

## **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: 03/31/2017

		Applicant Interviewed	R	eceipt		Action Block
For USCIS Use Only		Date:		$) \land \Box \Box$		
		Date of Adjustment	Ur	(AL		
	illy	Date:	Remarks			
		RT HERE - Type or print			10	
Pa	art 1	. Information About Y	You			
1.	Full	Legal Name				
	Fam	ily Name (Last Name)		Given Name (First Name)		Middle Name
		-DD/		$\Box C$		
2.		e as it Appears on Your Emp	ployment Authorization			
	A.	Family Name (Last Name)		Given Name (First Name)		Middle Name
	В.	Provide the reason for a diffe	erence in the names, i	f any (marriage, divorce, et	cc.)	
_			<del>) / ( ) -</del>	<del>///)</del> (	11	
3.	•	Other Names Used	$\frac{1}{2}$	/ / / /		
	<b>A.</b>	Family Name (Last Name)		Given Name (First Name)		Middle Name
	_					N. 18 N.
	В.	Family Name (Last Name)		Given Name (First Name)		Middle Name
4.	Α.	If your native alphabet does	not use Roman letters	, type or print your name ir	n your native al	phabet.
		Family Name (Last Name)		Given Name (First Name)		Middle Name
	B.	Language of Your Native Al	lphabet			
5.	II S	Mailing Address				
٥.		are Of Name				
		are of runne				
	Stree	et Number and Name				Apt. Ste. Flr. Number
	City	or Town				State ZIP Code
6.	Is yo	our current U.S. mailing addr	ress the same as your	U.S. physical address?		Yes No
	If vo	ou answered "No," provide yo	our U.S. physical add	ress in <b>Item Number 7.</b>		

Pa	art 1. Information About You (continued)	A-						
7.	U.S. Physical Address							
	Street Number and Name	A	pt.	Ste.	Flr.	Num	ber	
	City or Town	St	ate		ZIP	Code		
8.	Alien Registration Number (A-Number) (if any) 9. U.S. Social Security Number (if any)  ▶ A-							
10.	Date of Birth (mm/dd/yyyy) 11. Gender							
12.	Place of Birth City or Town Province or Foreign State Country							
13.	Country of Citizenship or Nationality 14. Mother's First Name 15. F	ather	's Fi	rst N	ame			
16.	Marital Status Single (Never Married) Married Divorced or Separated	Widov	wed					
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.							
	sheet, indicate the Lage Pulmber, Lart Pulmber, and Item Pulmber to which your answer tere	rs, an	u 31,	gii aii	u uaic	eacii	snee	t.
	Country Purpose of Trip From (mm/dd/yyyy)		7	Fo ld/yyy		Tota		ys
	Country Purpose of Trip From		7	Го		Tota	l Da	ys
	Country Purpose of Trip From		7	Го		Tota	l Da	ys
	Country Purpose of Trip From		7	Го		Tota	l Da	ys
	Country Purpose of Trip From		7	Го		Tota	l Da	ys
	Country Purpose of Trip From		7	Го		Tota	l Da	ys
	Country Purpose of Trip From (mm/dd/yyyy)		7	Го		Tota	l Da	ys
Pa	Country Purpose of Trip From		7	Го		Tota	l Da	ys
Pa 1.	Country Purpose of Trip From (mm/dd/yyyy)		7	Го		Tota	l Da	ys
	Country Purpose of Trip From (mm/dd/yyyy)  art 2. Biographic Information		7	Го		Tota	l Da	ys
1.	Country Purpose of Trip From (mm/dd/yyyy)  art 2. Biographic Information  Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino	iian o	nm/d	Го		Tota	l Da	ys
1.	Country  Purpose of Trip  From (mm/dd/yyyy)  Art 2. Biographic Information  Ethnicity (Select only one box)	iian o	nm/d	Го		Tota	l Da	ys
1. 2.	Country  Purpose of Trip  From (mm/dd/yyyy)  Art 2. Biographic Information  Ethnicity (Select only one box)	iian o	nm/d	Го		Tota	l Da	ys
1. 2.	Country   Purpose of Trip   From (mm/dd/yyyy)	iian o	or ader	Γο Idd/yyy	(2)	Tota	Il Da	ys
1. 2.	Country Purpose of Trip From (mm/dd/yyyy)  Art 2. Biographic Information  Ethnicity (Select only one box)	iian o	or ader	Γο Idd/yyy	(2)	Tota	Il Da	ys

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Pa	art 3	3. Eligibility Standards	<b>A-</b>							
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 <b>Item A.</b> or <b>B.</b> below.								d	
	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 Secu	rity	(Se	cre	etary	).			
	B.	I have satisfied these requirements by:								
		Satisfactory pursuit of a course of study recognized by the Secretary (attach appropriate	do	cum	ien	tatio	n); o	r		
		An exemption because I am 65 years of age or older, under 16 years of age, or I am phy are physically unable to comply, explain and attach relevant documentation.)	sica	lly	una	able	to co	mpl	y. (	If you
in I	Part h	Item Numbers 2 29. If you answer "Yes" to any of the questions, provide a complete exp. 8. Additional Information or attach a separate sheet of paper. Type or print your name and set; indicate the Page Number, Part Number, and Item Number to which your answer referring "Yes" does not necessarily mean that you are not entitled to adjust status or register for land the page Number.	A-N rs; a	Jun Ind	nbe sig	r (if n an	any) d dat	at the	ne to ch sl	p of
2.		re you <b>EVER</b> assisted in the persecution of any person or persons on account of race, religion nion, nationality, or membership in a particular social group?	1, po	oliti	cal		\ 	Yes		] No
3.	Hav	ve you EVER been treated for a mental disorder, drug addiction, or alcoholism?					<u> </u>	<i>l</i> es		No
4.	Hav	re you EVER committed a crime or offense for which you were not arrested?				N	<u> </u>	Yes		] No
5.	and	re you <b>EVER</b> been arrested, cited, or detained by any law enforcement officer (including Impulsion Customs Enforcement (ICE), Customs and Border Protection (CBP), former Immigration and uralization Service (INS), and/or military officers) for any reason?		atio	n			Yes		] No
6.	Hav	re you EVER been charged with committing any crime or offense?		7	1			Yes		No
7.	Hav	re you EVER been convicted of a crime or offense?						/es		No
8.	Hav	re you EVER been in jail or prison?						Yes		No
9.		re you <b>EVER</b> been placed in an alternative sentencing or a rehabilitative program (for exampersion, deferred prosecution, withheld adjudication, deferred adjudication)?	ole,					Yes		] No
10.	Hav	re you <b>EVER</b> received a suspended sentence, been placed on probation, or been paroled?						<i>l</i> es		No
11.	A.	Have you, or a dependent member of your immediate family, <b>EVER</b> received public assista any source, including, but not limited to, the U.S. Government, any state, county, city, or much properties of the transfer of the tr				?		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.	So	cial	Secu	rity	Nu	mber
					Π					
12.	Hav	re you EVER:								
	<b>A.</b>	Within the past 10 years been a prostitute, procured anyone for prostitution, or intend to engactivities in the future?	age	in s	suc	h	\ \	Yes		] No
	B.	Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling	g?					Yes		No
	C.	Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the Unit illegally?	ed S	State	es			Yes		] No
	D.	Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in trafficking of any controlled substance?	the	illic	it			Yes		] No

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Pa	rt 3	. Eligibility Standards (continued)	<b>A-</b>							
13.	soli mat	re you <b>EVER</b> engaged in, conspired to engage in, do you intend to engage in, or have you <b>EV</b> cited membership or funds for, or have you <b>EVER</b> through any means assisted or provided a erial support to any person or organization that has <b>EVER</b> engaged or conspired to engage in apping, political assassination, hijacking, or any other form of terrorist activity?	ny t	ype			] '	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 Govern the United States, by force, violence, or other unlawful means?	nme	nt c	of		] '	Yes		No
	C.	Any activity to violate or evade any law prohibiting the export from the United States of good technology, or sensitive information?	ods,				] '	Yes		No
15.		re you <b>EVER</b> been a member of, or in any way affiliated with, a Communist Party or any oth litarian party?	er				] '	Yes		No
16.	6. 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?									No
17.	Hav	e you EVER claimed to be a United States citizen in writing or any other way?	7				· [	Yes		No
18.	exp	be you <b>EVER</b> been deported from the United States, removed from the United States at governess, excluded within the past year, or are you <b>NOW</b> , or have you <b>EVER</b> been in exclusion, portation, removal, or rescission proceedings?	'nm	ent		V	] '	Yes		No
19.	Nat mis	you <b>NOW</b> under a final order of civil penalty for violating section 274C of the Immigration ionality Act (INA) for use of fraudulent documents or have you <b>EVER</b> , by fraud or willful representation of a material fact, sought to procure or procured a visa, other documentation, eunited States, or any immigration benefit?			to		' [	Yes		No
20.	Hav	e you EVER left the United States to avoid being drafted into the U.S. Armed Forces?		,			] '	Yes		No
21.		re you <b>EVER</b> been a J nonimmigrant exchange visitor who was subject to the 2-year foreign tirement and have not yet complied with that requirement or obtained a waiver?	resi	den	ce		] '	Yes		No
22.		you <b>NOW</b> withholding custody of a U.S. citizen child outside the United States from a persody of the child?	on g	ran	ted		] '	Yes		No
23.	Do	you plan to practice polygamy in the United States?					] '	Yes		No
24.	Hav	e you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise part	icip	atec	l in a	ıny o	f tl	ne fo	llow	ing:
	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 o threatened?	r				] '	Yes		No
	E.	Limiting or denying any person's ability to exercise religious beliefs?					] '	Yes		No
25.	Hav	e you EVER:								
	A.	Served in, been a member of, assisted in, or participated in any military unit, paramilitary ununit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organisms.					] '	Yes		No
	В.	Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation involved detaining persons?	tha	-			] '	Yes		No

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Pa	art 3. Eligibility Standards (continued)	A-						
26.	Have you <b>EVER</b> been a member of, assisted in, or participated in any group, unit, or organiza kind in which you or other persons used any type of weapon against any person or threatened to				Y	es [	] ]	No
27.	Have you <b>EVER</b> assisted or participated in selling, providing, or transporting weapons to any to your knowledge, used them against another person?	persor	who	Ο,	Y	es [		No
28.	Have you <b>EVER</b> received any type of military, paramilitary or weapons training?				Y	es [		No
29.	Have you EVER:							
	<b>A.</b> Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or he force or group?	elp an	arme	ed	Y	es [	]	No
	<b>B.</b> Used any person under 15 years of age to take part in hostilities, or to help or provide serve people in combat?	rices to	)		Yo	es [	]	No
	art 4. Accommodations for Individuals With Disabilities and Impairments	(Rea	d the	e info	ormat	ion	in t	he
Fo	orm I-698 instructions before completing this part.)							
1.	Are you requesting an accommodation because of your disabilities and/or impairments?				Y	es [		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 re	questi	ng a	sign-l	angua	ge in	terpi	reter,
	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 disab	ilities	and/d	or imp	airme	nts a	nd tł	ne
	accommodations you are requesting):							
	02/0//201							
D		•			4 TIC	CIC	•	
	art 5. Applicant's Statement, Contact Information, Acknowledgement of A pplication Support Center, Certification, and Signature	ppon	ntm	ent a	it US	CIS	•	
_		T4	NT.	1	•			
	OTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for	r Item	ı Mul	mber	2.			
1.	Applicant's Statement Regarding the Interpreter							
	A. I can read and understand English, and have read and understand every question and well as my answer to every question. I have read and understand the Acknowledgen Application Support Center.							
	B. The interpreter named in Part 6. has read to me every question and instruction on this	applic	atior	i, as v	ell as	my		
	answer to every question, in				anguag			
	am fluent. I understand every question and instruction on this application as translate provided complete, true, and correct responses in the language indicated above. The read the <b>Acknowledgement of Appointment at USCIS Application Support Cente</b> am fluent, and I understand this ASC Acknowledgement as read to me by my interpret	interpi er to m	eter	name	d Part	<b>6.</b> h	as al	so
2.	Applicant's Statement Regarding the Preparer							
	I have requested the services of and consented							
	who is is not an attorney or accredited representative, preparing this application for in preparing my application has reviewed the <b>Acknowledgement of Appointment at US</b> with me and I understand the ASC Acknowledgement.							

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Part 5. Applicant's Statement, Contact Information, ASC Acknowledgement, A-Certification, and Signature (continued)								
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)								
Acknowledgement of Appointment at USCIS Application Support Center								
I, understand that the purpose of a USCIS Application Support Center (ASC) appointment is for me to provide fingerprints, photograph, and/or signature and to re-affirm that all of the information in my application is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment:								
By signing here, I declare under penalty of perjury that I have reviewed and understand my application, petition, or request as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.								
I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-affirming that I willingly submit this application; I have reviewed the contents of this application; all of the information in my application and a supporting documents submitted with my application were provided by me and are complete, true, and correct; and if I was assisted i completing this application, the person assisting me also reviewed this <b>Acknowledgement of Appointment at USCIS Application Support Center</b> with me.								
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 and all of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.								
I furthermore 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 of U.S. immigration laws.								
I certify, under penalty of perjury, that the information in my application and any document submitted with my application were provided by me and are complete, true, and correct.								
Applicant's Signature								
6. Applicant's Signature  Date of Signature (mm/dd/yyyy								
Part 6. Interpreter's Contact Information, Certification, and Signature								
Interpreter's Full Name								
Provide the following information concerning the interpreter.								
Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)								
2. Interpreter's Business or Organization Name (if any)								

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	ontinued)	A-					
In	terpreter's Mailing Address	_					
3.	Street Number and Name  City or Town	Apt. Ste. Flr. Number  State ZIP Code					
	Province Postal Code Country						
In	terpreter's Contact Information						
4.	Interpreter's Daytime Telephone Number  5. Interpreter's Email Address (if any)	l .					
I cer I am prov I ha prov The ever The bior conf	I certify that:  I am fluent in English and 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.						
	terpreter's Signature	Data of Signature (mm/dd/mm)					
6.	Interpreter's Signature	Date of Signature (mm/dd/yyyy)					
	ort 7. Contact Information, Statement, Certification, and Signature of the Implication, If Other Than the Applicant	Person Preparing This					
Pr	eparer's Full Name						
Prov	vide the following information concerning the preparer.						
1.	Preparer's Family Name (Last Name)  Preparer's Given Name (Fin	rst Name)					
2.	Preparer's Business or Organization (if any)						

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Pa	rt 7. Contact Information, State	ement, Certifica	tion, and Signatu	re of the	<b>A</b> -	
	rson Preparing This Application		, ,			
Pr	eparer's Mailing Address					
3.	Street Number and Name				Apt. Ste.	Flr. Number
		$\Delta D$	$\Lambda$			
	City or Town			$\vdash$	State 2	ZIP Code
	Province	Postal Code		Country		
Pr	eparer's Contact Information			`		
4.	Preparer's Daytime Telephone Number	VI	5. Preparer's Fa	x Telephone N	umber	
				•		
6.	Preparer's Email Address (if any)					
			+		$\mathcal{M}$	
Pr	eparer's Statement					
7.	A.  I am not an attorney or accredit and with the applicant's consen		t have prepared this a	pplication on b	ehalf of the app	olicant
	B.		y representation of the ation of this applicati		his case	
	<b>TE:</b> If you are an attorney or accredited at submit a completed Form G-28, Notice					
Pr	eparer's Certification					
with com appl I ha	my signature, I certify, swear or affirm, un the express consent of, the applicant. I appleting the application, I reviewed it and lication. If the applicant supplied addition we also read the <b>Acknowledgement of A</b> informed me that he or she understands the supplied and the same are the same and the same are the sa	completed this applicant's all of the applicant's onal information concuppointment at USC	cation based only on a responses with the a terning a question on IS Application Supp	responses the a oplicant, who a the application	pplicant provid agreed with eve , I recorded it o	led to me. After ery answer on the on the application.
Pr	eparer's Signature					
8.	Preparer's Signature				Date of Signat	ture (mm/dd/yyyy)

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Part	<b>X</b> /	<b>1</b>	litiona	l In	torm	ation
1 all	(). <i>I</i>	-\uu	uuvua		IVI III	auvu

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. Include 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.

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.  C. Item Number  C. Item Number  D.  C. Item Number  C. Item Number  D.	1.	Family Name (Last Name)	Given Name (First Name) Middle Name
A. A. Page Number B. Part Number C. Item Number  D. D. C. Item Number  D. D. C. Item Number	2.	A-Number (if any) ► A-	
D.  5. A. Page Number  B. Part Number  C. Item Number  D.  6. A. Page Number  B. Part Number  C. Item Number	3.		C. Item Number
D.  6. A. Page Number  B. Part Number  C. Item Number	4.		C. Item Number
	5.		C. Item Number
	6.		C. Item Number

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