About You</b>	<p>[Page 1]</p> <p><b>Part A. Information About You</b></p> <p>Last Name First Name Middle Name</p> <p>Address: In Care Of Street Number and Name Apt. Number City State Zip Code</p> <p>Alien Registration Number (A-No.) if any</p> <p>Date of Birth (mm/dd/yyyy) County of Birth Country of Citizenship /Nationality Telephone Number E-Mail Address, if any</p>	<p>[Page 1]</p> <p><b>Part 1. Information About You</b></p> <p><b>Your Current Legal Name</b>  <b>1.a. Family Name (Last Name)</b>  <b>1.b. Given Name (First Name)</b>  <b>1.c. Middle Name</b></p> <p><b>U.S. Mailing Address</b>  <b>2.a. In Care Of Name (if any)</b>  <b>2.b. Street Number and Name</b>  <b>2.c. Apt. Ste. Flr. [Fillable Field]</b>  <b>2.d. City or Town</b>  <b>2.e. State</b>  <b>2.f. ZIP Code</b></p> <p><b>Other Information</b>  <b>3. Alien Registration Number (A-Number) (if any)</b>  <b>4. USCIS Online Account Number (if any)</b>  <b>5. Date of Birth (mm/dd/yyyy)</b>  <b>6. Country of Birth</b>  <b>7. Country of Citizenship or Nationality</b>  [Deleted]  [Deleted]</p>
<b>Page 1, Part B.</b>		<b>[Page 1]</b>

<p><b>Eligibility, Item Number 1.</b></p>	<p><b>Part B. Eligibility</b> <i>(Check the correct response)</i></p> <p><b>1. I am filing Supplement A to Form I-485 because:</b></p> <p><b>a.</b> I am the beneficiary of a visa petition filed on or before January 14, 1998.</p> <p><b>b.</b> I am the beneficiary of a visa petition filed on or after January 15, 1998, and on or before April 30, 2001.</p> <p><b>c.</b> I am the beneficiary of an application for a labor certification filed on or before January 14, 1998.</p> <p><b>d.</b> I am the beneficiary of an application for a labor certification filed on or after January 15, 1998, and on or before April 30, 2001.</p> <p><b>If you checked box b. or d. in Question 1., you must submit evidence demonstrating that you were physically present in the United States on December 21, 2000.</b></p>	<p><b>Part 2. Eligibility</b></p> <p><b><i>Basis of INA Section 245(i) Eligibility</i></b></p> <p>You claim eligibility to adjust status under INA section 245(i) because (Select <b>only one</b> box):</p> <p><b>1.a.</b> You are or were the <b>principal beneficiary</b> of an immigrant petition or application for permanent labor certification filed on or before January 14, 1998.</p> <p><b>1.b.</b> You are or were the <b>principal beneficiary</b> of an immigrant petition or application for permanent labor certification filed on or after January 15, 1998, and on or before April 30, 2001, <b>and</b> you were physically present in the United States on December 21, 2000.</p> <p><b>1.c.</b> You are or were the <b>derivative beneficiary</b> of an immigrant petition or application for permanent labor certification filed on or before January 14, 1998.</p> <p><b>1.d.</b> You are or were the <b>derivative beneficiary</b> of an immigrant petition or application for permanent labor certification filed on or after January 15, 1998, <b>and</b> on or before April 30, 2001, <b>and</b> the principal beneficiary was physically present in the United States on December 21, 2000.</p> <p><b>1.e.</b> You are currently the <b>spouse</b> applying to accompany or follow-to-join your spouse <b>OR</b> the <b>child</b> (unmarried and under 21 years of age) applying to accompany or follow-to-join your parent described in <b>Item Numbers 1.a. - 1.d.</b></p> <p>[delete]</p> <p><b><i>Qualifying Petition or Application</i></b></p> <p>Provide the following information about the immigrant petition or application for permanent labor certification filed on or before April 30, 2001 that qualifies you to adjust status under INA section 245(i).</p> <p><b>2. Receipt Number of Petition (if any)</b></p> <p>[combed field with 13 boxes]</p> <p><b>[Page 2]</b></p> <p><b>Information on Principal Beneficiary of Petition</b></p>
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		<p>or Application</p> <p><b>3.a.</b> Family Name (Last Name)  <b>3.b.</b> Given Name (First Name)  <b>3.c.</b> Middle Name</p> <p><b>4.</b> Principal Applicant's A-Number (if any)  <b>Immigrant Category</b></p> <p><b>5.</b> Type or print the family-based, employment-based, special immigrant, or Diversity Visa immigrant category you selected on Form I-485, <b>Part 2. Application Type or Filing Category, Item Numbers 1.a. - 1.g.</b></p> <hr/>
<p><b>Page 1, Part B. Eligibility, Item Number 2.</b></p>	<p><b>[Page 1]</b></p> <p><b>2.</b> And I fall into one or more of these categories: (Check all that apply to you)</p> <p><b>a.</b> I entered the United States as an alien crewman;</p> <p><b>b.</b> I have accepted employment without authorization;</p> <p><b>c.</b> 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.</p> <p><b>d.</b> I have failed (except through no fault of my own or for technical reasons) to maintain, continuously, lawful status;</p> <p><b>e.</b> I was admitted to the United States in transit without a visa;</p> <p><b>f.</b> I was admitted as a nonimmigrant visitor without a visa;</p> <p><b>g.</b> I was admitted to the United States as a nonimmigrant in the S classification; or</p>	<p><b>[Page 2]</b></p> <p><b>Part 3. Bars to Adjustment</b></p> <p>You are applying to adjust under INA section 245(i) because one or more of the following bars to adjustment apply to you (Select <b>all applicable</b> boxes):</p> <p><b>1.a.</b> You last entered the United States without being admitted or paroled after inspection by an immigration officer.</p> <p><b>1.b.</b> You last entered the United States as a nonimmigrant crewman.</p> <p><b>1.c.</b> You are now employed or have ever been employed in the United States without authorization.</p> <p><b>1.d.</b> You are not in lawful immigration status on the date of filing your application for adjustment of status.</p> <p><b>1.e.</b> You have ever failed to continuously maintain a lawful status since entry into the United States, unless your failure to maintain status was through no fault of your own or for technical reasons.</p> <p><b>1.f.</b> You were last admitted to the United States in transit without a visa.</p> <p><b>1.g.</b> You were last admitted to the United States as a nonimmigrant visitor without a visa under the Guam and Commonwealth of the Northern Mariana Islands Visa Waiver Program, and you are not a Canadian citizen.</p> <p><b>1.h.</b> You were last admitted to the United States as a nonimmigrant visitor without a visa under the Visa Waiver Program (See <a href="https://travel.state.gov/content/visas/english/visit/visa-waiver-program.html">travel.state.gov/content/visas/english/visit/visa-waiver-program.html</a>).</p>

	<p><b>h.</b> I am seeking employment-based adjustment of status and am not in lawful nonimmigrant status.</p>	<p><b>1.i.</b> You are seeking employment-based adjustment of status and you are not maintaining a lawful nonimmigrant status on the date of filing your application for adjustment of status.</p> <p><b>1.j.</b> You have ever violated the terms of your nonimmigrant status.</p>
<p><b>Page 1-2, Part C. Additional Eligibility Information</b></p>	<p><b>[Page 1]</b></p> <p><b>Part C. Additional Eligibility Information</b></p> <p><b>1. Are you applying to adjust status based on any of the below reasons?</b></p> <p><b>a.</b> You were granted asylum in the United States;</p> <p><b>b.</b> You have continuously resided in the United States since January 1, 1972;</p> <p><b>c.</b> You entered as a K-1 fiancé(e) of a U.S. citizen;</p> <p><b>d.</b> 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;</p> <p><b>[Page 2]</b></p> <p><b>e.</b> You are a native or citizen of Cuba, or the spouse or child of such alien, who was not lawfully inspected or admitted to the United States;</p> <p><b>f.</b> You are a special immigrant retired international organization employee or family member;</p> <p><b>g.</b> You are a special immigrant physician;</p> <p><b>h.</b> You are a public interest parolee, who was denied refugee status, and are from the former Soviet Union, Vietnam, Laos or Cambodia (a "Lautenberg Parolee" under Public Law 101-167); or</p> <p><b>i.</b> You are eligible under the Immigration Nursing Relief Act.</p> <p><b>No.</b> I am not applying for adjustment of status for any of these reasons. (Go to next question)</p> <p><b>Yes.</b> I am applying for adjustment of status for</p>	<p><b>[Delete]</b></p>

	<p>any one of these reasons. <b>(If you answered "Yes," do not file this form.)</b></p> <p><b>2. Do any of the following conditions describe you?</b></p> <p><b>a.</b> You are already a lawful permanent resident of the United States.</p> <p><b>b.</b> You have continuously maintained lawful immigration status in the United States since November 5, 1986.</p> <p><b>c.</b> You are applying to adjust status as the spouse or unmarried minor child of a U.S. citizen or the parent of a U.S. citizen child at least 21 years of age, and you were inspected and lawfully admitted to the United States.</p> <p><b>No.</b> None of these conditions describe me. (Go to Part D. Signature)</p> <p><b>Yes. If you answered "Yes," do not file this form.</b></p>	
<p><b>Page 2, Part D. Signature</b></p>	<p>[Page 2]</p> <p><b>Part D. Signature</b></p> <p><i>Read the information on penalties in the instructions before completing this section.</i></p>	<p>[Page 2]</p> <p><b>Part 4. Applicant's Statement, Contact Information, Declaration, Certification, and Signature</b></p> <p><b>NOTE:</b> Read the <b>Penalties</b> section of the Supplement A Instructions before completing this part. You must file Supplement A while in the United States.</p> <p><i>Applicant's Statement</i> [subheader]</p> <p><b>NOTE:</b> Select the box for either <b>Item Number 1.a.</b> or <b>1.b.</b> If applicable, select the box for <b>Item Number 2.</b></p> <p><b>1.a.</b> I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question.</p> <p><b>1.b.</b> The interpreter named in <b>Part 5.</b> read to me every question and instruction on this supplement and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.</p> <p><b>2.</b> At my request, the preparer named in <b>Part 6.,</b> [Fillable Field], prepared this supplement for me based only upon information I provided or authorized.</p> <p><b>Applicant's Contact Information</b></p> <p><b>3.</b> Applicant's Daytime Telephone Number</p> <p><b>4.</b> Applicant's Mobile Telephone Number (if</p>

	<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 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.</p> <p>Signature Print Name Date</p>	<p>any) 5. Applicant's Email Address (if any)</p> <p><b>[Page 3]</b></p> <p><b><i>Applicant's Declaration and Certification</i></b> Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that U.S. Citizenship and Immigration Services (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 supplement, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.</p> <p>I certify, under penalty of perjury, that all of the information in my supplement <b>and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my supplement and that all of this information is complete, true, and correct.</b></p> <p><b><i>Applicant's Signature</i></b> 6.a. Applicant's Signature <b>[Deleted]</b> 6.b. Date of Signature (mm/dd/yyyy)</p> <p><b>NOTE TO ALL APPLICANTS:</b> If you do not completely fill out this supplement or fail to submit required documents listed in the Instructions, USCIS may deny your Form I-485.</p>
<p><b>New</b></p>		<p><b>[Page 3]</b></p> <p><b>Part 5. Interpreter's Contact Information, Certification, and Signature</b></p> <p>Provide the following information about the interpreter.</p> <p><b><i>Interpreter's Full Name</i></b> [sub header]</p> <p>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)</p> <p><b><i>Interpreter's Mailing Address</i></b> [sub header] 3.a. Street Number and Name</p>

		<p>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</p> <p><b>Interpreter's Contact Information</b> [sub header]  4. Interpreter's Daytime Telephone Number  5. Interpreter's Mobile Telephone Number (if any)  6. Interpreter's Email Address (if any)</p> <p><b>Interpreter's Certification</b> [sub header]</p> <p>I certify, under penalty of perjury, that:</p> <p>I am fluent in English and [Fillable Field], which is the same language specified in <b>Part 4., Item Number 1.b.</b>, and I have read to this applicant in the identified language every question and instruction on this supplement and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the supplement, including the <b>Applicant's Declaration and Certification</b>, and has verified the accuracy of every answer.</p> <p><b>Interpreter's Signature</b> [sub header]  7.a. Interpreter's Signature  7.b. Date of Signature (mm/dd/yyyy)</p>
<p><b>Page 2, Part E. Signature of Person Preparing Form, If Other Than Above</b></p>	<p>[Page 2]</p> <p><b>Part E. Signature of Person Preparing Form, If Other Than Above</b></p> <p><i>Read the information on penalties in the instructions before completing this section.</i></p> <p>Firm Name and Address</p>	<p>[Page 4]</p> <p><b>Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Supplement, if Other Than the Applicant</b></p> <p>[Delete]</p> <p>Provide the following information about the preparer.</p> <p><b>Preparer's Full Name</b>  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><b>Preparer's Mailing Address</b>  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</p>

	<p>Daytime Phone Number (Area Code and Number)</p> <p>E-Mail Address, if any</p> <p>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.</p> <p><b>Signature</b> Print Name Date</p>	<p><b>3.h. Country</b></p> <p><b>Preparer's Contact Information</b></p> <p><b>4. Preparer's Daytime Telephone Number</b></p> <p><b>5. Preparer's Mobile Telephone Number (if any)</b></p> <p><b>6. Preparer's Email Address (if any)</b></p> <p><b>Preparer's Statement</b></p> <p><b>7.a.</b> I am not an attorney or accredited representative but have prepared this supplement on behalf of the applicant and with the applicant's consent.</p> <p><b>7.b.</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 supplement.</p> <p><b>NOTE:</b> If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this supplement.</p> <p><b>Preparer's Certification</b> By my signature, I certify, under penalty of perjury, that I prepared this supplement at the request of the applicant. The applicant then reviewed this completed supplement and informed me that he or she understands all of the information contained in, and submitted with, his or her supplement, including the <b>Applicant's Declaration and Certification</b>, and that all of this information is complete, true, and correct. I completed this supplement based only on information that the applicant provided to me or authorized me to obtain or use.</p> <p><b>Preparer's Signature</b></p> <p><b>8.a.</b> Preparer's Signature <del>[Delete]</del></p> <p><b>8.b.</b> Date of Signature (mm/dd/yyyy)</p>
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