

## PAPERWORK REDUCTION ACT CHANGE WORKSHEET

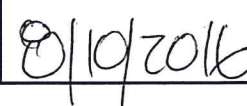
Agency/subagency  DHS, U.S. Citizenship and Immigration Services	OMB Control Number  _____ 1615 _____ . 0020 _____
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*Enter only items that change*

<b>Current record</b>	<b>New record</b>
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Agency form number (s) Form I-360, Petition for Amerasian, Widow(er), or Special Immigrant		
Annual reporting and recordkeeping hour burden		
Number of respondents		
Total annual responses		
Percent of these responses collected electronically	%	%
Total annual hours		
Difference		
Explanation of difference		
Program change Adjustment		
Annual reporting and recordkeeping cost burden (in thousands of dollars)		
Total annualized Capital/Startup costs		
Total annual costs (O&M)		
Total annualized cost requested		
Difference		
Explanation of difference		
Program change Adjustment		

**Other changes\*\***  
Request removal of the following language: " I am not however, waiving the specific special protections of 8 USC 1367" from the Certification language. This sentence was incorrectly included in the Certification section.

Signature of Senior Official or designee: 	Date: 	For OIRA Use _____ _____
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\*\* This form cannot be used to extend an expiration date.