



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

| | | | |
|---------------------------------------|------------------------------|----------------|---------------------|
| For USCIS Use Only | Applicant Interviewed | Receipt | Action Block |
| | Date: _____ | DRAFT | |
| | Date of Adjustment | | |
| Date: _____ | Remarks | | |

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

Part 1. Information About You

1. Full Legal Name

| | | |
|--|--|--|
| Family Name (Last Name) | Given Name (First Name) | Middle Name |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

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

| | | |
|--|--|--|
| A. Family Name (Last Name) | Given Name (First Name) | Middle Name |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

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

3. Any Other Names Used

| | | |
|--|--|--|
| A. Family Name (Last Name) | Given Name (First Name) | Middle Name |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

| | | |
|--|--|--|
| B. Family Name (Last Name) | Given Name (First Name) | Middle Name |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

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

| | | |
|--|--|--|
| Family Name (Last Name) | Given Name (First Name) | Middle Name |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

B. Language of Your Native Alphabet

5. U.S. Mailing Address

In Care Of Name

| | | | | |
|--|--------------------------|--------------------------|--------------------------|--|
| Street Number and Name | Apt. | Ste. | Flr. | Number |
| <input style="width: 95%;" type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input style="width: 95%;" type="text"/> |

| | | |
|--|--|--|
| City or Town | State | ZIP Code |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

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

Yes No

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

Part 1. Information About You (continued)

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7. U.S. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

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

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

11. Gender

Male Female

12. Place of Birth

City or Town

Province or Foreign State

Country

13. Country of Citizenship or Nationality

14. Mother's First Name

15. Father's First Name

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

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

| Country | Purpose of Trip | From (mm/dd/yyyy) | To (mm/dd/yyyy) | Total Days Absent |
|---------|-----------------|----------------------|--------------------|----------------------|
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Part 2. Biographic Information

1. Ethnicity (Select **only one** box) Hispanic or Latino Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

3. Height Feet Inches 4. Weight Pounds

5. Eye Color (Select **only one** box)

Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other

6. Hair Color (Select **only one** box)

Bald (No Hair) Black Blond Brown Gray Red Sandy White Unknown/Other

Part 3. Eligibility Standards (continued)

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

Part 3. Eligibility Standards (continued)

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

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

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

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

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

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

Part 5. Applicant's Statement, Contact Information, ASC Acknowledgement, Certification, and Signature (continued)

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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 all supporting documents submitted with my application were provided by me and are complete, true, and correct; and if I was assisted in completing this application, the person assisting me also reviewed this **Acknowledgement of Appointment at USCIS Application Support Center** 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.

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

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

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Interpreter's Mailing Address

3. Street Number and Name

Apt. Ste. Fl. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Email Address (if any)

Interpreter's Certification

I certify that:

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

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

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

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

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

Interpreter's Signature

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

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

Preparer's Full Name

Provide the following information concerning the preparer.

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

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

Part 8. 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. 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.

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. _____
