## TABLE OF CHANGES – FORMForm I-192, Application for Advance Permission to Enter as a NonimmigrantOMB Number: 1615-00175/7/2018

| Reason for Revision: Revision and change to 2 column format. |   |  |
|--|---|--|
| Current Page Number<br>and Section                           | Current Text  | Proposed Text  |
| Page 1, For DHS Use<br>Only                                  | [Page 1]  | [Page 1]   |
| Olly   | FOR DHS USE ONLY<br>Received<br>Returned Trans.Out<br>Fee Stamp<br>Trans. In                                      | FOR DHS USE ONLY<br>Received<br>Returned Trans.Out<br>Fee Stamp<br>Trans. In   |
|  | Completed<br>Action by the Department of Homeland<br>Security   | Completed<br>Action by the Department of Homeland<br>Security  |
|  |   | Action Stamp   |
|  | □ Granted, subject to revocation at any time,<br>upon the following terms and conditions                          | Benefits Category:<br>Nonimmigrant other than T or U<br>nonimmigrant/Advance Permission under INA<br>212(d)(3)(A) and 8 CFR 212.4<br>T Nonimmigrant/Advance Permission under<br>INA 212(d)(3) and 8 CFR 212.16<br>T Nonimmigrant/Waiver under INA 212(d)<br>(13) and 8 CFR 212.16<br>U Nonimmigrant/Advance Permission under<br>INA 212(d)(3)(A) and 8 CFR 212.17<br>U Nonimmigrant/Waiver under INA 212(d)<br>(14) and 8 CFR 212.17<br>Ground of Inadmissibility<br>INA 212(a)(1)<br>INA 212(a)(2)<br>INA 212(a)(2)<br>INA 212(a)(3)<br>INA 212(a)(6)<br>INA 212(a)(6)<br>INA 212(a)(9)<br>INA 212(a)(10)<br>Other:<br>Granted, subject to revocation at any time,<br>upon the following terms and conditions |
|  | Date of Action (mm/dd/yyyy)<br>DD or OIC  | Date of Action (mm/dd/yyyy)<br>DD or OIC   |
|  | Office  | Office   |
| Page 1,<br>To be completed by an<br>attorney or BIA-         | <ul><li>[page 1]</li><li>To be completed by an attorney or BIA-<br/>accredited representative (if any).</li></ul> | [page 1]<br>To be completed by an attorney or<br>accredited representative (if any).   |

| accredited<br>representative (if any). | Select this box if Form G-28 or Form G-28I is attached.  | [no change]   |
|--|--|---|
|  | Volag Number   | Volag Number (if any)   |
|  | Attorney State Bar Number (if applicable)  | [no change]   |
|  | Attorney or Accredited Representative USCIS ELIS Online Number (if any)  | Attorney or Accredited Representative<br>USCIS Online Account Number (if any)   |
| Page 1,                                | [page 1]   | [page 1]  |
| Part 1. Application<br>Type            | Part 1. Application Type   | Part 1. Application Type  |
|  | I am applying to the Secretary of Homeland<br>Security for permission to enter the United<br>States temporarily under the provisions of<br>section 212(d)(3)(A)(ii), section 212(d)(13), or<br>section 212(d)(14) of the Immigration and<br>Nationality Act (INA). | I am applying to the Secretary of Homeland<br>Security for permission to enter the United<br>States temporarily under the provisions of the<br>Immigration and Nationality Act (INA) section<br>212(d)(3)(A)(ii), section 212(d)(13), or section<br>212(d)(14). |
|  | I am seeking this permission so that I may obtain (Select <b>only one</b> box):  | I am seeking this permission so that I may obtain (select only one box):  |
|  | <b>1. A.</b> Admission as a nonimmigrant (other than as a T or U nonimmigrant)   | <b>1.</b> Admission as a nonimmigrant (other than as a T or U nonimmigrant).  |
|  | <b>B.</b> Status as a victim of trafficking (T nonimmigrant status) or a victim of a crime (U nonimmigrant status)   | <b>2.</b> Status as a victim of trafficking (T nonimmigrant status) or a victim of a crime (U nonimmigrant status).   |
| Pages 1-4,                             | [page 1]   | [page 1]  |
| Part 2. Information<br>About You       | Part 2. Information About You  | Part 2. Information About You   |
|  | [new]  | Your Full Name  |
|  | <b>1.</b> Family Name (Last Name)<br>Given Name (First Name)<br>Middle Name  | <ul><li>1.a. Family Name (Last Name)</li><li>1.b. Given Name (First Name)</li><li>1.c. Middle Name</li></ul>  |
|  | [new]  | Other Names Used (if any)   |
|  |  | Provide all other names you have ever used,<br>including aliases, maiden name, and nicknames<br>If you need extra space to complete this section<br>use the space provided in <b>Part 8. Additional</b><br><b>Information</b> .                                 |
|  |  | <ul><li>2.a. Family Name (Last Name)</li><li>2.b. Given Name (First Name)</li><li>2.c. Middle Name</li></ul>  |
|  |  | [page 2]  |
|  |  | <ul><li>3.a. Family Name (Last Name)</li><li>3.b. Given Name (First Name)</li><li>3.c. Middle Name</li></ul>  |
|  |  | Other Information   |

| <b>2.</b> Alien Registration Number (A-Number) (if any)  | <b>4.</b> Alien Registration Number (A-Number) (if any)   |
|--|---|
| <b>3.</b> USCIS Online Account Number (if any)   | <b>5.</b> USCIS Online Account Number (if any)  |
| <b>4.</b> Date of Birth (mm/dd/yyyy)   | 6. Date of Birth (mm/dd/yyyy)   |
| [new]  | 7. Gender<br>M/F  |
| 5. Place of Birth<br>City or Town<br>State or Province<br>Country  | Place of Birth<br><b>8.a.</b> City or Town<br><b>8.b.</b> State or Province<br><b>8.c.</b> Country  |
| <b>6.</b> Country of Citizenship of Nationality  | <b>9.</b> Country of Citizenship or Nationality   |
| [new]  | Mailing Address   |
|  | <ul> <li>10.a. In Care Of Name (if any)</li> <li>10.b. Street Number and Name</li> <li>10.c. Apt Ste Flr</li> <li>10.d. City or Town</li> <li>10.e. State</li> <li>10.f. ZIP Code</li> <li>10.g. Province</li> <li>10.h. Postal Code</li> <li>10.i. Country</li> </ul>  |
|  | Safe Mailing Address  |
|  | If you are a T or U visa applicant, and do not<br>want U.S. Citizenship and Immigration Services<br>(USCIS) to send notices about this application<br>to your home, you may provide a safe mailing<br>address.  |
|  | <ul> <li>11.a. In Care Of Name (if any)</li> <li>11.b. Organization name (if applicable)</li> <li>11.c. Street Number and Name</li> <li>11.d. Apt Ste Flr</li> <li>11.e. City or Town</li> <li>11.f. State</li> <li>11.g. ZIP Code</li> <li>11.h. Province</li> <li>11.i. Postal Code</li> <li>11.j. Country</li> </ul> |
| 7. Physical Address  | [deleted]   |
| Street Number and Name<br>Apt. Ste. Flr. Number<br>City or Town<br>State<br>ZIP Code<br>Province<br>Postal Code<br>Country |   |
| [new]  | Address History   |

| <b>8.</b> Provide the addresses where you have resided during the past five years, starting with the last place you lived prior to your current physical address listed under <b>Item Number 7.</b> If you need extra space to complete this section, use the space provided in <b>Part 7. Additional Information</b> . | Provide physical addresses for everywhere you<br>have lived during the last five years, whether<br>inside or outside the United States. Provide<br>your current address first. If you need extra<br>space to complete this section, use the space<br>provided in <b>Part 8. Additional Information</b> .                   |
|---|--|
| A. Residence Number 1   | Physical Address 1 (current address)   |
| Date of Residence From (mm/dd/yyyy)<br>To (mm/dd/yyyy)  |  |
| Street Number and Name<br>Apt. Ste. Flr. Number<br>City or Town<br>State<br>ZIP Code<br>Province<br>Postal Code<br>Country  | <ul> <li>12.a. Street Number and Name</li> <li>12.b. Apt Ste Flr</li> <li>12.c. City or Town</li> <li>12.d. State</li> <li>12.e. ZIP Code</li> <li>12.f. Province</li> <li>12.g. Postal Code</li> <li>12.h. Country</li> <li>Dates of Residence</li> </ul>   |
|   | <ul><li>13.a. From (mm/dd/yyyy)</li><li>13.b. To (mm/dd/yyyy) [Present]</li><li>[page 3]</li></ul>   |
| B. Residence Number 2   | Physical Address 2   |
| Date of Residence From (mm/dd/yyyy)<br>To (mm/dd/yyyy)  |  |
| Street Number and Name<br>Apt. Ste. Flr. Number<br>City or Town<br>State<br>ZIP Code<br>Province<br>Postal Code<br>Country  | <ul> <li>14.a. Street Number and Name</li> <li>14.b. Apt Ste Flr</li> <li>14.c. City or Town</li> <li>14.d. State</li> <li>14.e. ZIP Code</li> <li>14.f. Province</li> <li>14.g. Postal Code</li> <li>14.h. Country</li> <li>Dates of Residence</li> <li>15.a. From (mm/dd/yyyy)</li> <li>15.b. To (mm/dd/yyyy)</li> </ul> |
| C. Residence Number 3   | Physical Address 3   |
| Date of Residence From (mm/dd/yyyy)<br>To (mm/dd/yyyy)  |  |
| Street Number and Name<br>Apt. Ste. Flr. Number<br>City or Town<br>State<br>ZIP Code<br>Province  | <ul> <li>16.a. Street Number and Name</li> <li>16.b. Apt Ste Flr</li> <li>16.c. City or Town</li> <li>16.d. State</li> <li>16.e. ZIP Code</li> <li>16.f. Province</li> </ul>   |

| Postal Code<br>Country   | <ul><li>16.g. Postal Code</li><li>16.h. Country</li></ul>  |
|--|--|
|  | Dates of Residence   |
|  | <b>17.a.</b> From (mm/dd/yyyy)<br><b>17.b.</b> To (mm/dd/yyyy)   |
| D. Residence Number 4  | Physical Address 4   |
| Date of Residence From (mm/dd/yyyy)<br>To (mm/dd/yyyy)   |  |
| Street Number and Name<br>Apt. Ste. Flr. Number<br>City or Town<br>State<br>ZIP Code<br>Province<br>Postal Code<br>Country | <ul> <li>18.a. Street Number and Name</li> <li>18.b. Apt Ste Flr</li> <li>18.c. City or Town</li> <li>18.d. State</li> <li>18.e. ZIP Code</li> <li>18.f. Province</li> <li>18.g. Postal Code</li> <li>18.h. Country</li> </ul> |
|  | Dates of Residence   |
|  | <b>19.a.</b> From (mm/dd/yyyy)<br><b>19.b.</b> To (mm/dd/yyyy)   |
| Travel Information   | Travel Information   |
|  | <b>NOTE:</b> If you are applying for T or U nonimmigrant status and are in the United States, you may skip <b>Item Numbers 20 25.</b>  |
| <b>9.</b> Location at which you plan to enter the United States (desired Port-of-Entry) City State                         | Location at Which you Plan to Enter the United<br>States (desired Port-of-Entry)<br><b>20.a.</b> City<br><b>20.b.</b> State  |
| <b>10.</b> Name of Port-of-Entry   | <b>21.</b> Name of Port-of-Entry   |
| <b>11.</b> How do you plan to travel to the United States? (For example, by plane, ship, car)                              | <b>22.</b> How do you plan to travel to the United States? (For example, by plane, ship, car)  |
| <b>12.</b> When do you plan to enter the United States? (mm/dd/yyyy)   | <b>23.</b> When do you plan to enter the United States (mm/dd/yyyy)?   |
| <b>13.</b> Approximate Length of Stay in the United States   | <b>24.</b> Approximate Length of Stay in the United States   |
| <b>14.</b> What is the purpose of your stay in the United States? Explain fully below.                                     | <b>25.</b> What is the purpose of your stay in the United States? Explain fully below.   |
|  | [page 4]   |
| Immigration and Criminal History   | Immigration and Criminal History   |
| <b>15.</b> Do you believe that you may be inadmissible to the United States? Yes No  | <b>26.</b> Do you believe that you may be inadmissible to the United States? Yes No  |
| If you answered "Yes," explain the reasons why<br>you believe, according to the best of your                               | If you answered "Yes" to Item Number 26.,<br>explain the reasons why you believe, according  |

| knowledge, that you may be inadmissible in<br><b>Part 7. Additional Information</b> . If you were<br>told that you are inadmissible, provide the<br>reason you were given.   | to the best of your knowledge, that you may be<br>inadmissible in <b>Part 8. Additional</b><br><b>Information</b> . If you were told that you are<br>inadmissible, provide the reason you were<br>given.  |
|--|---|
| <b>16.</b> Have you previously filed an application for advance permission to enter the United States as a nonimmigrant? Yes No  | <b>27.</b> Have you previously filed an application for advance permission to enter the United States as a nonimmigrant? Yes No   |
| If you answered "Yes," provide the details in <b>Items A C.</b> in <b>Item Number 17.</b> If you need extra space to complete this section, use the space provided in <b>Part 7. Additional Information</b> .                              | If you answered "Yes" to Item Number 27.,<br>provide the details in Item Numbers 28 29.e.<br>If you need extra space to complete this section,<br>use the space provided in Part 8. Additional<br>Information.  |
| <b>17. A.</b> Date Application Filed (mm/dd/yyyy)  | <b>28.</b> Date Application Filed (mm/dd/yyyy)  |
| <b>B.</b> Location where you filed your application<br>(For example, U.S. Citizenship and Immigration<br>Services (USCIS) Office or Port-of-Entry)   | Location where you filed your application (for example, USCIS Office or Port-of-Entry).   |
| USCIS Office or U.S. Port-of-Entry   | <b>29.a.</b> USCIS Office or U.S. Port-of-Entry   |
| City or Town   | <b>29.b.</b> City or Town   |
| State or Province  | <b>29.c.</b> State or Province  |
| Country  | <b>29.d.</b> Country  |
| <b>C.</b> Receipt Number (if available)  | <b>29.e.</b> Receipt Number (if available)  |
| NOTE: If you are an applicant for T<br>nonimmigrant status or a petitioner for U<br>nonimmigrant status, you do not need to<br>answer Item Numbers 18 21.  | [delete]  |
| <b>18.</b> Have you <b>EVER</b> been in the United States for a period of six months or more? Yes No   | <b>30.</b> Have you <b>EVER</b> been in the United States for a period of six months or more? Yes No  |
| If you answered "Yes," provide the dates you were in the United States (from and to) and your immigration status at the time of entry into the United States in the space provided in <b>Part 7. Additional Information</b> .              | If you answered "Yes" to <b>Item Number 30.</b> ,<br>provide the dates you were in the United States<br>(from and to) and your immigration status at the<br>time of entry into the United States in the space<br>provided in <b>Part 8. Additional Information</b> .  |
| <b>19.</b> Have you <b>EVER</b> filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf? Yes No  | <b>31.</b> Have you <b>EVER</b> filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf? Yes No   |
| If you answered "Yes" to <b>Item Number 19.</b><br>provide the information in the space provided in<br><b>Part 7. Additional Information</b> .   | If you answered "Yes" to <b>Item Number 31.</b> ,<br>provide the information requested in <b>Item</b><br><b>Numbers 32.a 32.c.</b>  |
| <b>NOTE:</b> If you (or somebody else on your behalf) have filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in <b>Part 7.</b> to also provide the following information: | If you (or somebody else on your behalf) have<br>filed multiple applications or petitions for<br>immigration benefits with the U.S. Government,<br>use the space provided in <b>Part 8. Additional</b><br><b>Information</b> to provide the answers to <b>Item</b><br><b>Numbers 32.a.</b> - <b>32.c.</b> for each of your<br>additional applications or petitions. |

| Page 4,<br>Part 3. Biographic<br>Information | <ul> <li>A. Type of Application or petition filed;</li> <li>B. Location where you (or the other person) filed the application or petition (for example, USCIS office or Port-of-Entry);</li> <li>C. Outcome of the application or petition (for example, approved, denied, or is pending)</li> <li>20. Have you EVER been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)? Yes No</li> <li>If you answered "Yes" to Item Number 20., provide the information in the space provided in Part 7. Additional Information.</li> <li>21. Have you EVER, in or outside the United States, been arrested, cited, charged, indicted, fined, convicted, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations? If you answered "Yes," describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in Part 7. Additional Information</li> <li>1. Ethnicity (Select only one box)</li> <li>Hispanic or Latino</li> <li>2. Race (Select all applicable boxes)</li> <li>White Asian Black or African American American Indian or Other Pacific Islander</li> </ul> | <ul> <li>32.a. Type of Application or Petition Filed</li> <li>32.b. Location Where You (or the Other<br/>Person) Filed the Application or Petition (for<br/>example, USCIS office or Port-of-Entry);</li> <li>32.c. Outcome of the Application or Petition<br/>(for example, approved, denied, or is pending).</li> <li>33. Have you EVER been denied or refused an<br/>immigration benefit by the U.S. Government, or<br/>had a benefit revoked or terminated (including<br/>but not limited to visas)? Yes No</li> <li>If you answered "Yes" to Item Number 33.,<br/>provide an explanation in the space provided in<br/>Part 8. Additional Information.</li> <li>34. Have you EVER, in or outside the United<br/>States, been arrested, cited, charged, indicted,<br/>fined, convicted, or imprisoned for breaking or<br/>violating any law or ordinance, excluding minor<br/>traffic violations? Yes No</li> <li>If you answered "Yes" to Item Number 34.,<br/>describe the incidents in detail and include all<br/>offenses where impaired driving may have been<br/>an issue in the space provided in Part 8.<br/>Additional Information.</li> <li>[page 4]</li> <li>Part 3. Biographic Information <ul> <li>[no change]</li> </ul> </li> <li>2. Race (Select all applicable boxes)</li> <li>American Indian or Alaska Native<br/>Asian<br/>Black or African American<br/>Native Hawaiian or Other Pacific Islander<br/>White</li> </ul> |
|--|--|--|
| Part 3. Biographic                           | <ul> <li>Part 3. Biographic Information</li> <li>1. Ethnicity (Select only one box)</li> <li>Hispanic or Latino</li> <li>Not Hispanic or Latino</li> <li>2. Race (Select all applicable boxes)</li> <li>White</li> <li>Asian</li> <li>Black or African American</li> <li>American Indian or Alaska Native</li> </ul>   | <ul> <li>Part 3. Biographic Information [no change]</li> <li>2. Race (Select all applicable boxes) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander</li></ul>  |
|  | Native Hawaiian or Other Pacific Islander         3. Height         Feet         Inches         4. Weight         Pounds   | [no change]  |
|  |  | [page 5]   |
|  | <b>5.</b> Eye Color (Select <b>only one</b> box)   | [page 5]   |

|     |   | 1  |
|-----|---|--|
|     | Black   |  |
|     | Blue  |  |
|     | Brown   |  |
|     | Gray  |  |
|     | Green   |  |
|     | Hazel   |  |
|     | Maroon  |  |
|     |   |  |
|     | Pink  |  |
|     | Unknown/Other                                     |  |
|     |   |  |
|     | <b>6.</b> Hair Color (Select <b>only one</b> box) |  |
|     | Dold (No hoi-)                                    |  |
|     | Bald (No hair)                                    |  |
|     | Black   |  |
|     | Blond   |  |
|     | Brown   |  |
|     | Gray  |  |
|     | Red   |  |
|     |   |  |
|     | Sandy   |  |
|     | White   |  |
|     | Unknown/Other                                     |  |
|     |   |  |
| New |   | [page 5]   |
|     | [new]   | Part 4. Other Information About You  |
|     |   | Employment History   |
|     |   | Provide your employment history for the last five years, whether inside or outside the United  |
|     |   | States. Provide the most recent employment<br>first. If you need extra space to complete this<br>section, use the space provided in <b>Part 8</b> .<br><b>Additional Information</b> . |
|     |   | Employer 1 (current or most recent)  |
|     |   | <b>1.</b> Name of Employer or Company  |
|     |   | Address of Employer or Company   |
|     |   | reduces of Employer of Company   |
|     |   | <b>2.a.</b> Street Number and Name   |
|     |   | <b>2.b.</b> Apt Ste Flr  |
|     |   | <b>2.c.</b> City or Town   |
|     |   |  |
|     |   | 2.d. State   |
|     |   | <b>2.e.</b> ZIP Code   |
|     |   | <b>2.f.</b> Province   |
|     |   | <b>2.g.</b> Postal Code  |
|     |   | <b>2.h.</b> Country  |
|     |   |  |
|     |   | <b>3.</b> Your Occupation  |
|     |   | Dates of Employment  |
|     |   | <ul><li><b>4.a.</b> From (mm/dd/yyyy)</li><li><b>4.b.</b> To (mm/dd/yyyy)</li></ul>  |
|     |   | Employer 2   |
|     |   |  |
|     |   | <b>5.</b> Name of Employer or Company  |

| Address of Employer or Company                           |
|--|
| <b>6.a.</b> Street Number and Name                       |
| 6.b. Apt Ste Flr   |
| <b>6.c.</b> City or Town                                 |
| 6.d. State<br>6.e. ZIP Code                              |
| 6.f. Province  |
| 6.g. Postal Code   |
| 6.h. Country   |
|  |
| 7. Your Occupation                                       |
| Dates of Employment                                      |
| <b>8.a.</b> From (mm/dd/yyyy)                            |
| <b>8.b.</b> To (mm/dd/yyyy)                              |
| Information About Your Parents                           |
| Information About Your Mother                            |
| Mother's Legal Name                                      |
| <b>9.a.</b> Family Name (Last Name)                      |
| <b>9.b.</b> Given Name (First Name)                      |
| <b>9.c.</b> Middle Name                                  |
| Mother's Name at Birth (if different than above)         |
| <b>10.a.</b> Family Name (Last Name)                     |
| <b>10.b.</b> Given Name (First Name)                     |
| <b>10.c.</b> Middle Name                                 |
| <b>11.</b> Date of Birth                                 |
| <b>12.</b> City or Town of Birth                         |
| <b>13.</b> Country of Birth                              |
| [page 6]   |
| <b>14.</b> Current City or Town of Residence (if living) |
| <b>15.</b> Current Country of Residence (if living)      |
| Information About Your Father                            |
| Father's Legal Name                                      |
| <b>16.a.</b> Family Name (Last Name)                     |
| <b>16.b.</b> Given Name (First Name)                     |
| <b>16.c.</b> Middle Name                                 |
| Father's Name at Birth (if different than above)         |
| <b>17.a.</b> Family Name (Last Name)                     |
| <b>17.b.</b> Given Name (First Name)                     |
| <b>17.c.</b> Middle Name                                 |
|  |

| <b>18.</b> Date of Birth   |
|--|
| <b>19.</b> City or Town of Birth   |
| <b>20.</b> Country of Birth  |
| <b>21.</b> Current City or Town of Residence (if living)   |
| <b>22.</b> Current Country of Residence (if living)  |
| Information About Your Marital History   |
| <b>23.</b> What is your current marital status?  |
| Single, Never Married<br>Married<br>Divorced<br>Widowed<br>Legally Separated<br>Marriage Annulled<br>Other       |
| <b>24.</b> How many times have you been married (including annulled marriages and marriages to the same person)? |
| <b>Information About Your Current Marriage</b> (including if you are legally separated)                          |
| If you are currently married, provide the following information about your current spouse.                       |
| Current Spouse's Legal Name  |
| <ul><li>25.a. Family Name (Last Name)</li><li>25.b. Given Name (First Name)</li><li>25.c. Middle Name</li></ul>  |
| <b>26.</b> A-Number (if any)   |
| <b>27.</b> Current Spouse's Date of Birth (mm/dd/yyyy)   |
| <b>28.</b> Date of Marriage to Current Spouse (mm/dd/yyyy)   |
| Current Spouse's Place of Birth  |
| <ul><li>29.a. City or Town</li><li>29.b. State or Province</li><li>29.c. Country</li></ul>                       |
| Place of Marriage to Current Spouse  |
| <ul><li><b>30.a.</b> City or Town</li><li><b>30.b.</b> State or Province</li><li><b>30.c.</b> Country</li></ul>  |
| [page 7]   |

|  |  | Information About Prior Marriages (if any)  |
|--|--|---|
|  |  | If you have been married before, whether in the United States or in any other country, provide the information requested in <b>Item Numbers 31.a.</b> - <b>36.c.</b> about your prior marriage. If you have had more than one previous marriage, use the space provided in <b>Part 8. Additional Information</b> to provide the answers to <b>Item Numbers 31.a.</b> - <b>36.c.</b> for each additional marriage. |
|  |  | Prior Spouse's Legal Name (provide family name before marriage)   |
|  |  | <ul><li>31.a. Family Name (Last Name)</li><li>31.b. Given Name (First Name)</li><li>31.c. Middle Name</li></ul>   |
|  |  | <b>32.</b> Prior Spouse's Date of Birth (mm/dd/yyyy)  |
|  |  | <b>33.</b> Date of Marriage to Prior Spouse (mm/dd/yyyy)  |
|  |  | Place of Marriage to Prior Spouse   |
|  |  | <ul><li>34.a. City or Town</li><li>34.b. State or Province</li><li>34.c. Country</li></ul>  |
|  |  | <b>35.</b> Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)   |
|  |  | Place Where Marriage with Prior Spouse<br>Legally Ended   |
|  |  | <ul><li>36.a. City or Town</li><li>36.b. State or Province</li><li>36.c. Country</li></ul>  |
| Page 5,  | [page 5]   | [page 7]  |
| Part 4. Applicant's<br>Statement, Contact<br>Information,<br>Certification, and<br>Signature | Part 4. Applicant's Statement, Contact<br>Information, Certification, and Signature  | Part 5. Applicant's Statement, Contact<br>Information, Declaration, Certification, and<br>Signature   |
|  | <b>NOTE:</b> Read the information on penalties in the <b>Penalties</b> section of the Form I-192 Instructions before completing this part.           | <b>NOTE:</b> Read the <b>Penalties</b> section of the Form I-192 Instructions before completing this section.   |
|  | [new]  | Applicant's Statement   |
|  | <b>NOTE</b> : Select the box for either <b>Item A.</b> or <b>B.</b> in <b>Item Number 1.</b> If applicable, select the box for <b>Item Number 2.</b> | <b>NOTE:</b> Select the box for either <b>Item Number</b><br><b>1.a.</b> or <b>1.b.</b> If applicable, select the box for<br><b>Item Number 2.</b>  |
|  | <b>1.</b> Applicant's Statement Regarding the Interpreter  | [deleted]   |
|  | <b>A.</b> I can read and understand English, and have 11   | <b>1.a.</b> I can read and understand English, and I  |

| read and understand every question and<br>instruction on this application and my answer to<br>every question.   | have read and understand every question and instruction on this application and my answer to every question.  |
|---|---|
| <b>B.</b> The interpreter named in <b>Part 5.</b> read to me every question and instruction on this application, and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.   | <b>1.b.</b> The interpreter named in <b>Part 6.</b> read to me every question and instruction on this <b>application and</b> my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.   |
| 2. Applicant's Statement Regarding the Preparer   | [deleted]   |
| At my request, the preparer named in <b>Part 6.</b> ,<br>[Fillable Field], prepared this application for me<br>based only upon information I provided or<br>authorized.   | <b>2.</b> At my request, the preparer named in <b>Part 7.</b> , [Fillable Filed], prepared this application for me based only upon information I provided or authorized.  |
| Applicant's Contact Information   | [no change]   |
| <b>3.</b> Applicant's Daytime Telephone Number  |   |
| <b>4.</b> Applicant's Mobile Telephone Number (if any)  |   |
| 5. Applicant's Email Address (if any)   |   |
| Applicant's Certification   | Applicant's Declaration and Certification   |
| Copies of any documents I have submitted are<br>exact photocopies of unaltered, original<br>documents, and I understand that USCIS may<br>require that I submit original documents to<br>USCIS at a later date. Furthermore, I authorize<br>the release of any information from any of my<br>records that USCIS may need to determine my<br>eligibility for the immigration benefit I seek. | Copies of any documents I have submitted are<br>exact photocopies of unaltered, original<br>documents, and I understand that the U.S.<br>Department of Homeland Security (DHS) may<br>require that I submit original documents to DHS<br>at a later date. Furthermore, I authorize the<br>release of any information from any and all of<br>my records that DHS may need to determine my<br>eligibility for the immigration benefit that I<br>seek. |
| I further authorize release of information<br>contained in this application, in supporting<br>documents, and in my USCIS records to other<br>entities and persons where necessary for the<br>administration and enforcement of U.S.<br>immigration laws.  | I furthermore authorize release of information contained in this application, in supporting documents, and in my DHS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.   |
| I understand that USCIS may require me to<br>appear for an appointment to take my<br>biometrics (fingerprints, photograph, and/or<br>signature) and, at that time, if I am required to<br>provide biometrics, I will be required to sign an<br>oath reaffirming that:<br>1) I reviewed and provided or authorized all of<br>the information in my application;                              | <ul> <li>[page 8]</li> <li>I understand that DHS 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:</li> <li>1) I reviewed and understood all of the information contained in, and submitted with,</li> </ul>   |
| <b>2)</b> I understood all of the information contained in, and submitted with, my application; and   | my application; and [deleted]   |

|   | <ul> <li>3) All of this information was complete, true, and correct at the time of filing.</li> <li>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.</li> <li><i>Applicant's Signature</i></li> <li>6 Applicant's Signature</li> </ul> | <ul> <li>2) All of this information was complete, true, and correct at the time of filing.</li> <li>I certify, under penalty of perjury, that all of the information in my application 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 application and that all of this information is complete, true, and correct.</li> </ul> |
|---|---|---|
|   | <ul> <li>6. Applicant's Signature<br/>Date of Signature (mm/dd/yyyy)</li> <li>NOTE TO ALL APPLICANTS: If you do<br/>not completely fill out this application or fail to<br/>submit required documents listed in the<br/>Instructions, USCIS may deny your application.</li> </ul>   | <ul> <li><i>Applicant's Signature</i></li> <li><b>6.a.</b> Applicant's Signature</li> <li><b>6.b.</b> Date of Signature (mm/dd/yyyy)</li> <li>[no change]</li> </ul>  |
| Page 6,<br>Part 5. Interpreter's<br>Contact Information,<br>Certification, and<br>Signature | [page 6]<br><b>Part 5. Interpreter's Contact Information,</b><br><b>Certification, and Signature</b><br>Provide the following information about the<br>interpreter.   | [page 8]<br>Part 6. Interpreter's Contact Information,<br>Certification, and Signature<br>[no change]   |
|   | Interpreter's Full Name   | Interpreter's Full Name   |
|   | <b>1.</b> Interpreter's Family Name (Last Name)<br>Interpreter's Given Name (First Name)  | <ul><li>1.a. Interpreter's Family Name (Last Name)</li><li>1.b. Interpreter's Given Name (First Name)</li></ul>   |
|   | <b>2.</b> Interpreter's Business or Organization Name (if any)  | [no change]   |
|   | Interpreter's Mailing Address   | Interpreter's Mailing Address   |
|   | 3. Street Number and Name<br>Apt. Ste. Flr. Number<br>City or Town<br>State<br>ZIP Code<br>Province<br>Postal Code<br>Country   | <ul> <li>3.a. Street Number and Name</li> <li>3.b. Apt./Ste./Flr. [fillable field]</li> <li>3.c. City or Town</li> <li>3.d. State</li> <li>3.e. ZIP Code</li> <li>3.f. Province</li> <li>3.g. Postal Code</li> <li>3.h. Country</li> </ul>  |
|   | Interpreter's Contact Information   | [no change]   |
|   | <ul><li>4. Interpreter's Daytime Telephone Number</li><li>5. Interpreter's Mobile Telephone Number (if any)</li></ul>   |   |
|   | 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],<br>which is the same language specified in <b>Part 4.</b> ,<br><b>Item B.</b> in <b>Item Number 1.</b> , and I have read to<br>this applicant in the identified language every<br>question and instruction on this application and<br>his or her answer to every question. The<br>applicant informed me that he or she<br>understands every instruction, question, and<br>answer on the application, including the<br><b>Applicant's Certification</b> , and has verified the<br>accuracy of every answer. | I am fluent in English and [Fillable Field],<br>which is the same language specified in <b>Part 5.</b> ,<br><b>Item Number 1.b.</b> , and I have read to this<br>applicant in the identified language every<br>question and instruction on this application and<br>his or her answer to every question. The<br>applicant informed me that he or she<br>understands every instruction, question, and<br>answer on the application, including the<br><b>Applicant's Declaration and Certification</b> ,<br>and has verified the accuracy of every answer. |
|  | Interpreter's Signature   | Interpreter's Signature   |
|  | 7. Interpreter's Signature<br>Date of Signature (mm/dd/yyyy)  | <ul><li>7.a. Interpreter's Signature</li><li>7.b. Date of Signature (mm/dd/yyyy)</li></ul>  |
| Page 7,  | [page 7]  | [page 9]  |
| Part 6. Contact<br>Information,<br>Declaration, and<br>Signature of the Person | Part 6. Contact Information, Declaration,<br>and Signature of the Person Preparing this<br>Application, if Other Than the Applicant   | Part 7. Contact Information, Declaration,<br>and Signature of the Person Preparing this<br>Application, if Other Than the Applicant   |
| Preparing this<br>Application, if Other  | Provide the following information about the preparer.   | [no change]   |
| Than the Applicant   | Preparer's Full Name  | Preparer's Full Name  |
|  | <b>1.</b> Preparer's Family Name (Last Name)<br>Preparer's Given Name (First Name)  | <ul><li><b>1.a.</b> Preparer's Family Name (Last Name)</li><li><b>1.b.</b> Preparer's Given Name (First Name)</li></ul>   |
|  | <b>2.</b> Preparer's Business or Organization Name (if any)   | [no change]   |
|  | Preparer's Mailing Address  | Preparer's Mailing Address  |
|  | 3. Street Number and Name<br>Apt. Ste. Flr. Number<br>City or Town<br>State<br>ZIP Code<br>Province<br>Postal Code<br>Country   | <ul> <li>3.a. Street Number and Name</li> <li>3.b. Apt./Ste./Flr. [fillable field]</li> <li>3.c. City or Town</li> <li>3.d. State</li> <li>3.e. ZIP Code</li> <li>3.f. Province</li> <li>3.g. Postal Code</li> <li>3.h. Country</li> </ul>  |
|  | Preparer's Contact Information  | [no change]   |
|  | <b>4.</b> Preparer's Daytime Telephone Number   |   |
|  | 5. Preparer's Mobile Number (if any)  |   |
|  | 6. Preparer's Email Address (if any)  | Drongrav's Statement  |
|  | Preparer's Statement  | Preparer's Statement  |
|  | <b>7. A.</b> I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with   | <b>7.a.</b> I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.   |

|                                   | the applicant's consent.  |   |
|-----------------------------------|---|---|
|                                   | <b>B.</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.   | <b>7.b.</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.   |
|                                   | <b>NOTE:</b> If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this application.   | <b>NOTE:</b> If you are an attorney or accredited representative, you may need 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 application.  |
|                                   | Preparer's Certification  | Preparer's Certification  |
|                                   | By my signature, I certify, under penalty of<br>perjury, that I prepared this application at the<br>request of the applicant. The applicant then<br>reviewed this completed application and<br>informed me that he or she understands all of<br>the information contained in, and submitted<br>with, his or her application, including the<br><b>Applicant's Certification</b> , and that all of this<br>information is complete, true, and correct. I<br>completed this application based only on<br>information that the applicant provided to me or<br>authorized me to obtain or use. | By my signature, I certify, under penalty of<br>perjury, that I prepared this application at the<br>request of the applicant. The applicant then<br>reviewed this completed application and<br>informed me that he or she understands all of<br>the information contained in, and submitted<br>with, his or her application, including the<br><b>Applicant's Declaration and Certification</b> ,<br>and that all of this information is complete, true,<br>and correct. I completed this applicant provided<br>to me or authorized me to obtain or use. |
|                                   | Preparer's Signature  | Preparer's Signature  |
|                                   | 8. Preparer's Signature<br>Date of Signature (mm/dd/yyyy)   | <ul><li>8.a. Preparer's Signature</li><li>8.b. Date of Signature (mm/dd/yyyy)</li></ul>   |
| Page 8,                           | [page 9]  | [page 10]   |
| Part 7. Additional<br>Information | Part 7. Additional Information  | Part 8. Additional Information  |
|                                   | If you need extra space to provide any<br>additional information within this application,<br>use the space below. If you need more space<br>than what is provided, you may make copies of<br>this page to complete and file with this<br>application or attach a separate sheet of paper.<br>Include your name and A-Number (if any) at<br>the top of every sheet; indicate the <b>Page</b><br><b>Number, Part Number</b> , and <b>Item Number</b> to<br>which your answer refers; and sign and date<br>each sheet.   | If you need extra space to provide any<br>additional information within this application,<br>use the space below. If you need more space<br>than what is provided, you may make copies of<br>this page to complete and file with this<br>application or attach a separate sheet of paper.<br><b>Type or print</b> your name and A-Number (if any)<br>at the top of <b>each</b> sheet; indicate the <b>Page</b><br><b>Number</b> , <b>Part Number</b> , and <b>Item Number</b> to<br>which your answer refers; and sign and date<br>each sheet.          |
|                                   | 1. Family Name (Last Name)<br>Given Name (First Name)<br>Middle Name  | <ul><li>1.a. Family Name (Last Name)</li><li>1.b. Given Name (First Name)</li><li>1.c. Middle Name</li></ul>  |
|                                   | <b>2.</b> A-Number (if any)   | [no change]   |
|                                   | <b>3. A.</b> Page Number<br><b>B.</b> Part Number   | <b>3.a.</b> Page Number<br><b>3.b.</b> Part Number  |

| C. Item Number           | <b>3.c.</b> Item Number       |
|--------------------------|-------------------------------|
| D.                       | <b>3.d.</b> [Fillable field]  |
| 4. A. Page Number        | 4.a. Page Number              |
| B. Part Number           | <b>4.b.</b> Part Number       |
| C. Item Number           | <b>4.c.</b> Item Number       |
| D.                       | <b>4.d.</b> [Fillable field]  |
| 5. A. Page Number        | <b>5.a.</b> Page Number       |
| <b>B.</b> Part Number    | 5.b. Part Number              |
| C. Item Number           | <b>5.c.</b> Item Number       |
| D.                       | <b>5.d.</b> [Fillable field]  |
| <b>6. A.</b> Page Number | <b>6.a.</b> Page Number       |
| <b>B.</b> Part Number    | 6.b. Part Number              |
| <b>C.</b> Item Number    | 6.c. Item Number              |
| D.                       | <b>6.d.</b> [Fillable field]  |
|                          | <b>7.a.</b> Page Number       |
|                          | <b>7.b.</b> Part Number       |
|                          | 7.c. Item Number              |
|                          | <b>7.d.</b> [Fillable field]] |
|                          |                               |