

**TABLE OF CHANGES – FORM
Form I-290B, Notice of Appeal or Motion
OMB Number: 1615-0095
11/20/2016**

Reason for Revision: Standard language revision with a minor change to the AAO address.

Current Page Number and Section	Current Text	Proposed Text
Page 1, To be completed by an attorney or accredited representative (if any)	<p>[new]</p> <p>Please see the USCIS Web site at www.uscis.gov/i-290b to view appeal and/or motion eligibility by form type.</p> <p>▶ START HERE - Type or print in black ink.</p>	<p>To be completed by an attorney or accredited representative (if any). <input type="checkbox"/> Select this box if Form G-28 or G-28I is attached. Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any)</p> <p>Please see the USCIS Web site at www.uscis.gov/i-290b to view appeal and/or motion eligibility by form type.</p> <p>▶ START HERE - Type or print in black ink.</p>
Page 1, Part 1. Information About Applicant/Petitioner	<p>[page 1]</p> <p>Part 1. Information About Applicant/Petitioner</p> <p>1.a. Family Name (<i>Last Name</i>) 1.b. Given Name (<i>First Name</i>) 1.c. Middle Name</p> <p>2. Complete Name of Business/Organization (<i>if applicable</i>)</p> <p>3. Alien Registration Number (<i>A-Number, if applicable</i>)</p> <p>4. Receipt Number</p> <p>5. USCIS ELIS Account Number (<i>if any</i>)</p> <p>Mailing Address (or Military APO/FPO Address, if applicable)</p> <p>6.a. In Care Of Name 6.b. Street Number and Name 6.c. Apt. Ste. Flr. 6.d. City or Town 6.e. State 6.f. ZIP Code 6.g. Postal Code 6.h. Province 6.i. Country</p> <p>Contact Information</p> <p>7. Daytime Telephone Number (<i>Area or</i></p>	<p>Part 1. Information About the Applicant or Petitioner</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p>2. Complete Name of Business/Organization (if applicable)</p> <p>3. Alien Registration Number (A-Number, if any)</p> <p>4. Receipt Number</p> <p>5. USCIS Online Account Number (if any)</p> <p>Mailing Address (or Military APO/FPO Address, if applicable)</p> <p>6.a. In Care Of Name (if any) 6.b. Street Number and Name 6.c. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. [Fillable Field] 6.d. City or Town 6.e. State 6.f. ZIP Code 6.g. Province 6.h. Postal Code 6.i. Country</p> <p>[deleted]</p>

	<p><i>Country Code</i>) Extension</p> <p>8. Mobile Telephone Number <i>(if any)</i></p> <p>9. E-mail Address <i>(if any)</i></p> <p>10. Fax Number <i>(if any)</i></p>	
<p>Page 1, Part 2. Information About Person/Organization Filing Appeal or Motion on Behalf of Applicant/Petitioner</p>	<p>[page 1]</p> <p>Part 2. Information About Person/Organization Filing Appeal or Motion on Behalf of Applicant/Petitioner</p> <p>(Attorney or Board of Immigration Appeals (BIA) Accredited Representative filing appeal or motion on behalf of the petitioner/applicant)</p> <p>If you are the petitioner or applicant filing an appeal or motion without an attorney or representative accredited by the BIA, skip this part, and proceed to Part 3.</p> <p>1. I am an attorney or representative accredited by the BIA. (If you check this box, you must attach a new Form G-28, Notice of Entry of Appearance as Attorney or Representative, signed by the attorney or representative named on Form G-28.)</p> <p>2.a. Family Name <i>(Last Name)</i></p> <p>2.b. Given Name <i>(First Name)</i></p> <p>2.c. Middle Name</p> <p>3. Complete Name of Business/Organization (if applicable)</p> <p>4. Daytime Telephone Number <i>(Area or Country Code)</i> Extension</p> <p>5. Mobile Telephone Number <i>(if any)</i></p> <p>6. E-mail Address <i>(if any)</i></p> <p>7. Fax Number <i>(if any)</i></p>	<p>[deleted]</p>
<p>Page 2, Part 3. Information About the Appeal or Motion</p>	<p>[page 2]</p> <p>Part 3. Information About the Appeal or Motion</p> <p>You must check only one box indicating that you are filing an appeal or a motion, not both. If more than one box is selected, your filing will be rejected.</p> <p>(DO NOT use this form if you are filing an appeal of a denial or a revocation of an approved Form I-130 (Petition for Alien Relative), or a Petition for Widow(er) filed</p>	<p>Part 2. Information About the Appeal or Motion</p> <p>You must select only one box indicating that you are filing an appeal or a motion, not both. If more than one box is selected, your filing may be rejected.</p> <p>NOTE: DO NOT use this form if you are filing an appeal of a denial or a revocation of an approved Form I-130, Petition for Alien</p>

	<p>on a Form I-360. Those appeals must be filed with the Board of Immigration Appeals (BIA) using Form EOIR-29.</p> <p>1. Appeal</p> <p>a. I am filing an appeal to the Administrative Appeals Office (AAO). My brief and/or additional evidence is attached.</p> <p>b. I am filing an appeal to the AAO. My brief and/or additional evidence will be submitted to the AAO within 30 calendar days of filing the appeal.</p> <p>c. I am filing an appeal to the AAO. No supplemental brief and/or additional evidence will be submitted.</p> <p>2. Motion</p> <p>d. I am filing a motion to reopen a decision. My brief and/or additional evidence is attached.</p> <p>e. I am filing a motion to reconsider a decision. My brief is attached.</p> <p>f. I am filing a motion to reopen and a motion to reconsider a decision. My brief and/or additional evidence is attached.</p> <p>3. USCIS Form for Which You Are Filing an Appeal or Motion to Reopen/Reconsider (e.g., I-140, I-360, I-129, I-485, I-601, etc.)</p> <p>4. Specific Classification Requested (e.g., H-1B, R-1, O-1, EB-1, EB-2, EB-3, etc., if applicable)</p> <p>5. Date of Adverse Decision (<i>mm/dd/yyyy</i>)</p> <p>6. USCIS Office Where Last Decision Issued</p>	<p>Relative, or a Form I-360, Petition for Widow(er). Those appeals must be filed with the BIA using Form EOIR-29, Notice of Appeal to the Board of Immigration Appeals from a Decision of an Immigration Officer.</p> <p>1.a. I am filing an appeal to the Administrative Appeals Office (AAO). My brief and/or additional evidence is attached.</p> <p>1.b. I am filing an appeal to the AAO. My brief and/or additional evidence will be submitted to the AAO within 30 calendar days of filing the appeal.</p> <p>1.c. I am filing an appeal to the AAO. No supplemental brief and/or additional evidence will be submitted.</p> <p>1.d. I am filing a motion to reopen a decision. My brief and/or additional evidence is attached.</p> <p>1.e. I am filing a motion to reconsider a decision. My brief is attached.</p> <p>1.f. I am filing a motion to reopen and a motion to reconsider a decision. My brief and/or additional evidence is attached.</p> <p>2. USCIS Form for Which You Are Filing an Appeal or Motion to Reopen/Reconsider (for example, Form I-140, I-360, I-129, I-485, I-601)</p> <p>3. Specific Classification Requested (for example, H-1B, R-1, O-1, EB-1, EB-2, EB-3, if applicable)</p> <p>4. Date of Adverse Decision (mm/dd/yyyy)</p> <p>5. Office Where Last Decision Was Issued</p>
<p>Page 2, Part 4. Basis for the Appeal or Motion</p>	<p>[page 2]</p> <p>Part 4. Basis for the Appeal or Motion</p> <p>On a separate sheet of paper, you must provide a statement regarding the basis for the appeal or motion. You must include your name and A-Number or USCIS ELIS Account Number on the top of each sheet.</p> <p>Appeal: Provide a statement that specifically</p>	<p>Part 3. Basis for Appeal or Motion</p> <p>In Part 7. Additional Information, or on a separate sheet of paper, you must provide a statement regarding the basis for the appeal or motion. 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.</p> <p>Appeal: Provide a statement that</p>

	<p>identifies an erroneous conclusion of law or fact in the decision being appealed.</p> <p>Motion to Reopen: The motion must state new facts and must be supported by affidavits and/or documentary evidence that establish eligibility at the time the underlying petition or application was filed.</p> <p>Motion to Reconsider: The motion must be supported by citations to appropriate statutes, regulations, or precedent decisions and must establish that the decision was based on an incorrect application of law or policy, and that the decision was incorrect based on the evidence of record at the time of decision.</p>	<p>specifically identifies an erroneous conclusion of law or fact in the decision being appealed.</p> <p>Motion to Reopen: The motion must state new facts and must be supported by affidavits and/or documentary evidence that establish eligibility at the time the underlying application or petition was filed.</p> <p>Motion to Reconsider: The motion must be supported by citations to appropriate statutes, regulations, or precedent decisions and must establish that the decision was based on an incorrect application of law or policy, and that the decision was incorrect based on the evidence of record at the time of decision.</p>
<p>Page 2,</p>	<p>[page 2]</p> <p>Part 5. Signature of Person Filing the Appeal/Motion or His or Her Authorized Representative</p>	<p>Part 4. Applicant’s or Petitioner’s Statement, Contact Information, Certification, and Signature</p> <p>NOTE: Read the Penalties section of the Form I-290B Instructions before completing this part.</p> <p>Section A</p> <p>If you are filing an appeal or motion based on an APPLICATION or PETITION FILED BY AN INDIVIDUAL (NOT AN ENTITY SUCH AS A COMPANY OR BUSINESS), complete this section:</p> <p>Applicant’s or Petitioner’s Statement</p> <p>NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>1.a. I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.</p> <p>1.b. The interpreter named in Part 5. has read to me every question and instruction on this form, and my answer to every question, in [Fillable Field], a language in which I am fluent. I understood all of this information as interpreted.</p> <p>2. At my request, the preparer named in Part 6. prepared this form for me based only upon information I provided or authorized.</p> <p>Applicant’s or Petitioner’s Contact Information</p>

	<p>By signing below, I certify under penalty of perjury under the laws of the United States of America that the information provided on this form, and the documents submitted in support are true and correct.</p> <p>1.a. Signature 1.b. Family Name (<i>Last Name</i>) 1.c. Given Name (<i>First Name</i>) 1.d. Date of Signature (<i>mm/dd/yyyy</i>)</p> <p>NOTE: Make sure your appeal or motion is complete before filing.</p>	<p>3. Applicant's or Petitioner's Daytime Telephone Number 4. Applicant's or Petitioner's Mobile Telephone Number (if any) 5. Applicant's or Petitioner's Email Address (if any)</p> <p><i>Applicant's or Petitioner's Certification</i></p> <p>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.</p> <p>I further authorize release of information contained in this form, 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.</p> <p>I certify, under penalty of perjury, that I provided or authorized all of the information in my form, I understand all of the information contained in, and submitted with, my form, and that all of this information is complete, true, and correct.</p> <p><i>Applicant's or Petitioner's Signature</i> 6.a. Applicant's or Petitioner's Signature [deleted] [deleted] 6.b. Date of Signature (<i>mm/dd/yyyy</i>) [deleted]</p> <p><i>Section B</i></p> <p>If you are filing an appeal or motion for a PETITION FILED BY AN ENTITY, complete this section:</p> <p><i>Petitioner's Statement</i></p> <p>NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>1.a. ___ I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.</p> <p>1.b. ___ The interpreter named in Part 5. has read to me every question and instruction on this form, and my answer to every question, in</p>
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		<p>[Fillable Field], a language in which I am fluent. I understood all of this information as interpreted.</p> <p>2. ___ At my request, the preparer named in Part 6. prepared this form for me based only upon information I provided or authorized.</p> <p><i>Petitioner’s Contact Information</i></p> <p>3. Petitioner’s Daytime Telephone Number 4. Petitioner’s Mobile Telephone Number (if any) 5. Petitioner’s Email Address (if any)</p> <p><i>Petitioner’s Certification</i></p> <p>Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.</p> <p>I authorize the release of any information from my records, or from the petitioning organization’s records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this form using publicly available open source information. I also recognize that any supporting evidence submitted in support of this form may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.</p> <p>If filing this form on behalf of an organization, I certify that I am authorized to do so by the organization.</p> <p>I certify, under penalty of perjury, that I have reviewed this form, I understand all of the information contained in, and submitted with, my appeal or motion, and all of this information is complete, true, and correct.</p> <p><i>Petitioner’s Signature</i></p> <p>6.a. Petitioner’s Signature 6.b. Date of Signature (mm/dd/yyyy)</p> <p>NOTE TO ALL APPLICANTS/PETITIONERS: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may dismiss, deny, or reject your appeal or motion.</p>

	[new]	<p>Part 5. Interpreter’s Contact Information, Certification, and Signature</p> <p>Provide the following information about the interpreter.</p> <p>Interpreter’s Full Name 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>Interpreter’s Mailing Address 3.a. Street Number and Name 3.b. [] Apt. [] Ste. [] Flr. [fillable field] 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country</p> <p>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)</p> <p>Interpreter’s Certification</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 Part 4., Item Number 1.b. in Section A or Section B, and I have read to this applicant or petitioner in the identified language every question and instruction on this form and his or her answer to every question. The applicant or petitioner informed me that he or she understands every instruction, question, and answer on the form, including the Applicant’s or Petitioner’s Certification, and has verified the accuracy of every answer.</p> <p>Interpreter’s Signature 7.a. Interpreter’s Signature 7.b. Date of Signature (mm/dd/yyyy)</p>
	[new]	<p>Part 6. Contact Information, Statement, Certification, and Signature of the Person Preparing This Form, if Other Than the Applicant or Petitioner</p> <p>Provide the following information about the preparer.</p> <p>Preparer’s Full Name 1.a. Preparer’s Family Name (Last Name) 1.b. Preparer’s Given Name (First Name)</p>

		<p>2. Preparer's Business or Organization Name (if any)</p> <p>Preparer's Mailing Address 3.a. Street Number and Name 3.b. [] Apt. [] Ste. [] Flr. [fillable field] 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country</p> <p>Preparer's Contact Information 4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any) 6. Preparer's Email Address (if any)</p> <p>Preparer's Statement</p> <p>7.a. I am not an attorney or accredited representative but have prepared this form on behalf of the applicant or petitioner and with the applicant's or petitioner's consent.</p> <p>7.b. I am an attorney or accredited representative and have prepared this form on behalf of the applicant or petitioner and with the applicant's or petitioner's consent.</p> <p>Preparer's Certification</p> <p>By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the applicant or petitioner. The applicant or petitioner then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her form, including the Applicant's or Petitioner's Certification, and that all of this information is complete, true, and correct. I completed this form based only on information that the applicant or petitioner provided to me or authorized me to obtain or use.</p> <p>Preparer's Signature</p> <p>8.a. Preparer's Signature 8.b. Date of Signature (mm/dd/yyyy)</p>
	[new]	<p>Part 7. Additional Information</p> <p>If you need extra space to provide any additional information within this form, 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 form or attach a separate sheet of paper. Type or print your</p>

		<p>name and A-Number 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.</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p>2. A-Number (if any)</p> <p>3.a. Page Number 3.b. Part Number 3.c. Item Number 3.d. [Fillable field]</p> <p>4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d. [Fillable field]</p> <p>5.a. Page Number 5.b. Part Number 5.c. Item Number 5.d. [Fillable field]</p> <p>6.a. Page Number 6.b. Part Number 6.c. Item Number 6.d. [Fillable field]</p> <p>7.a. Page Number 7.b. Part Number 7.c. Item Number 7.d. [Fillable field]</p> <p>NOTE: Make sure your appeal or motion is complete before filing.</p>
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