**TABLE OF CHANGES – FORM**

**Form I-730, Refugee/Asylee Relative Petition**

**OMB Number: 1615-0037**

**03/24/2017**

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| **Reason for Revision:** Extension with limited edits.Incorporated newest standard language, formatting, and numbering. |

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| **Current Section and Page Number** | **Current Text** | **Proposed Text** |
| **Page 1,**  **START HERE** | My Status:  Refugee  Asylee  Lawful Permanent Resident based on previous Refugee status  Lawful Permanent Resident based on previous Asylee status  The beneficiary is my:  [] Spouse  [] Unmarried child who is a (n):  [] Biological Child  [] Stepchild  [] Adopted Child  Number of relatives for whom I am filing separate Form I-730s: \_\_\_\_\_\_ (\_\_\_\_\_ of \_\_\_\_\_) | **[Page 1]**  [No Change] |
| **Pages 1-2,**  **Part 1. Information About You, the Petitioner** | Family Name (Last name), Given Name (First name), Middle Name:  Address of Residence (Where you physically reside)  Street Number and Name:  Apt. Number  City:  State or Province:  Country:  Zip/Postal Code:  Mailing Address (If different from residence) - C/O:  Street Number and Name:  Apt. Number:  City:  State or Province:  Country:  Zip/Postal Code:  Telephone Number including Country and City/Area Code:  Your E-Mail Address, if available:  Gender: a. Male b. Female  Date of Birth (mm/dd/yyyy):  Country of Birth:  Country of Citizenship/Nationality:  U.S. Alien Registration Number:  **A-**  U.S. Social Security Number (If applicable):  Other Names Used (Including maiden name)  If married, Name of Spouse, Date (mm/dd/yyyy), and Place of Present Marriage  If previously married, name(s) of prior spouse(s):  Date(s) (*mm/dd/yyyy)* and Place(s) Previous Marriage(s) Ended:  Please provide documentation indicating how marriage(s) ended (e.g., death certificate, divorce certificate, etc.):  Date (mm/dd/yyyy) and Place Asylee Status was granted in the United States  **OR**  Date (mm/dd/yyyy) and Place you received your approval for Refugee Status while living abroad  If You Were Approved for Refugee Status, Date (*mm/dd/yyyy*) and Place Admitted to the United States as a Refugee: | **[Page 1]**  **Part 1. Information About You, the Petitioner**  [No Change]  Please provide documentation indicating how marriage(s) ended (e.g., death certificate, divorce certificate, etc.): |
| **Page 1,**  **Part 2. Information About Your Alien Relative, the Beneficiary** | Family Name (Last name), Given Name (First name), Middle Name:  Address of Residence (Where the beneficiary physically resides)    Street Number and Name:  Apt. Number  City:  State or Province:  Country:  Zip/Postal Code:  Mailing Address (If different from residence) - C/O:  Street Number and Name:  Apt. Number:  City:  State or Province:  Country:  Zip/Postal Code:  Telephone Number including Country and City/Area Code:  The beneficiary’s E-Mail Address, if available  Gender: a. Male b. Female  Date of Birth (*mm/dd/yyyy*):  Country of Birth:  Country of Citizenship/Nationality:  U.S. Alien Registration Number:  **A-**  U.S. Social Security Number  (If applicable):  Other Names Used (Including maiden name)  If married, Name of Spouse, Date (mm/dd/yyyy), and Place of Present Marriage  If previously married, name(s) of prior spouse(s):  Date(s) (mm/dd/yyyy) and Place(s) Previous Marriage(s) Ended:  Please provide documentation indicating how marriage(s) ended (e.g., death certificate, divorce certificate, etc.):  \_\_Beneficiary is currently in the United States  \_\_Beneficiary is outside the United States and will apply for travel authorization at a USCIS Office or a U.S. Embassy or consulate in:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City and Country  **To Be Completed By Attorney or Representative, if any.**  Fill in box if G-28 is attached to represent the petitioner.  Volag Number:  Attorney State License Number:  Name and **mailing** address of the beneficiary written in the language of the country where he or she now **resides**:  Family Name:  Given Name:  Middle Name:  Address- C/O  Street Number and Name:  Apt. Number  City/State or Province:  Country:  Zip/Postal Code  Check the box, a through d, that applies:  a. []The beneficiary has never been in the United States  b. []The beneficiary is now in immigration court proceedings in the United States Where?  c. []The beneficiary has never been in immigration court proceedings in the United States  d. []The beneficiary is not now in immigration court proceedings in the United States, but has been in the past. Where? ­­­  What is the beneficiary's native language?  Is the beneficiary fluent in English? Yes No  What other language(s) does the beneficiary speak fluently:  List each of the beneficiary's entries into the United States; if any, beginning with the most recent entry. Submit a copy of each I-94 and/or copy of the beneficiary's passport showing all the entry and exit stamps for each entry. Attach an additional sheet if the beneficiary has more than two entries into the United States:  Date of Arrival (mm/dd/yyyy):  Place (City and State):  Status:  I-94 Number:  Date Status Expires (mm/dd/yyyy):  Passport Number:  Travel Document Number:  Expiration Date for Passport or Travel Document:  Country of Issuance for Passport or Travel Document:  Date of Arrival (mm/dd/yyyy):  Place (City and State):  Status:  I-94 Number:  Date Status Expires(mm/dd/yyyy):  Passport Number:  Travel Document Number:  Expiration Date for Passport or Travel Document:  Country of Issuance for Passport or Travel Document: | **[Page 1]**  **Part 2. Information About Your Alien Relative, the Beneficiary**  [No Change]  Check the box, a. through d., that applies:  [No Change]  List each of the beneficiary's entries into the United States, if any, beginning with the most recent entry. Submit a copy of each I-94 and/or copy of the beneficiary's passport showing all the entry and exit stamps for each entry. Attach an additional sheet if the beneficiary has more than two entries into the United States:  [No Change] |
| **Page 3,**  **Part 3. 2-Year Filing Deadline** | Are you filing this application more than 2 years after the date you were admitted to the United States as a refugee or granted asylee status? Yes No  If you answered "Yes" to the previous question, explain the delay in filing and submit evidence to support your explanation (Attach additional sheets of paper if necessary): | **[Page 3]**  **Part 3. Two-Year Filing Deadline**  Are you filing this application more than two years after the date you were admitted to the United States as a refugee or granted asylee status? Yes No  If you answered "Yes" to the previous question, explain the delay in filing and submit evidence to support your explanation. (Attach additional sheets of paper if necessary): |
| **Page 3,**  **Part 4. Warning** | ***WARNING: Any beneficiary who is in the United States illegally is subject to removal if Form I-730 is not granted by USCIS. Any information provided in completing this petition may be used as a basis for the institution of, or as evidence in, removal proceedings, even if the petition is later withdrawn. Unexcused failure by the beneficiary to appear for an appointment to provide biometrics (such as fingerprints and photographs) and biographical information within the time allowed may result in denial of Form I-730. Information provided on this form and biometrics and biographical information provided by the beneficiary may also be used in producing an Employment Authorization Document if the beneficiary is granted derivative refugee or asylee status.*** | **[Page 3]**  **Part 4. Warning**  [No Change] |
| **Page 4,**  **Part 5. Signature of Petitioner** | *Read the information on penalties in the instructions and the warning in* ***Part 4*** *before completing this section and sign below. If someone other than the beneficiary helped you to prepare this petition, that person must complete* ***Part 7****.*  *I certify or, if outside the United States, I swear or affirm, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. I authorize the release of any information from my record that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.*  Signature  Print Full Name  Date (mm/dd/yyyy)  Daytime Telephone Number  ***NOTE****: If you do not completely fill out this form or if you fail to submit the required documents listed in the instructions, your relative may not be found eligible for the requested benefit and this petition may be denied.* | **[Page 4]**  **Part 5. Petitioner’s Statement, Contact Information, Declaration, Certification, and Signature**  **NOTE:** Read the **Penalties** section of the Form I-730 Instructions before completing this part.  ***Petitioner’s Statement***  **NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**  **1.a.** [] I can read and understand English, and I have read and I understand every question and instruction on this petition and my answer to every question.  **1.b.** [] The interpreter named in **Part 7.** read to me every question and instruction on this petition and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.  **2.** [] At my request, the preparer named in **Part 8.**, [Fillable Filed], prepared this petition for me based only upon information I provided or authorized.  ***Petitioner’s Contact Information***  **3.** Petitioner’s Daytime Telephone Number  **4.** Petitioner’s Mobile Telephone Number (if any)  **5.** Petitioner’s Email Address (if any)  ***Petitioner’s Declaration and 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 petition, 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 provided or authorized all of the information contained in, and submitted with, my petition;  **2)** I reviewed and understood all of the information in, and submitted with, my petition; and  **3)** All of this information was complete, true, and correct at the time of filing.  I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.  ***Petitioner’s Signature***  **6.a.** Petitioner’s Signature  **6.b.** Date of Signature (mm/dd/yyyy)  **NOTE TO ALL PETITIONERS:**  If you do not completely fill out this petition or fail to submit required evidence listed in the Instructions, USCIS may deny your petition. |
| **Page 4,**  **Part 6. Signature of Beneficiary, if in the United States** | *Read the information on penalties in the instructions and the warning in* ***Part 4*** *before completing this section and sign below. If someone other than the petitioner helped you to prepare this petition, that person must complete* ***Part 7****.*  ***NOTE: If the beneficiary is not currently in the United States, this section should be left blank.***  *I certify under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. I authorize the release of any information from my record that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.*  Signature  Print Full Name  Date(mm/dd/yyyy)  Daytime Telephone Number  ***NOTE:*** *If you do not completely fill out this form or if you fail to submit the required documents and biometrics listed in the instructions, you may not be found eligible for the requested benefit and this petition may be denied.* | **[Page 5]**  **Part 6. Beneficiary's Statement, Contact Information, Declaration, Certification, and Signature if in the United States**  **NOTE:** Read the information on penalties in the **Penalties** section of the Form I-730 Instructions before completing this part.  **NOTE: If the beneficiary is not currently in the United States, or is not 14 years of age or older, this section should be left blank.**  ***Beneficiary’s Statement***  **NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**  **1.a.** [] I can read and understand English, and I have read and I understand every question and instruction on this petition and my answer to every question.  **1.b.** [] The interpreter named in **Part 7.** read to me every question and instruction on this petition and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.  **2.** [] At my request, the preparer named in **Part 8.**, [Fillable Filed], prepared this petition for me based only upon information I and the petitioner provided or authorized.  ***Beneficiary’s Contact Information***  **3.** Beneficiary’s Daytime Telephone Number  **4.** Beneficiary’s Mobile Telephone Number (if any)  **5.** Beneficiary’s Email Address (if any)  ***Beneficiary’s Declaration and 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 petition, 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 provided or authorized all of the information contained in, and submitted with, my petition;  **2)** I reviewed and understood all of the information in, and submitted with, my petition; and  **3)** All of this information was complete, true, and correct at the time of filing.  I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.  ***Beneficiary’s Signature***  **7.a.** Beneficiary’s Signature  **7.b.** Date of Signature (mm/dd/yyyy)  [Delete]  **NOTE**:Thispetition must be completely filled out and all required evidence submitted or USCIS may deny this petition. |
|  |  | **[Page 6]**  **Part 7. Contact Information, Certification, and Signature of the Person Interpreting this Petition, if Other Than the Petitioner or Beneficiary**  Provide the following information about the interpreter used to complete this petition. **NOTE:** If you did not use an interpreter to help you complete this petition, leave this section blank.  ***Interpreter’s Full Name***  **1.a.** Interpreter's Family Name (Last Name)  **1.b.** Interpreter's Given Name (First Name)  **2.** Interpreter's Business or Organization Name (if any)  ***Interpreter’s Mailing Address***  **3.a.** Street Number and Name  **3.b.** Apt. Ste. Flr. \_\_\_\_  **3.c.** City or Town  **3.d.** State  **3.e.** ZIP Code  **3.f.** Province  **3.g.** Postal Code  **3.h.** 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 [Fillable Field],which is the same language specified in **Part 5. or Part 6.**, **Item Number 1.b.** I have read to this petitioner, beneficiary, or to them both (if the beneficiary is in the United States and 14 years of age or older) in the identified language, every question and instruction on this petition and the petitioner’s or the beneficiary’s answer to every question. The petitioner and/or beneficiary, informed me that he and/or she understand every instruction, question, and answer on the petition, including the **Petitioner’s Declaration and Certification**, and the **Beneficiary’s Declaration and Certification**, and have verified the accuracy of every answer.  ***Interpreter’s Signature***  **7.a.**  Interpreter’s Signature  **7.b.**  Date of Signature (mm/dd/yyyy) |
| **Page 4,**  **Part 7. Signature of Person Preparing Form, If Other Than Petitioner or Beneficiary Above** | Daytime Telephone Number  Firm Name and Address  E-Mail Address (If any)  *I declare that I prepared this petition at the request of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of person(s) above), and it is based on all of the information of which I have knowledge.*  Signature  Date(mm/dd/yyyy)  Print Full Name | **[Page 7]**  **Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Beneficiary**  Provide the following information about the preparer. **If you filled out this petition yourself (without a preparer), please leave this section blank.**  ***Preparer’s Full Name***  **1.a.**  Preparer’s Family Name (Last Name)  **1.b.**  Preparer’s Given Name (First Name)  **2.** Preparer’s Business or Organization Name (if any)  ***Preparer’s Mailing Address***  **3.a.** Street Number and Name  **3.b.** [ ] Apt. [ ] Ste. [ ] Flr. [fillable field]  **3.c.** City or Town  **3.d.** State  **3.e.** ZIP Code  **3.f.** Province  **3.g.** Postal Code  **3.h.** 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 petition on behalf of the petitioner and with the petitioner’s consent.  **7.b.** [] I am an attorney or accredited representative and my representation of the petitioner in this case [] extends [] does not extendbeyond the preparation of this petition.  **NOTE:** If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.  ***Preparer’s Certification***  By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner and/or the beneficiary. The petitioner and beneficiary (if the beneficiary is in the United States and 14 years of age or older) then reviewed this completed petition and informed me that he and/or she understand all of the information contained in, and submitted with, his and/or her petition, including the **Petitioner’s Declaration and Certification**, and the **Beneficiary’s Declaration and Certification** that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner and beneficiary provided to me or authorized me to obtain or use.  ***Preparer’s Signature***  **8.a.**  Preparer’s Signature  **8.b.**  Date of Signature (mm/dd/yyyy)  [Delete] |
| **Page 4,**  **Part 8. To Be Completed at Interview of Beneficiary, If Applicable** (14 years of age or older) | *Beneficiaries in the United States will be interviewed by USCIS officers. Their petitioners may also be interviewed. Beneficiaries living overseas will be interviewed by a USCIS officer or a DOS consular officer.*  I swear (affirm) that I know the contents of this petition that I am signing, including the attached documents and supplements, and that they are [] all true or []not all true to the best of my knowledge and that correction(s) numbered \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_ were made by me or at my request. With these corrections, the information on this form is now true.  Signature of Beneficiary  Signed and sworn before me by the beneficiary named herein on:  *Date (mm/dd/yyyy)*  Write your Name in your Native Alphabet  Signature of USCIS Officer or DOS Consular Officer  [] Beneficiary Approved for Travel, Admission Code:\_\_\_\_\_\_\_\_  [] Petition Returned Service Center via NVC  **CBP Action Block** | **[Page 8]**  **Part 9. To Be Completed at Interview of Beneficiary, If Applicable** (14 years of age or older)  *Beneficiaries in the United States will be interviewed by USCIS officers. Their petitioners may also be interviewed. Beneficiaries living overseas will be interviewed by a USCIS officer or a* ***Department of State*** *(DOS) consular officer.*  I swear (affirm) that I know the contents of this petition that I am signing, including the attached documents and supplements, and that they are [] all true or [] not all true to the best of my knowledge and that corrections numbered \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_ were made by me or at my request. With these corrections, the information on this form is now true.  Signature of Beneficiary  Signed and sworn before me by the beneficiary named herein on:  *Date (mm/dd/yyyy)*  Write your Name in your Native Alphabet  Signature of USCIS Officer or DOS Consular Officer  [] Beneficiary Approved for Travel, Admission Code:\_\_\_\_\_\_\_\_  [] Petition Returned Service Center via NVC  **CBP Action Block** |