



# Application to Adjust Status From Temporary to Permanent Resident (Under Section 245A of the INA)

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

USCIS  
Form I-698  
OMB No. 1615-0035  
Expires: 03/31/2015

<b>For USCIS Use Only</b>	<b>Applicant Interviewed</b>	<b>Receipt</b>	<b>Action Block</b>
	Date: _____		
	<b>Date of Adjustment</b>	<b>Remarks</b>	
	Date: _____		

▶ **START HERE - Type or print in black ink.**

## Part 1. Information About You

**1. Full Legal Name**

Family Name (Last Name)

Given Name (First Name)

Middle Name

**2. Name as it Appears on Your Employment Authorization Document (Form I-766)**

**A.** Family Name (Last Name)

Given Name (First Name)

Middle Name

**B. Provide the reason for a difference in the names, if any (marriage, divorce, etc.)**

**3. Any Other Names Used**

**A.** Family Name (Last Name)

Given Name (First Name)

Middle Name

**B.** Family Name (Last Name)

Given Name (First Name)

Middle Name

**4. A. If your native alphabet does not use Roman letters, type or print your name in your native alphabet.**

Family Name (Last Name)

Given Name (First Name)

Middle Name

**B. Language of Your Native Alphabet**

**5. U.S. Mailing Address**

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

   

City or Town

State

ZIP Code

**6. Is your current U.S. mailing address the same as your U.S. physical address?**

Yes  No

If you answered "No," provide your U.S. physical address in **Item Number 7.**

**Part 1. Information About You (continued)**

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**7. U.S. Physical Address**

Street Number and Name

Apt. Ste. Flr. Number

   

City or Town

State

ZIP Code



**8. Alien Registration Number (A-Number) (if any)** **9. U.S. Social Security Number (if any)**

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**10. Date of Birth (mm/dd/yyyy)**

**11. Gender**

Male  Female

**12. Place of Birth**

City or Town

Province or Foreign State

Country

**13. Country of Citizenship or Nationality**

**14. Mother's First Name**

**15. Father's First Name**

**16. Marital Status**  Single (Never Married)  Married  Divorced or Separated  Widowed

**17. List absences from the United States since becoming a temporary resident. List the most recent absence first. If you have a single absence that exceeded 30 days or if the total of all of your absences exceeds 90 days, explain using the space provided in Part 8. Additional Information or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of the sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.**

Country	Purpose of Trip	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Total Days Absent

**Part 2. 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 3. Eligibility Standards**

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1. You are required to have a minimal understanding of standard English and a knowledge and understanding of the history and Government of the United States. Select the appropriate box in **Item A.** or **B.** below.

A. I will satisfy these requirements through:

- An examination at the time of interview for **lawful** permanent residence; or
- Satisfactory pursuit of a course of study recognized by the Secretary of Homeland Security (Secretary).

B. I have satisfied these requirements by:

- Satisfactory pursuit of a course of study recognized by the Secretary (attach appropriate documentation); or
- An exemption because I am 65 years of age or older, under 16 years of age, or I am physically unable to comply. (If you are physically unable to comply, **explain and** attach relevant documentation.)

Answer **Item Numbers 2. - 29.** If you answer "Yes" to any of the questions, provide a complete explanation **using the space provided in Part 8. Additional Information** 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. Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for **lawful** permanent residence.

- 2. Have you **EVER** assisted in the persecution of any person or persons on account of race, religion, political opinion, nationality, or membership in a particular social group?  Yes  No
- 3. Have you **EVER** been treated for a mental disorder, drug addiction, or alcoholism?  Yes  No
- 4. Have you **EVER** committed a crime or offense for which you were **not** arrested?  Yes  No
- 5. Have you **EVER** been arrested, cited, or detained by any law enforcement officer (including Immigration and Customs Enforcement (ICE), Customs and Border Protection (CBP), former Immigration and Naturalization Service (INS), and/or military officers) for any reason?  Yes  No
- 6. Have you **EVER** been charged with committing any crime or offense?  Yes  No
- 7. Have you **EVER** been convicted of a crime or offense?  Yes  No
- 8. Have you **EVER** been in jail or prison?  Yes  No
- 9. Have you **EVER** been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)?  Yes  No
- 10. Have you **EVER** received a suspended sentence, been placed on probation, or been paroled?  Yes  No
- 11. A. Have you, or a dependent member of your immediate family, **EVER** received public assistance from any source, including, but not limited to, the U.S. Government, any state, county, city, or municipality?  Yes  No
- B. If "Yes," provide the names of the recipients and their U.S. Social Security Numbers below.

Full Name of Recipient (Family Name, Given Name, Middle Name)	U.S. Social Security Number										
	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
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- 12. Have you **EVER**:
  - A. Within the past 10 years been a prostitute, procured anyone for prostitution, or intend to engage in such activities in the future?  Yes  No
  - B. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?  Yes  No
  - C. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally?  Yes  No
  - D. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance?  Yes  No

**Part 3. Eligibility Standards (continued)**

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- 13.** Have you **EVER** engaged in, conspired to engage in, do you intend to engage in, or have you **EVER** solicited membership or funds for, or have you **EVER** through any means assisted or provided any type of material support to any person or organization that has **EVER** engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity?  Yes  No
- 14.** Do you intend to engage in the United States in:
- A.** Espionage?  Yes  No
  - B.** Any activity, a purpose of which, is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means?  Yes  No
  - C.** Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information?  Yes  No
- 15.** Have you **EVER** been a member of, or in any way affiliated with, a Communist Party or any other totalitarian party?  Yes  No
- 16.** Did you **EVER**, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion?  Yes  No
- 17.** Have you **EVER** claimed to be a United States citizen in writing or any other way?  Yes  No
- 18.** Have you **EVER** been deported from the United States, removed from the United States at government expense, excluded within the past year, or are you **NOW**, or have you **EVER** been in exclusion, deportation, removal, or rescission proceedings?  Yes  No
- 19.** Are you **NOW** under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act (INA) for use of fraudulent documents or have you **EVER**, by fraud or willful misrepresentation of a material **fact, sought** to procure or procured a visa, other documentation, entry into the United States, or any immigration benefit?  Yes  No
- 20.** Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces?  Yes  No
- 21.** Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver?  Yes  No
- 22.** Are you **NOW** withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child?  Yes  No
- 23.** Do you plan to practice polygamy in the United States?  Yes  No
- 24.** Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- A.** Acts involving torture or genocide?  Yes  No
  - B.** Killing any person?  Yes  No
  - C.** Intentionally and severely injuring any person?  Yes  No
  - D.** Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?  Yes  No
  - E.** Limiting or denying any person's ability to exercise religious beliefs?  Yes  No
- 25.** Have you **EVER**:
- A.** Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization?  Yes  No
  - B.** Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?  Yes  No

**Part 3. Eligibility Standards (continued)**

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- 26. Have you **EVER** been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?  Yes  No
- 27. Have you **EVER** assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person?  Yes  No
- 28. Have you **EVER** received any type of military, paramilitary or weapons training?  Yes  No
- 29. Have you **EVER**:
  - A. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group?  Yes  No
  - B. Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?  Yes  No

**Part 4. Accommodations for Individuals With Disabilities and Impairments (Read the information in the Form I-698 instructions before completing this part.)**

- 1. Are you requesting an accommodation because of your disabilities and/or impairments?  Yes  No  
If you answered "Yes," select **all applicable boxes**.
  - A.  I am deaf or hard of hearing and request the following accommodations (if you are requesting a sign-language interpreter, indicate for which language (e.g., American Sign Language)):
  - B.  I am blind or have low vision and request the following accommodations:
  - C.  I have another type of disability and/or impairment (describe the nature of your disabilities and/or impairments and the accommodations you are requesting):

**Part 5. Applicant's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature**

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

- 1. Applicant's Statement Regarding the Interpreter
  - A.  I can read and understand English, and have read and **understand every** question and instruction on this application, as well as my answer to **every** question. I have **read and understand the Acknowledgement of Appointment at USCIS Application Support Center.**
  - B.  The interpreter named in **Part 6.** has read to me **every question** and instruction on this application, as well as my answer to **every** question, in , a language in which I am fluent. I **understand every** question and instruction on this application as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named **Part 6.** has also **read the Acknowledgement of Appointment at USCIS Application Support Center** to me, in the language in which I am fluent, and I understand **this ASC Acknowledgement** as read to me by my interpreter.
- 2. Applicant's Statement Regarding the Preparer
  - I have requested the services of and consented to ,
    - who is  is not an attorney or accredited representative, preparing this application for me. **This person who assisted me in preparing my application has reviewed the Acknowledgement of Appointment at USCIS Application Support Center with me and I understand the ASC Acknowledgement.**



**Part 6. Interpreter's Contact Information, Certification, and Signature**  
(continued)

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**Interpreter's Mailing Address**

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

City or Town  State  ZIP Code

Province  Postal Code  Country

**Interpreter's Contact Information**

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

**Interpreter's Certification**

I certify that:

I am fluent in English and , which is the same language provided in Part 5., Item B. in Item Number 1.;

I have read to this applicant every question and instruction on this application, as well as the answer to every question, in the language provided in Part 5., Item B. in Item Number 1.; and

I have read the Acknowledgement of Appointment at USCIS Application Support Center to the applicant in the same language provided in Part 5., Item B. in Item Number 1.

The applicant has informed me that he or she understands every instruction and question on the application, as well as the answer to every question, and the applicant verified the accuracy of every answer; and

The applicant has also informed me that he or she understands the ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photographs, and/or signature, he or she is re-affirming that the contents of this application and all supporting documentation are complete, true, and correct.

**Interpreter's Signature**

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

**Part 7. Contact Information, Statement, Certification, and Signature of the Person Preparing This Application, If Other Than the Applicant**

**Preparer's Full Name**

Provide the following information concerning the preparer.

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

2. Preparer's Business or Organization (if any)





