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## Form G-845 Supplement, **Verification Request**

**Department of Homeland Security** 

U.S. Citizenship and Immigration Services

USCIS **Form G-845 Supplement** 

OMB No. 1615-0101 Expires 05/31/2018

#### 3. Case Verification Number Part 1. Information From the Registered Agency NOTE: Only the Registered Agency should complete this information. 4. Date of Birth (mm/dd/yyyy) To: U.S. Citizenship and Immigration Services (USCIS) 5. Social Security Number **Attn: USCIS SAVE Program Status Verification Office** Information Requested by the Registered Agency (Select all applicable boxes) **6.a.** Immigration Status Citizenship Status Stamp, type, or print the name, address, and ZIP Code of the Registered Agency. (Print clearly since USCIS may use Special Benefit Provision for Certain Victims of agency address below with a No. 10 window envelope.) Abuse **6.d.** Affidavit of Support From: USCIS to verify **Cuban/Haitian entrants** by filling out Part 3. **6.f.** Form SSA-8510, Authorization for the Social Security Administration to Obtain Personal Information, or other agency's equivalent release form, attached. (Use **NOTE:** You may only submit a completed Form G-845 only for applicants with proceedings pending with Supplement with a completed Form G-845 to request EOIR.) verification. You may not submit Form G-845 Supplement

### **Applicant Information**

#### **Immigration Document Number**

	*-									
1.b.	Form I-94 Number (Arriva	al-I	Эер	artu	ire F	Reco	ord)			
1.c.	Other Immigration Number	er								
1.d.	Name or Form Number of	Do	cui	nen	ıt Co	onta	inir	ıg tl	ne	
	Other Immigration Number	er								

alone. The information on this request concerns eligibility for

Δ\_

certain Federal, state, and local public benefits.

1.a. Alien Registration Number (A-Number)

#### Applicant's Full Name as Shown on the Immigration **Document**

2.a.	Last Name	
2.b.	First Name	

2.c.	Middle Name	

# Registered Agency Information

Full Name of Agency Official

**Part 3.**)

7.a.	Last Name	

**6.g.** For SSA only: Retirement, Survivors, and Disability

**6.h.** Status of this applicant as of 8/22/1996 is required (USCIS completes Item Numbers 1.a. - 1.b. in

**Numbers 4.a. - 4.d.** in **Part 2.**)

Insurance (RSDI) Claim. (USCIS completes Item

7.b.	First Name	

**8.a.** Daytime Telephone Number (Include Area Code)

			,	
	1			
	1			
O L	T	NT1	if applicable)	

0.0.	Extension (unified (if applicable)

9.	Date Request Completed	
	(mm/dd/yyyy)	

date necessary to make their benefit determination.)  Effective Date of LPR Status/Rollback  (mm/dd/yyyy)  Date Adjustment to LPR Approved  (mm/dd/yyyy)  PRIOR STATUS: If the applicant adjusted to LPR in the pass 7 years from a status listed below in Item Numbers 1.b., 1.c., 1.d., 1.g., 1.h., 1.i., or 1.j., select the appropriate prior status an provide dates and class of admission where indicated.  1.b.	Applicant's Last Name	Applicant's First Na	me Case Verification Number
NOTE: Only USCIG should complete this information, unless otherwise indicated.  Upon review of these documents, information submitted, and our records, we find the following for the applicant:  Current Immigration Status (Select all applicable boxes)  1.a.		From the Registered Agency	Part 2. USCIS Responses
Upon review of these documents, information submitted, and our records, we find the following for the applicable boxes)    Current Immigration Status (Select all applicable boxes)	,		
Current Immigration Status (Select all applicable boxes)  1.a.	Additional Information	n	Upon review of these documents, information submitted, and
1.a.	<b>0.</b> Registered Agency Co	omments (if any)	our records, we find the following for the applicant:
States. (The Registered Agency must select only on date necessary to make their benefit determination.)  Effective Date of LPR Status/Rollback (mm/dd/yyyy)  Date Adjustment to LPR Approved (mm/dd/yyyy)  PRIOR STATUS: If the applicant adjusted to LPR in the past 7 years from a status listed below in Item Numbers 1.b., 1.c., 1.d., 1.g., 1.h., 1.i., or 1.j., select the appropriate prior status an provide dates and class of admission where indicated.  1.b.			Current Immigration Status (Select all applicable boxes)
(mm/dd/yyyy)			States. (The Registered Agency must select <b>only one</b>
PRIOR STATUS: If the applicant adjusted to LPR in the past 7 years from a status listed below in Item Numbers J.b., I.c., I.d., I.g., I.h., I.i., or I.j., select the appropriate prior status an provide dates and class of admission where indicated.  1.b. Refugee admitted to the United States under section 207 of the Immigration and Nationality Act (INA).  Date of Admission as a Refugee (mm/dd/yyyy)  1.c. Asylee under section 208 of the INA.  Date Asylum Granted (mm/dd/yyyy)  1.d. Applicant whose deportation has been withheld under INA 243(h) (as in effect prior to April 1, 1997) or whose removal has been withheld under INA 241(b)(3).  Date Deportation or Removal Ordered Withheld (mm/dd/yyyy)  1.e. Applicant paroled into the United States under INA 212(d)(5) for a period of at least 1 year.  Date Parole Granted (mm/dd/yyyy)  Date Parole Expires (mm/dd/yyyy)  1.f. Conditional entrant under INA 203(a)(7) prior to April 1, 1980.  Date Status Granted			Effective Date of LPR Status/Rollback
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(mm/dd/yyyy)			Date Status Granted
			(mm/dd/yyyy)

Appl	icant	's Last Name	Applicant's First Name	Case Verification Number	
Par	t 2.	USCIS Responses (continu	ied)	Special Benefit Provision for Certain Victims of Abuse or Status as a Widow(er)	•
1.g.		American Indian born in Canada provisions of INA 289 apply.  Date Status Recognized  (mm/dd/yyyy)		3.a. Applicant obtained lawful (or conditional) permaresident status as the spouse, child, or widow(er) U.S. citizen.	
1.h.		Cuban/Haitian entrant as defined the Refugee Education Assistance		Date Status Granted (mm/dd/yyyy)	
1.i.		Amerasian immigrant under sect Foreign Operations, Export Fina Programs Appropriations Act of	ncing, and Related	a.b. Applicant obtained lawful (or conditional) permaneresident status as the spouse, child, or unmarried sor daughter of a lawful permanent resident.	
		Date of Entry (mm/dd/yyyy)		Date Status Granted (mm/dd/yyyy)	
1.j.		Applicant classified as an Iraqi/A immigrant admitted under INA 1	Afghan special	3.c. Applicant did not obtain status described in Item Number 3.a. or 3.b.	
		Date of Entry		Affidavit of Support	
		(mm/dd/yyyy)		<b>4.a.</b> Applicant was <b>not</b> sponsored on Form I-864.	
		Date Status Granted		Receipt Date	
		(mm/dd/yyyy)		(mm/dd/yyyy)	
		Class of Admission (COA)		<b>4.b.</b> Applicant was sponsored on Form I-864, Affidav Support, under INA 213A.	it of
1.k.		Other (Indicate Status)		Receipt Date (mm/dd/yyyy)	
		Date Status Granted		4.c. Sponsor's Information	
		(mm/dd/yyyy)		Last Name	
		Class of Admission (COA) (if ap	plicable)	First Name	
Citi	zens	ship Status		Middle Name	
2.a.		U.S. Citizen		Social Security Number	
2.b.		Not a U.S. Citizen		Street Number and Name	
2.c.		For SSA only: Status Dates for R (Registered Agency representative		Apt. Ste. Flr.	
		From (mm/dd/yyyy)		City or Town	
		To (mm/dd/yyyy)		State ZIP Code	
		Response		Province	
				Postal Code	
				Country	

Appl	icant's Last Name	Applicant's First Name	e			Case Verificatio	n Number	
Par	t 2. USCIS Responses (continue	ed)	2.b.			t paroled into the U		
4.d.	Joint Sponsor's Information				501(e) of	ntrant (status pendi the Refugee Educa	ation Assista	nce Act of
	Last Name				Cuban/Ha	or after April 21, 1 aitian entrant parole		
	First Name					ategory 1B). ates (Registered Ag	ency renrese	entative
	Middle Name				provides		ency represe	mative
	Social Security Number				From	(mm/dd/yyyy)		
	Street Number				To	(mm/dd/yyyy)		
	and Name				Response	;		
	Apt. Ste. Flr.							
	City or Town		2.c.			t paroled into the U		
	State ZIP Code				(Category	any other status und 2A)	der the INA.	
	Province				Status Da provides	ates (Registered Ag dates)	ency represe	ntative
	Postal Code				From	(mm/dd/yyyy)		
	Country				То	(mm/dd/yyyy)		
4 -	To Comment and the last of the				Response	;		
4.e.	Information on additional joint sp	onsors attached.						
Par	t 3. USCIS Additional Respon	ses	2.d.			t paroled into the U		
NOT	E: Only USCIS should complete this	s information,				of Federal, state, or es for law enforcem		
	ss otherwise indicated. Please do not	-			Date of E	Intry		
_	artment of Homeland Security (DHS)	-				(mm/dd/yyyy)		
-	n review of these documents, information ecords, we find the following for the ap		2.e.	П	Applican	t's asylum applicati	on was filed	under INA
Immi	igration status as of 8/22/1996	_			208 and i	s pending with DH	S. (Category	2C)
1.a.	Type or print "N/A," as appropriate				Date Asy	lum Application Fi	led	
						(mm/dd/yyyy)		
1.b.	Immigration status at initial entry		2.f.			t's asylum applicati s pending with EO		
Imm	igration Status of Cuban/Haitian Nat	tionals			-	Agency must attac		8510, or
2.a.	Is the applicant a Cuban or Haitian nat				Date Asy	lum Application Re	eferred to EO	OIR
	by the document provided by the appli	icant?  Yes No				(mm/dd/yyyy)		
If yo	u answered "NO," do not process form							

Par	rt 3.	USCIS Additional Responses (continued)	Part 4. USCIS Comments
2.g.		Applicant who is in removal proceedings for whom a final, non-appealable, legally enforceable order of removal has <b>NOT</b> been entered. (Category 2B.)	NOTE: Only USCIS should complete this information.
		Date Placed Into Proceedings (mm/dd/yyyy)	
2.h.		Applicant does not meet any of the categories described above.	
Rem	oval	Proceedings	
3.a.		Applicant is subject to an order of removal that is final, non-appealable, and legally enforceable.	
		Date Order Became Final	
		(mm/dd/yyyy)	
3.b.		Applicant is subject to an order of supervision after an order of removal.	
		Date of Order	
		(mm/dd/yyyy)	
3.c.		Applicant is NOT subject to an order of removal that is final, non-appealable, and legally enforceable.	
Adjı	ısted	to Lawful Permanent Resident Status	
4.a.		Cuban or Haitian national (or citizen) as indicated on the document provided by the applicant who adjusted status under:	
		Nicaraguan Adjustment and Central American Relief Act (NACARA)	
		Haitian Refugee Immigration Fairness Act (HRIFA)	
		☐ Immigration Reform and Control Act of 1986 (IRCA)	
		Cuban Adjustment Act of 1966 (CAA)	
		Date Form I-485 Approved	USCIS Stamp
		(mm/dd/yyyy)	•
		Class of Admission (COA)	
4.b.		Applicant is NOT an LPR or adjusted under a different section of law.	

Applicant's First Name

Case Verification Number

Applicant's Last Name