



# Application for Relief Under Former Section 212(c) of the Immigration and Nationality Act (INA)

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

USCIS  
Form I-191  
OMB No. 1615-0016  
Expires 08/31/2016

|                           |                          |                 |                       |                  |                     |
|---------------------------|--------------------------|-----------------|-----------------------|------------------|---------------------|
| <b>For USCIS Use Only</b> | <b>Date (mm/dd/yyyy)</b> |                 | <b>Fee Stamp</b>      |                  | <b>Action Block</b> |
|                           | <b>RECEIVED</b>          | <b>TRANS IN</b> | <b>RETD/TRANS OUT</b> | <b>COMPLETED</b> |                     |

|  |   |  |   |
|--|---|--|---|
| <b>To be completed by an attorney or accredited representative (if any).</b> | <input type="checkbox"/> <b>Select this box if Form G-28 or Form G-28I is attached.</b> | <b>Attorney State Bar Number (if applicable)</b> | <b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> |
|  |   | <input type="text"/>                             | <input type="text"/>  |

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

## Part 1. Information About You

I am applying for permission to return to the United States under the authority contained in former section 212(c) of the Immigration and Nationality Act (INA).

1. Your Full Name (do not provide a nickname)

|                                |                                |                      |
|--------------------------------|--------------------------------|----------------------|
| <b>Family Name (Last Name)</b> | <b>Given Name (First Name)</b> | <b>Middle Name</b>   |
| <input type="text"/>           | <input type="text"/>           | <input type="text"/> |

2. Other Names Used

List all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

|                                |                                |                      |
|--------------------------------|--------------------------------|----------------------|
| <b>Family Name (Last Name)</b> | <b>Given Name (First Name)</b> | <b>Middle Name</b>   |
| <input type="text"/>           | <input type="text"/>           | <input type="text"/> |

3. Date of Birth (mm/dd/yyyy)

4. Alien Registration Number (A-Number) (if any)

▶ A-

5. USCIS Online Account Number (if any)

▶

6. Place of Birth

**City/Town/Village of Birth**

**State/Province of Birth**

**Country of Birth**

7. Country of Citizenship or Nationality

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

**8. Mailing Address**

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

Province

Postal Code

Country

**9. Physical Address**

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

Province

Postal Code

Country

**10. Information About When and How You Became a Lawful Permanent Resident (LPR)**

**A. Date When You Obtained Your LPR Status**

(mm/dd/yyyy)

**B. You Obtained Your LPR Status Through (select **only one**)**

Admission With an Immigrant Visa at a Port-of-Entry

Port-of-Entry, If Known

Means of Transportation

Adjustment of Status While in the United States

USCIS Office

**11. Passport Number Used at Last Entry**

**12. Travel Document Number Used at Last Entry**

**13. Country of Issuance for Passport or Travel Document**

**14. Expiration Date of This Passport or Travel Document**

(mm/dd/yyyy)



**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. Information About Your Criminal Convictions**

The information you provide below relates to the criminal convictions for which you are seeking relief under former section 212(c) of the Immigration and Nationality Act.

**1. Criminal Conviction 1**

**A. Date (mm/dd/yyyy)**

**B. Name of Court**

**C. Location of Court**

Town or City

State

**D. Court Case Number**

**E. Conviction Entered**  After Trial  Based on Guilty or No Contest Plea

If based on guilty or no contest plea, give the date of the guilty or no contest plea (mm/dd/yyyy)

**F. Specific Offense as Stated in the Conviction Judgment (If there is more than one offense, provide the name of each specific offense.)**

**G. Citation to Federal, State, or Local Law, as Stated in the Conviction Judgment (If there is more than one citation, provide each separate citation.)**

**H. Sentence, Probation, or Other Punishment Imposed**

**Part 3. Information About Your Criminal Convictions (continued)**

**2. Criminal Conviction 2**

**A.** Date (mm/dd/yyyy)

**B.** Name of Court

**C.** Location of Court

Town or City

State

**D.** Court Case Number

**E.** Conviction Entered  After Trial  Based on Guilty or No Contest Plea

If based on guilty or no contest plea, give the date of the guilty or no contest plea (mm/dd/yyyy)

**F.** Specific Offense as Stated in the Conviction Judgment (If there is more than one offense, provide the name of each specific offense.)

**G.** Citation to Federal, State, or Local Law, as Stated in the Conviction Judgment (If there is more than one citation, provide each separate citation.)

**H.** Sentence, Probation, or Other Punishment Imposed

**3. Criminal Conviction 3**

**A.** Date (mm/dd/yyyy)

**B.** Name of Court

**C.** Location of Court

Town or City

State

**D.** Court Case Number

**E.** Conviction Entered  After Trial  Based on Guilty or No Contest Plea

If based on guilty or no contest plea, give the date of the guilty or no contest plea (mm/dd/yyyy)

**F.** Specific Offense as Stated in the Conviction Judgment (If there is more than one offense, provide the name of each specific offense.)

**G.** Citation to Federal, State, or Local Law, as Stated in the Conviction Judgment (If there is more than one citation, provide each separate citation.)

**H.** Sentence, Probation, or Other Punishment Imposed

**NOTE:** If you were convicted more than three times, include the information for each additional conviction in **Part 12. Additional Information.**

**Part 4. Information About Your Residence**

Provide the following information about where you have lived during the last seven years.

List your most recent residence first and then every other residence where you have lived during the last seven years. There should be no gaps in time. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

**1. Physical Address 1**

|                        |                          |                          |                          |                      |
|------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| Street Number and Name | Apt. Ste. Flr.           |                          |                          | Number               |
| <input type="text"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| City or Town           | State                    |                          |                          | ZIP Code             |
| <input type="text"/>   | <input type="text"/>     |                          |                          | <input type="text"/> |
| Province               | Postal Code              | Country                  |                          |                      |
| <input type="text"/>   | <input type="text"/>     | <input type="text"/>     |                          |                      |
| Date of Residence      | From (mm/dd/yyyy)        | <input type="text"/>     | To (mm/dd/yyyy)          | <input type="text"/> |

**2. Physical Address 2**

|                        |                          |                          |                          |                      |
|------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| Street Number and Name | Apt. Ste. Flr.           |                          |                          | Number               |
| <input type="text"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| City or Town           | State                    |                          |                          | ZIP Code             |
| <input type="text"/>   | <input type="text"/>     |                          |                          | <input type="text"/> |
| Province               | Postal Code              | Country                  |                          |                      |
| <input type="text"/>   | <input type="text"/>     | <input type="text"/>     |                          |                      |
| Date of Residence      | From (mm/dd/yyyy)        | <input type="text"/>     | To (mm/dd/yyyy)          | <input type="text"/> |

**3. Physical Address 3**

|                        |                          |                          |                          |                      |
|------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| Street Number and Name | Apt. Ste. Flr.           |                          |                          | Number               |
| <input type="text"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| City or Town           | State                    |                          |                          | ZIP Code             |
| <input type="text"/>   | <input type="text"/>     |                          |                          | <input type="text"/> |
| Province               | Postal Code              | Country                  |                          |                      |
| <input type="text"/>   | <input type="text"/>     | <input type="text"/>     |                          |                      |
| Date of Residence      | From (mm/dd/yyyy)        | <input type="text"/>     | To (mm/dd/yyyy)          | <input type="text"/> |

**4. Physical Address 4**

|                        |                          |                          |                          |                      |
|------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| Street Number and Name | Apt. Ste. Flr.           |                          |                          | Number               |
| <input type="text"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| City or Town           | State                    |                          |                          | ZIP Code             |
| <input type="text"/>   | <input type="text"/>     |                          |                          | <input type="text"/> |
| Province               | Postal Code              | Country                  |                          |                      |
| <input type="text"/>   | <input type="text"/>     | <input type="text"/>     |                          |                      |
| Date of Residence      | From (mm/dd/yyyy)        | <input type="text"/>     | To (mm/dd/yyyy)          | <input type="text"/> |

**Part 4. Information About Your Residence (continued)**

**5. Physical Address 5**

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

Province

Postal Code

Country

Date of Residence From (mm/dd/yyyy)

To (mm/dd/yyyy)

**Part 5. Information About Your Employment**

Provide the following information about your employment.

List where you have worked full-time or part-time during the last seven years. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information.**

**1. Employer 1**

Name of Employer

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

Province

Postal Code

Country

Date From (mm/dd/yyyy)

To (mm/dd/yyyy)

Your Occupation

**2. Employer 2**

Name of Employer

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

Province

Postal Code

Country

Date From (mm/dd/yyyy)

To (mm/dd/yyyy)

Your Occupation

**Part 5. Information About Your Employment (continued)**

**3. Employer 3**

Name of Employer

Street Number and Name

Apt. Ste. Fl. Number

  

City or Town

State

ZIP Code

Province

Postal Code

Country

Date From (mm/dd/yyyy)

To (mm/dd/yyyy)

Your Occupation

**Part 6. Information About Your Family**

Provide the following information about your family (for example, spouse, children, and parents). If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

**A. Information About Your Spouse**

Spouse's Current Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

Spouse's Country of Birth

Spouse's Date of Birth (mm/dd/yyyy)

Spouse's Country of Citizenship or Nationality

Spouse's Physical Address

Street Number and Name

Apt. Ste. Fl. Number

  

City or Town

State

ZIP Code

Province

Postal Code

Country



**Part 6. Information About Your Family (continued)**

**B. Information About Your Children**

Provide the following information about all of your children.

**Child 1**

Current Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

Country of Birth

Date of Birth (mm/dd/yyyy)

Country of Citizenship or Nationality

Current Address

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

Province

Postal Code

Country

**Child 2**

Current Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

Country of Birth

Date of Birth (mm/dd/yyyy)

Country of Citizenship or Nationality

Current Address

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

Province

Postal Code

Country

**Part 6. Information About Your Family (continued)**

**Child 3**

Current Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

Country of Birth

Date of Birth (mm/dd/yyyy)

Country of Citizenship or Nationality

Current Address

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

Province

Postal Code

Country

**Child 4**

Current Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

Country of Birth

Date of Birth (mm/dd/yyyy)

Country of Citizenship or Nationality

Current Address

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

Province

Postal Code

Country

**Part 6. Information About Your Family (continued)**

**C. Information About Your Parents**

**Parent 1**

Parent 1's Current Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Sex  Male  Female

Parent 1's Date of Birth (mm/dd/yyyy)

Parent 1's Country of Birth

Parent 1's Country of Citizenship or Nationality

|  |  |
|--|--|
|  |  |
|--|--|

Parent 1's Physical Address

Street Number and Name

Apt. Ste. Flr. Number

|  |                          |                          |                          |  |
|--|--------------------------|--------------------------|--------------------------|--|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|--|--------------------------|--------------------------|--------------------------|--|

City or Town

State

ZIP Code

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Province

Postal Code

Country

|  |  |  |
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**Parent 2**

Parent 2's Current Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Sex  Male  Female

Parent 2's Date of Birth (mm/dd/yyyy)

Parent 2's Country of Birth

Parent 2's Country of Citizenship or Nationality

|  |  |
|--|--|
|  |  |
|--|--|

Parent 2's Physical Address

Street Number and Name

Apt. Ste. Flr. Number

|  |                          |                          |                          |  |
|--|--------------------------|--------------------------|--------------------------|--|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|--|--------------------------|--------------------------|--------------------------|--|

City or Town

State

ZIP Code

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Province

Postal Code

Country

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|



**Part 9. Applicant's Statement, Contact Information, Certification, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-191 Instructions before completing this part.

**Applicant's Statement**

**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 I have read and understand every question and instruction on this application and my answer to every question.
- B.**  The interpreter named in **Part 10.** read to me every question and instruction on this application and my answer to every question, in , a language in which I am fluent and I understood everything.

**2. Applicant's Statement Regarding the Preparer**

- At my request, the preparer named in **Part 11.**, , prepared this application for me based only upon information I provided or authorized.

**Applicant's Contact Information**

**3. Applicant's Daytime Telephone Number**

**4. Applicant's Mobile Telephone Number (if any)**

**5. Applicant's Email Address (if any)**

**Applicant's Certification**

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.

I further authorize release of information contained in this application, 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.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my application;
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

**Applicant's Signature**

**6. Applicant's Signature**

**Date of Signature (mm/dd/yyyy)**

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS (or an immigration judge if you are in deportation, exclusion, or removal proceedings) may deny your application.

**Part 10. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**Interpreter's Full Name**

- 1. Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)

**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 Mobile Telephone Number (if any)
- 6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 9., Item B., in Item Number 1.,** and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification,** and has verified the accuracy of every answer.

**Interpreter's Signature**

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

**Part 11. Contact Information, Declaration, and Signature of the Person Preparing This Application, if Other Than the Applicant**

Provide the following information about the preparer.

**Preparer's Full Name**

1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

**Preparer's Mailing Address**

3. Street Number and Name  Apt.  Ste.  Flr.  Number
- City or Town  State  ZIP Code
- Province  Postal Code  Country

**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)

**Preparer's Statement**

7. A.  I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 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 application.

**NOTE:** If you are an attorney or accredited representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

**Preparer's Signature**

8. Preparer's Signature  Date of Signature (mm/dd/yyyy)

**Part 12. Additional Information**

If you need extra space to provide any additional information within this application, 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 application 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.

1. Family Name (Last Name)  Given Name (First Name)  Middle Name

2. A-Number (if any) ▶ A-

3. A. Page Number  B. Part Number  C. Item Number

D.   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. A. Page Number  B. Part Number  C. Item Number

D.   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. A. Page Number  B. Part Number  C. Item Number

D.   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. A. Page Number  B. Part Number  C. Item Number

D.   
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**For USCIS Use Only**

**Decision**

Application granted upon the following terms and conditions:

Not for

Date of Action (mm/dd/yyyy)

Reproduction

07/12/2016