

TABLE OF CHANGES - FORM
Form I-590, Registration for Classification as Refugee
OMB No. 1615-0068
01/10/2017

Reason For Limited Revision: Form expiring; incorporated new standard language only in Instructions.

LOCATION	CURRENT VERSION	PROPOSED VERSION
Page 1	RSC Case Number	[Page 1] Resettlement Support Center (RSC) Case Number
Page 1, Part 1. Information About You	<p>1. Family Name (<i>Last Name</i>) Given Name (<i>First Name</i>) Middle Name (<i>if applicable</i>)</p> <p>2. Other Names Used (<i>if any</i>). Include maiden name, names by previous marriages, and all aliases.</p> <p>3. C/O (<i>In Care Of Name</i>) Street Number and Name (Present Location) City Province Postal Code Country</p> <p>4. Date of Birth (<i>mm/dd/yyyy</i>) 5. Gender 6. Place of Birth (<i>Country, City/Town/Village</i>) 7. Present Citizenship or Nationality 8. Ethnicity and/or Tribal Group 9. Religion (<i>if any</i>) 10. Language (<i>native</i>)</p> <p>11. Other languages that you speak</p> <p>12. Identity documents, e.g., passport, national identification card and/or UNHCR identification card. Please provide your complete name and date of birth as shown on each document listed.</p> <p>Document 1 Document 2 Document 3</p>	<p>[Page 1]</p> <p>1. [no change]</p> <p>2. Other Names Used (<i>if any</i>); include maiden name, names by previous marriages, and all aliases.</p> <p>[delete]</p> <p>3. [no change] 4. [no change] 5. [no change] 6. [no change] 7. [no change] 8. [no change] 9. [no change]</p> <p>10. Other Languages that You Speak</p> <p>11. Identity documents, e.g., passport, national identification card and/or UNHCR identification card. Provide your complete name and date of birth as shown on each document listed.</p> <p>[delete] [delete] [delete]</p>

	<p>Your Name As Shown on Document Date of Birth on Document (<i>mm/dd/yyyy</i>) Document Type Document Number Date of Issuance (<i>mm/dd/yyyy</i>) Place of Issuance Issuing Authority</p>	<p>[insert table, 7 columns, 3 rows] [no change] [no change] [no change] [no change] [no change] [no change] [no change]</p>
<p>Page 2, Part 2. Information About Your Parents</p>	<p>Provide the following information about your parents. Include living, deceased, biological, step and adoptive parents. (<i>Please use continuation page if necessary.</i>)</p> <p>1. Parent 1 Family Name (<i>Last Name</i>) Given Name (<i>First Name</i>) Middle Name (<i>if applicable</i>) Date of Birth (<i>mm/dd/yyyy</i>) Relationship to You Country of Birth Street Number and Name (Present Location. If deceased, write "deceased.") City Province Postal Code Country</p> <p>2. Parent 2 Family Name (<i>Last Name</i>) Given Name (<i>First Name</i>) Middle Name (<i>if applicable</i>) Date of Birth (<i>mm/dd/yyyy</i>) Relationship to You Country of Birth Street Number and Name (Present Location. If deceased, write "deceased.") City Province Postal Code Country</p>	<p>[Page 2]</p> <p>Provide the following information about your parents. Include living, deceased, biological, step and adoptive parents. (<i>Use continuation page, if necessary.</i>)</p> <p>1. [no change] [no change] [no change] [no change] [no change] [no change] [no change] Street Number & Name, City, Province, Postal Code, and Country (Present Location. If deceased, write "deceased.")</p> <p>2. [no change] [no change] [no change] [no change] [no change] [no change] [no change] Street Number & Name, City, Province, Postal Code, and Country (Present Location. If deceased, write "deceased.")</p>
<p>Page 2, Part 3. Schooling or Education</p>	<p>Part 3. Schooling or Education</p>	<p>[Page 3]</p> <p>Part 3. Information About Your Background</p> <p>1. Provide information about your residences during the past five years. List your present address first.</p> <p>[insert table, 6 columns, 5 rows]</p>

	<p>Provide information about the highest level of education that you completed, e.g., at university, college, trade or technical school, military academies, secondary or primary schools. <i>(Please use continuation page if necessary.)</i></p> <p>Name of School Location of School Type of School or Course of Study Title of Degree or Diploma <i>(if any)</i> Dates Attended <i>(mm/dd/yyyy)</i> From To</p>	<p>Street Number and Name City Province or State Country From Month/Year To Month/Year PRESENT</p> <p>2. Provide information about the highest level of education that you completed, e.g., at university, college, trade or technical school, military academies, secondary or primary schools. <i>(Use continuation page, if necessary.)</i></p> <p>[insert table, 5 columns, 1 row] Name of School Location of School Type of School or Course of Study Title of Degree or Diploma <i>(if any)</i> From Month/Year To Month/Year</p> <p>3. Provide information about your employment during the past five years. List your present or most recent employment first. <i>(Use continuation page, if necessary.)</i></p> <p>[insert table, 5 columns, 5 rows] Name of Employer Address of Employer Occupation From Month/Year To Month/Year</p>
<p>Page 4, Part 4. Military Service</p>	<p>1. Military Service 1 Provide in chronological order information about all your military service and/or military-type training. <i>(Include additional information on continuation page if necessary.)</i></p>	<p>[Page 3]</p> <p>Part 4. Military Service</p> <p>1. Military Service 1 Provide in chronological order information about ALL your military service and/or military-type training. <i>(Use continuation page, if necessary.)</i></p> <p>[insert table, 7 columns, 3 rows] Military Branch or Organization the Trained You Country Unit Duty Location Specialty (ex. Artillery, Infantry, Intelligence, etc.) Highest Rank Dates of Service (mm/dd/yyyy)</p>

		From To
<p>Page 4, Part 6. Information About Your Marital Status</p>	<p>Your Current Marital Status (<i>check all that apply</i>)</p> <p><input type="checkbox"/> Married (<i>Go to section entitled "Current Spouse"</i>)</p> <p><input type="checkbox"/> Never married and not engaged (<i>Go to Part 7</i>)</p> <p><input type="checkbox"/> Divorced (<i>Go to section entitled "Former Spouse"</i>)</p> <p><input type="checkbox"/> Unmarried but engaged to be married (<i>Go to section entitled "Fiancé"</i>)</p> <p><input type="checkbox"/> Widowed (<i>Go to section entitled "Former Spouse"</i>)</p> <p><input type="checkbox"/> Missing Spouse (<i>Go to section entitled "Current Spouse"</i>)</p> <p>1. Current Spouse Family Name (Last Name) Given Name (First Name) Middle Name (If applicable) Other Names Used by Spouse My spouse will <input type="checkbox"/> will not <input type="checkbox"/> accompany me to the United States</p> <p>Identity documents of spouse, e.g., passport, national identification card, UNHCR identification card. (<i>If more than one identity document, include additional information on continuation page.</i>)</p> <p>Document Type Document Number Date of Issuance (<i>mm/dd/yyyy</i>) Place of Issuance Issuing Authority Spouse's A-Number RSC Case Number (<i>if different from yours</i>) Date of Birth (<i>mm/dd/yyyy</i>) Place of Birth (<i>Country, City/Town/Village</i>) Present Citizenship or Nationality Ethnicity and/or Tribal Group Gender Date of Marriage (<i>mm/dd/yyyy</i>) Place of Marriage (<i>Country,</i></p>	<p>[Page 3]</p> <p>Part 6. Information About Your Marital Status</p> <p>Your Current Marital Status (check ALL that apply):</p> <p>[no change]</p> <p><input type="checkbox"/> Never married and not engaged (<i>Go to Part 7</i>)</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>1. Current Spouse Family Name (<i>Last Name</i>) Given Name (<i>First Name</i>) Middle Name (<i>If applicable</i>) Other Names Used by Spouse My spouse <input type="checkbox"/> will <input type="checkbox"/> will not accompany me to the United States</p> <p>Identity documents of spouse, e.g., passport, national identification card, UNHCR identification card. (<i>If more than one identity document, use continuation page.</i>)</p> <p>[7 columns, 1 row] Document Type Document Number Date of Issuance (<i>mm/dd/yyyy</i>) Place of Issuance Issuing Authority [no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p>

	<p>City/Town/Village) Is your spouse's address the same as yours <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered "No," provide your current spouse's present location/address. <i>If unknown, give last time/location seen.</i></p> <p>2. Former Spouse Family Name (<i>Last Name</i>) Given Name (<i>First Name</i>) Middle Name (<i>If applicable</i>) Other Names Used by Former Spouse Date of Birth (<i>mm/dd/yyyy</i>) Date of Marriage (<i>mm/dd/yyyy</i>) Date Marriage Terminated (<i>mm/dd/yyyy</i>) Check all that apply: <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/> Missing Date last seen (<i>mm/dd/yyyy</i>)</p> <p>3. Fiance Family Name (<i>Last Name</i>) Given Name (<i>First Name</i>) Middle Name (<i>If applicable</i>) Date of Engagement (<i>mm/dd/yyyy</i>) Other Names Used by Fiance</p>	<p>[no change]</p> <p>If you answered "No," provide your current spouse's present location/address. <i>If unknown, provide last known location and date.</i></p> <p>Street Number and Name, City or Town, State, ZIP Code</p> <p>2. Former Spouse Family Name (<i>Last Name</i>) Given Name (<i>First Name</i>) Middle Name (<i>if applicable</i>) [no change] [no change] [no change] [no change] [no change]</p> <p>[New location of collection]</p> <p>[page 5]</p> <p>3. Fiancé Family Name (<i>Last Name</i>) Given Name (<i>First Name</i>) Middle Name (<i>if applicable</i>) Other Names Used by Fiancé Date of Engagement (<i>mm/dd/yyyy</i>)</p>
<p>Page 7, Part 7. Information About Your Children</p>	<p>List ALL children, from the oldest child to the youngest child. Include all biological, legally adopted, and step-children, regardless of age or marital status. Also include children who are now missing or deceased. (<i>Include additional information on continuation page if necessary.</i>)</p> <p>1. Child 1</p> <p>Child's Complete Name</p>	<p>[Page 5]</p> <p>Part 7. Information About Your Children</p> <p>List ALL children, from the oldest child to the youngest child. Include all biological, legally adopted, and step-children, regardless of age or marital status. Also include children who are now missing or deceased. (<i>Use continuation page, if necessary.</i>)</p> <p>1. Child 1</p> <p>Child's Complete Name</p>

	<p>Family Name <i>(Last Name)</i> Given Name <i>(First Name)</i> Middle Name <i>(If applicable)</i> Date of Birth <i>(mm/dd/yyyy)</i> Place of Birth <i>(City, Country)</i></p> <p>Provide the following information ONLY if this child is NOT a case member.</p> <p>Marital Status If Married, Date of Marriage <i>(mm/dd/yyyy)</i> Present Citizenship or Nationality</p> <p>Current Address <i>(if unknown, indicate date last seen and last known location of child)</i> Street Number and Name City Province Postal Code Country</p> <p>2. Child 2</p> <p>Child's Complete Name</p> <p>Family Name <i>(Last Name)</i> Given Name <i>(First Name)</i> Middle Name <i>(If applicable)</i> Date of Birth <i>(mm/dd/yyyy)</i> Place of Birth <i>(City, Country)</i></p> <p>Provide the following information ONLY if this child is NOT a case member.</p> <p>Marital Status If Married, Date of Marriage <i>(mm/dd/yyyy)</i> Present Citizenship or Nationality</p> <p>Current Address <i>(if unknown, indicate date last seen and last known location of child)</i> Street Number and Name City Province Postal Code Country</p> <p>3. Child 3</p>	<p>Family Name <i>(Last Name)</i> Given Name <i>(First Name)</i> Middle Name <i>(if applicable)</i> Date of Birth <i>(mm/dd/yyyy)</i> Place of Birth <i>(Country, City/Town/Village)</i></p> <p>[no change]</p> <p>[no change] [no change]</p> <p>[no change]</p> <p>Current Address <i>(If unknown, provide last known location and date)</i></p> <p>[no change] [no change] [no change] [no change] [no change]</p> <p>2. Child 2</p> <p>Child's Complete Name</p> <p>Family Name <i>(Last Name)</i> Given Name <i>(First Name)</i> Middle Name <i>(if applicable)</i> Date of Birth <i>(mm/dd/yyyy)</i> Place of Birth <i>(Country, City/Town/Village)</i></p> <p>[no change]</p> <p>[no change] [no change]</p> <p>[no change]</p> <p>3. Child 3</p>
--	---	--

	<p>Child's Complete Name</p> <p>Family Name (<i>Last Name</i>) Given Name (<i>First Name</i>) Middle Name (<i>If applicable</i>) Date of Birth (<i>mm/dd/yyyy</i>) Place of Birth (<i>City, Country</i>)</p> <p>Provide the following information ONLY if this child is NOT a case member.</p> <p>Marital Status If Married, Date of Marriage (<i>mm/dd/yyyy</i>) Present Citizenship or Nationality</p> <p>Current Address (<i>if unknown, indicate date last seen and last known location of child</i>) Street Number and Name City Province Postal Code Country</p> <p>4. Child 4</p> <p>Child's Complete Name</p> <p>Family Name (<i>Last Name</i>) Given Name (<i>First Name</i>) Middle Name (<i>If applicable</i>) Date of Birth (<i>mm/dd/yyyy</i>) Place of Birth (<i>City, Country</i>)</p> <p>Provide the following information ONLY if this child is NOT a case member.</p> <p>Marital Status If Married, Date of Marriage (<i>mm/dd/yyyy</i>) Present Citizenship or Nationality</p> <p>Current Address (<i>if unknown, indicate date last seen and last known location of child</i>) Street Number and Name City Province Postal Code Country</p>	<p>Child's Complete Name</p> <p>Family Name (<i>Last Name</i>) Given Name (<i>First Name</i>) Middle Name (<i>if applicable</i>) Date of Birth (<i>mm/dd/yyyy</i>) Place of Birth (<i>Country, City/Town/Village</i>)</p> <p>[no change]</p> <p>[no change] [no change]</p> <p>[no change]</p> <p>Current Address (<i>If unknown, provide last known location and date</i>)</p> <p>[no change] [no change] [no change] [no change] [no change]</p> <p>[page 7]</p> <p>4. Child 4</p> <p>Child's Complete Name</p> <p>Family Name (<i>Last Name</i>) Given Name (<i>First Name</i>) Middle Name (<i>if applicable</i>) Date of Birth (<i>mm/dd/yyyy</i>) Place of Birth (<i>Country, City/Town/Village</i>)</p> <p>[no change]</p> <p>[no change] [no change]</p> <p>[no change]</p> <p>Current Address (<i>If unknown, provide last known location and date</i>)</p> <p>[no change] [no change] [no change] [no change] [no change]</p>
--	--	--

<p>Page 6, Part 8. Information About Your Request For Refugee Status (Include additional information on continuation page if necessary.)</p>	<p>Part 8. Information About Your Request For Refugee Status (Include additional information on continuation page if necessary.)</p> <p>1. What was your travel route when you first left your country of citizenship/nationality or country of last habitual residence?</p> <p>2. Why did you first flee your country of citizenship/nationality, or if you are stateless, the country of your last habitual residence? (Include additional information on continuation page if necessary.)</p> <p>3. Have you ever returned to your country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", when and why did you return? (if necessary use continuation page)</p>	<p>[Page 6]</p> <p>Part 8. Information About Your Request For Refugee Status (Use continuation page, if necessary.)</p> <p>1. What was the date and travel route when you first fled your country of citizenship/nationality, or if you are stateless, your country of last habitual residence?</p> <p>2. Why did you first flee your country of citizenship/nationality, or if you are stateless, the country of your last habitual residence?</p> <p>3. Have you EVER returned to your country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," when and why did you return?</p>
<p>Page 7-8, Part 9. Additional Information About Your Request For Refugee Status (Include additional information on continuation page if necessary to complete your responses to the questions contained in Part 9)</p>	<p>Part 9. Additional Information About Your Request For Refugee Status (Include additional information on continuation page if necessary to complete your responses to the questions contained in Part 9)</p> <p>1. Have you ever been fingerprinted by the U.S. government or the authorities of any other country? <input type="checkbox"/> Yes (explain below) <input type="checkbox"/> No</p> <p>2. Do you now hold, or have you ever held, or have you ever applied for, permanent residence, other permanent status, or citizenship/nationality, in any country other than your country of citizenship (or if you are stateless, the country of your last habitual residence)? <input type="checkbox"/> Yes (explain below) <input type="checkbox"/> No</p> <p>3. Have you ever been to the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", provide the information requested in the table below for each trip</p>	<p>[Page 8]</p> <p>Part 9. Additional Information About Your Request For Refugee (Use continuation page, if necessary)</p> <p>1. Have you EVER been fingerprinted by the U.S. government or the authorities of any other country? <input type="checkbox"/> Yes (explain below) <input type="checkbox"/> No</p> <p>2. Do you now hold, or have you EVER held, or have you EVER applied for, permanent residence, other permanent status, or citizenship/nationality, in any country other than your country of citizenship (or if you are stateless, the country of your last habitual residence)? <input type="checkbox"/> Yes (explain below) <input type="checkbox"/> No</p> <p>3. Have you EVER been to the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," provide the information requested in the table below for each trip to the United</p>

	<p>to the United States. <i>(Include additional information on continuation page if necessary.)</i></p> <p>4. List your present and past membership in - or affiliation with - all political, professional, or social organizations or groups, such as, but not limited to: student groups, labor unions, religious organizations, civil patrols, human rights groups, media organizations, funds, foundations, or societies. Include the name(s) of organization(s), location(s), dates of membership, as well as the purpose, character and nature of the organization(s). Include ranks held, promotions received, honors/recognitions given, regular duties, and dues paid.</p>	<p>States.</p> <p>[insert table, 7 columns, 3 rows] Date of Entry <i>(mm/dd/yyyy)</i> Place of Entry Status Visa Number A-Number Date of Exit <i>(mm/dd/yyyy)</i> Place of Exit</p> <p>4. List your present and past membership in - or affiliation with - ALL political, professional, or social organizations or groups, such as, but not limited to: student groups, labor unions, religious organizations, civil patrols, human rights groups, media organizations, funds, foundations, or societies. Include the name(s) of organization(s), location(s), dates of membership, as well as the purpose, character and nature of the organization(s). Include ranks held, promotions received, honors/recognitions given, regular duties, and dues paid.</p> <p>5. Have you EVER been charged with a violation of law? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If “Yes,” provide details of all violations of law below, including: date, place, nature of charges, and final disposition, for each incident.</p>
<p>Page 11, Part 10. Certification of the Registrant, Interpreter, and Preparer</p>	<p>Provide the following information concerning the interpreter:</p> <p>4. Interpreter’s Name and Contact Information</p> <p>A. Interpreter’s Family Name <i>(Last Name)</i> Interpreter’s Given Name <i>(First Name)</i></p> <p>B. Interpreter’s Business or Organization Name <i>(if any)</i></p>	<p>[Page 10]</p> <p>Part 10. Certification Of The Registrant, Interpreter, And Preparer</p> <p>Interpreter Certification</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[insert table for B., C., D., E., 4 columns, 1 row]</p>

	<p>C. Street Number and Name City or Town State ZIP Code Province Postal Code Country</p> <p>D. Telephone Number (if any)</p> <p>E. E-mail Address (if any)</p> <p>5. Interpreter’s Certification and Signature</p> <p>I am fluent in English and [Fillable field], which is the same language provided in Part 10., Item B. in Item Number 1.;</p> <p>I have read to this registrant every question and instruction on this form, as well as the answer to every question, in the language provided in Part 10., Item B. in Item Number 1.; and</p> <p>The registrant has informed me that he or she understands every instruction and question on the form, as well as the answer to every question, and the registrant verified the accuracy of every answer.</p> <p>Interpreter’s Signature Date of Signature (mm/dd/yyyy)</p> <p>Preparer Certification</p> <p>Provide the following information concerning the preparer:</p> <p>6. Preparer’s Name and Contact Information</p> <p>A. Preparer’s Family Name (Last Name) Preparer’s Given Name (First Name)</p> <p>B. Preparer’s Business or Organization (if any)</p>	<p>5. [no change]</p> <p>I am fluent in English and [Fillable field], which is the same language provided in Part 10., Item B. in Item Number 1.; I have read to this registrant every question and instruction on this form, as well as the answer to every question, in the language provided in Part 10., Item B. in Item Number 1.; and the registrant has informed me that he or she understands every instruction and question on the form, as well as the answer to every question, and the registrant verified the accuracy of every answer.</p> <p>[no change] [no change]</p> <p><i>Additional Interpreter’s Signature (if applicable)</i> <i>Date of Signature (mm/dd/yyyy)</i></p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[insert table for B., C., D., E., F., 5 columns, 1 row]</p>
--	---	---

	<p>C. Street Number and Name City or Town State ZIP Code Province Postal Code Country</p> <p>D. Telephone Number <i>(if any)</i></p> <p>E. Fax Number</p> <p>F. E-mail Address <i>(if any)</i></p> <p>7. Preparer’s Statement, Certification, and Signature</p> <p>By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the express consent of the registrant (applicant). I completed the form based only on responses the registrant (applicant) provided to me. After completing the form, I reviewed it and all of the registrant's (applicant's) responses with the registrant (applicant), who agreed with every answer on the form. If the registrant (applicant) supplied additional information concerning a question on the form, I recorded it on the form.</p> <p>Preparer’s Signature Date of Signature <i>(mm/dd/yyyy)</i></p>	<p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p><i>Additional Preparer’s Signature (if applicable)</i> <i>Date of Signature (mm/dd/yyyy)</i></p>
<p>Pages 10-12 Part 11. Admissibility</p>	<p>Part 11. Admissibility <i>(Please provide explanations for answers marked “yes” on continuation page)</i></p> <p>1. Have you ever been arrested or have you ever committed, or helped someone else commit, any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes,” have you ever:</p> <p>A. Knowingly committed any crime</p>	<p>[Page 11]</p> <p>Part 11. Admissibility</p> <p>1. Have you EVER been arrested or have you EVER committed, or helped someone else commit, any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes,” have you EVER:</p> <p>A. [no change]</p>

<p>(excluding traffic violations) for which you have not been arrested?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Been the beneficiary of a pardon, amnesty, rehabilitation decree or other act of clemency or similar action? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>E. Illegally trafficked (<i>illegally transported, traded, dealt, or sold</i>) in any illegal narcotic or other controlled substance, or knowingly assisted, abetted or conspired in the illicit trafficking of any such substance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>F. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>G. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>H. Within the past 10 years, been a prostitute or procured anyone for prostitution? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Please provide details of all violations of</i></p>	<p>B. Been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance (<i>excluding traffic violations</i>)?</p> <p>C. [no change]</p> <p>D. [no change]</p> <p>E. [no change]</p> <p>F. [no change]</p> <p>G. [no change]</p> <p>H. [no change]</p> <p><i>Provide details of all violations of law on</i></p>
--	--

<p><i>law on continuation page, including: date; place; nature of charges; and final disposition for each incident.</i></p> <p>2. Have you EVER:</p> <p>A. Been subject to deportation or removal from the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Voted illegally in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Been a citizen of the United States who has renounced that citizenship to avoid taxation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Left the United States to avoid being drafted into the U.S. armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>E. Been subject to a civil document fraud final order for violating section 274C of the Immigration and Nationality Act of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have you ever applied for a U.S. immigration benefit, such as a visa, refugee status, or asylum? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", were you on your parents' or spouse's application? (<i>Provide details below</i>) Date (<i>mm/dd/yyyy</i>) Location Type of Immigration Benefit Status (<i>status granted or denied</i>)</p>	<p><i>continuation page, if not previously recorded in Part 9 of this form, including: date, place, nature of charges, and final disposition, for each incident.</i></p> <p>2. Have you EVER been to the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>It "No," proceed to Item Number 3. below. If "Yes," have you EVER:</p> <p>A. [no change]</p> <p>B. [no change]</p> <p>C. [no change]</p> <p>D. [no change]</p> <p>E. [no change]</p> <p>3. Have you EVER applied for a U.S. immigration benefit, such as a visa, refugee status, or asylum? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>[insert table, 4 columns, 2 rows]</p>
---	--

	<p>4. Are you now withholding custody of a United States citizen child from a person granted custody of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Have you EVER:</p> <p>A. Engaged in, conspired to engage in, or incited, sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Solicited membership or funds for, or EVER voluntarily assisted or provided any type of material support to, any person or organization that has EVER engaged in or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Provided support, including housing, transportation, communications, funds, documents, weapons or training for any person or organization that has EVER engaged in or conspired to engage in sabotage, kidnapping, assassination, hijacking, or any other form of terrorist activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Been a representative or member of any terrorist organization or a member of a group that endorses terrorist activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. If married, has your spouse EVER engaged in terrorist activity or been a member of a terrorist organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. If you are under 21 years of age, has your parent EVER engaged in terrorist</p>	<p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[page 12]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p>
--	--	---

	<p>activity or been a member of a terrorist organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. While in the United States, do you intend to engage in:</p> <p>A. Espionage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Terrorism or 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 any other unlawful means? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Polygamy (simultaneous marriage to more than one spouse)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>E. Prostitution? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you EVER been a member of, or in any way affiliated with, the Communist party or any other totalitarian party? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes": Your affiliation/level of membership Beginning Date (<i>mm/dd/yyyy</i>) Ending Date (<i>mm/dd/yyyy</i>)</p> <p>10. Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:</p> <p>A. Acts involving torture or genocide?</p>	<p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>If "Yes:" Your affiliation/level of membership Beginning Date (<i>mm/dd/yyyy</i>) Ending Date (<i>mm/dd/yyyy</i>)</p> <p>[no change]</p> <p>[no change]</p>
--	---	--

	<input type="checkbox"/> Yes <input type="checkbox"/> No B. Killing any person? <input type="checkbox"/> Yes <input type="checkbox"/> No C. Intentionally and severely injuring any person? <input type="checkbox"/> Yes <input type="checkbox"/> No D. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? <input type="checkbox"/> Yes <input type="checkbox"/> No E. Limiting or denying any person's ability to exercise religious beliefs? <input type="checkbox"/> Yes <input type="checkbox"/> No 11. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No B. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? <input type="checkbox"/> Yes <input type="checkbox"/> No C. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No D. Assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting	 [no change] [no change] [no change] [no change] [no change] [no change] [no change] [no change] [no change] [page 13] [no change]
--	--	---

	<p>weapons to any person who to your knowledge used them against another person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>E. Received any type of military, paramilitary, or weapons training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Have you EVER:</p> <p>A. Recruited, enlisted, conscripted, or used any person under age 15 to serve in or help an armed force or group? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Used any person under age 15 to take part in hostilities, or to help or provide services to people in combat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Have you, by fraud or willful misrepresentation of a material fact, EVER sought to procure, or procured, a visa, other documentation, or entry into the United States or any other immigration benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p> <p>[no change]</p>
<p>Page 13, Do not write below this line. For Government use only.</p>	<p>Do not write below this line. For Government use only.</p> <p>THIS SECTION IS TO BE COMPLETED IN THE PRESENCE OF THE U.S. GOVERNMENT OFFICIAL RESPONSIBLE FOR ADJUDICATING THIS REGISTRATION.</p> <p>I, the undersigned, do swear or affirm that I know the contents of this registration subscribed by me, including any attached documents, and that they are true to the best of my knowledge, and that corrections numbered ___ to ___ were made by me or at my request. Each and every question and instruction on this form was read to me in _____, a</p>	<p>[Page 14]</p> <p>Do not write below this line. For Government use only.</p> <p>THIS SECTION IS TO BE COMPLETED IN THE PRESENCE OF THE U.S. GOVERNMENT OFFICIAL RESPONSIBLE FOR ADJUDICATING THIS REGISTRATION.</p> <p>I, the undersigned, do swear or affirm that I know the contents of this registration subscribed by me, including any attached documents, and that they are true to the best of my knowledge, and that corrections numbered ___ to ___ were made by me or at my request. Each and every question and instruction on this form was read to me in _____, a language in which I am</p>

<p>language in which I am fluent. I understand each and every question and instruction on this form, as well as my answer to each question. I agree to report any changes in family composition, such as births, deaths, marriages, divorces and engagements, to the U.S. Government via the Resettlement Support Center.</p> <p><i>(True and Complete Signature of Registrant)</i></p> <p>OPTIONAL: I authorize USCIS to release information contained in or pertaining to my application for refugee status to the U.N. High Commissioner for Refugees, other U.S. Government agencies, and other resettlement countries. I understand that no information regarding my refugee claim will be shared with the government of the country from which I am seeking refuge. I understand that I am not required to sign this waiver, and I do so voluntarily.</p> <p><i>(True and Complete Signature of Registrant)</i></p> <p>Subscribed and sworn to before me by the above named registrant at <i>(Location)</i> on <i>(Date) (mm/dd/yyyy)</i></p> <p>Part 11. Admissibility <i>(Please provide explanations for answers marked “yes” on continuation page) (continued)</i></p> <p>Interpreter's Certification and Signature</p>	<p>fluent. I understand each and every question and instruction on this form, as well as my answer to each question. I agree to report any changes in family composition, such as births, deaths, marriages, divorces and engagements, to the U.S. Government via the Resettlement Support Center.</p> <p><i>(True and Complete Signature of Registrant)</i></p> <p>OPTIONAL: I authorize USCIS to release information contained in or pertaining to my application for refugee status to the U.N. High Commissioner for Refugees, other U.S. Government agencies, and other resettlement countries. I understand that no information regarding my refugee claim will be shared with the government of the country from which I am seeking refuge. I understand that I am not required to sign this waiver, and I do so voluntarily.</p> <p><i>(True and Complete Signature of Registrant)</i></p> <p>Subscribed and sworn to before me by the above named registrant at <i>(Location)</i> on <i>(Date, mm/dd/yyyy)</i></p> <p>RE-INTERVIEW <i>(if applicable): I, the undersigned, hereby reaffirm the contents of this registration and my answers to every question on this form, as well as the answers I have provided in my interview on this date.</i></p> <p><i>(True and Complete Signature of Registrant)</i></p> <p>Subscribed and sworn to before me by the above named registrant at <i>(Location)</i> on <i>(Date, mm/dd/yyyy)</i></p> <p>[Page 15]</p> <p>[Delete]</p> <p>Interpreter's Certification and Signature</p>
---	--

	<p>I certify that:</p> <p>I am fluent in English and [Fillable field], which is the same language provided in Part 10., Item B. in Item Number 1.; I have read to this registrant every question and instruction on this form, as well as the answer to every question, in the language provided in Part 10., Item B. in Item Number 1.; and</p> <p>The registrant has informed me that he or she understands every instruction and question on the form, as well as the answer to every question, and the registrant verified the accuracy of every answer.</p> <ol style="list-style-type: none"> 1. Name, Title, and Signature of Interviewing Officer 2. Interviewee Location 3. Date (mm/dd/yyyy) 4. Name of Interpreter 5. Signature of Interpreter 6. Name, Title, and Signature of Interviewing Officer (Re-interview) 7. Interviewee Location 8. Date (mm/dd/yyyy) 9. Name of Interpreter (Re-interview) 10. Signature of Interpreter (Re-interview) 	<p>I certify that: I am fluent in English and the same language provided in Part 10., Item B. in Item Number 1.; I have read to this registrant every question and instruction on this form, as well as the answer to every question, in the language provided in Part 10., Item B. in Item Number 1.; and the registrant has informed me that he or she understands every instruction and question on the form, as well as the answer to every question, and the registrant verified the accuracy of every answer.</p> <ol style="list-style-type: none"> 1. Name of Interpreter 2. Signature of Interpreter 3. Name of Interpreter (Re-interview) 4. Signature of Interpreter (Re-interview) <p>Interviewing Officer Signature</p> <ol style="list-style-type: none"> 5. Name, Title, and Signature of Interviewing Officer 6. Name, Title, and Signature of Interviewing Officer (Re-interview)
<p>Page 16, Part 12. Additional Information About Your Registration for Classification as Refugee Continuation Sheet</p>	<p>Part 12. Additional Information About Your Registration for Classification as Refugee Continuation Sheet</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 to complete and file with this form or attach a separate sheet of paper. Include your name, your Alien Registration Number (A-Number) (if any) and Case 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>[Page 16]</p> <p>Part 12. Additional Information About Your Registration for Classification as Refugee Continuation Sheet</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 to complete and file with this form or attach a separate sheet of paper. Include your name, your Alien Registration Number (A-Number) (if any) and RSC Case 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>Page 17,</p>		<p>[Page 17]</p>

<p>Part 13. Additional Certifications of the Interpreter and Preparer</p>	<p>Part 13. Additional Certifications of the Interpreter and Preparer</p> <p>3. Interpreter’s Certification and Signature</p> <p>I am fluent in English and [Fillable field], which is the same language provided in Part 10., Item B. in Item Number 1.;</p> <p>I have read to this registrant every question and instruction on this form, as well as the answer to every question, in the language provided in Part 10., Item B. in Item Number 1.; and</p> <p>The registrant has informed me that he or she understands every instruction and question on the form, as well as the answer to every question, and the registrant verified the accuracy of every answer.</p>	<p>[delete]</p>
--	--	-----------------

<p>Page 17. Instructions, How To Fill Out the Form</p>	<p>1. Type or print legibly in black ink.</p> <p>2. If extra space is needed to complete any item, type or print the additional information in Part 12. Additional Information About Your Registration for Classification as Refugee Continuation Sheet. Indicate the registrant’s name and Alien Registration Number (A-Number) and Case Number (if any), at the top of each continuation sheet(s), as well as the page number, part number and item number to which the answer refers in the correlating data collection boxes.</p> <p>3. Answer all questions fully and accurately. If an item is not applicable or the answer is “none,” write “N/A” or “None.”</p> <p>4. Each application must be properly signed. A photocopy of a signed form or a typewritten name in place of a signature is not acceptable.</p>	<p>[Page 19]</p> <p>Instructions</p> <p>How To Fill Out Form I-590</p> <p>[No change]</p> <p>2. If you need extra space to complete any item within this form, use the space provided in Part 12. Additional Information About Your Registration for Classification as Refugee Continuation Sheet. Type or print the registrant’s name and Alien Registration Number (A-Number) (<i>if any</i>) and Resettlement Support Center (“RSC”) Case Number (<i>if any</i>) at the top of each continuation sheet; indicate the Page Number, Part Number, and Item Number to which the answer refers.</p> <p>3. Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, “Provide the name of your current spouse”), type or print “N/A,” unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, “How many children do you have” or “How many times have you departed the United States”), type or print “None,” unless otherwise directed.</p> <p>4. If you do not completely fill out this form or fail to submit required documents listed in the Instructions and your biometrics, if required, processing of your request will be delayed, and USCIS may reject, close, or deny your form.</p> <p>5. Signature. Each form must be properly signed. For all signatures on this form, USCIS will not accept a stamped or typewritten name in place of a signature. If you are under 14 years of age, your parent or legal guardian may sign the form on your behalf. A legal guardian may also sign for a mentally incompetent person.</p> <p>6. Biometrics. You may be required, if you are 13 1/2 years of age or older to provide fingerprints, photograph, and/or</p>
---	--	---

	<p>Submission of Form - The Resettlement Support Center (RSC) with jurisdiction in the registrant’s region shall assist the registrant in the completion and submission of Form I-590, Registration for Classification as Refugee.</p> <p>Registration - A separate Form I-590 is required for each registrant. Form I-590 on behalf of a child under 14 years of age may be submitted by the parent or</p>	<p>additional signature to verify your identity, obtain additional information, and conduct background and security checks, including a check of criminal history records. You will be informed when and where you need to attend a biometric services appointment. If you fail to attend your biometric services appointment, USCIS may reject, close, or deny your form.</p> <p>7. Requests for More Information. We may request that you provide more information or evidence to support your form. You may submit legible photocopies of documents requested, unless the Instructions specifically state that you must submit an original document. USCIS may request an original document at the time of filing or at any time during processing of your form. If you submit original documents when not required, the documents may be destroyed or remain a part of the record, and USCIS will not automatically return them to you.</p> <p>8. Translations. If you submit a document with information in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that he or she is competent to translate from the foreign language into English. The certification must include the translator’s signature. USCIS recommends the certification contain the translator’s printed name and the date and the translator’s contact information. Translations prepared and signed by an RSC employee working for the U.S. Department of State or under contract will be considered as complete and accurate.</p> <p>Submission of Form - The RSC with jurisdiction in the registrant’s region shall assist the registrant in the completion and submission of Form I-590, Registration for Classification as Refugee.</p> <p>[No change]</p>
--	---	---

<p>guardian.</p> <p>Page 17, USCIS Privacy Act Statement</p> <p>AUTHORITIES: The information requested on this form, and the associated evidence, is collected pursuant to 8 U.S.C. section 1522(b) and 8 U.S.C. section 1157.</p> <p>PURPOSE: The primary purpose for providing the requested information on this form is to determine eligibility for refugee classification and resettlement in the United States.</p> <p>DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision or result in the denial of your benefit request.</p> <p>ROUTINE USES: The information you provide on this form may be shared with other Federal, state, local, and foreign government agencies and authorized organizations following approved routine uses described in the associated published system of records notices [DHS-USCIS-001 - Alien File, Index, and National File Tracking System of Records, and the STATE-60 - Refugee Case Records, which can be found at www.dhs.gov/privacy and www.state.gov]. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.</p>	<p>guardian.</p> <p>[Page 19]</p> <p>USCIS Privacy Act Statement</p> <p>AUTHORITIES: The information requested on this form, and the associated evidence, is collected pursuant to 8 U.S.C. 1522(b) and 8 U.S.C. section 1157.</p> <p>[no change]</p> <p>[no change]</p> <p>ROUTINE USES: The information you provide on this form may be shared with other Federal, state, local, and foreign government agencies and authorized organizations in accordance with approved routine uses, as described in the associated published system of records notices [DHS/USCIS-001 - Alien File, Index, and National File Tracking System, DHS/USCIS-017 – Refugee Case Processing and Security Screening Information, and the STATE-60 - Refugee Case Records, which can be found at www.dhs.gov/privacy and www.state.gov]. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.</p>	<p>[Page 19]</p> <p>USCIS Privacy Act Statement</p> <p>AUTHORITIES: The information requested on this form, and the associated evidence, is collected pursuant to 8 U.S.C. 1522(b) and 8 U.S.C. section 1157.</p> <p>[no change]</p> <p>[no change]</p> <p>ROUTINE USES: The information you provide on this form may be shared with other Federal, state, local, and foreign government agencies and authorized organizations in accordance with approved routine uses, as described in the associated published system of records notices [DHS/USCIS-001 - Alien File, Index, and National File Tracking System, DHS/USCIS-017 – Refugee Case Processing and Security Screening Information, and the STATE-60 - Refugee Case Records, which can be found at www.dhs.gov/privacy and www.state.gov]. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.</p>
<p>Page 17, Paperwork Reduction Act</p> <p>An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for Form I-590 is estimated at</p>	<p>[Page 20]</p> <p>Paperwork Reduction Act</p> <p>An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for Form I-590 is estimated at 3 hours for gathering</p>	<p>[Page 20]</p> <p>Paperwork Reduction Act</p> <p>An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for Form I-590 is estimated at 3 hours for gathering</p>

	<p>3 hours for gathering information; 20 minutes (.33 hours) for submitting biometric information; 1 hour for review the request; and 2 hours for collecting DNA evidence. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No 1615-0068. Do not mail your completed Form I-590 to this address.</p>	<p>information; 20 minutes (.33 hours) for submitting biometric information; 1 hour for review the request; and 2 hours for collecting DNA evidence (<i>if applicable</i>). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No 1615-0068. Do not mail your completed Form I-590 to this address.</p>
--	--	---