

Citizenship and Immigration Services Ombudsman**Case Assistance (DHS-7001)****Introduction**

The Office of the Citizenship and Immigration Services Ombudsman (Ombudsman's Office) assists individuals and employers who are unable to resolve problems directly with U.S. Citizenship and Immigration Services (USCIS). To receive assistance with a problem regarding an application or petition within USCIS, you may submit this form to the Ombudsman's Office after trying all means to resolve the problem with USCIS. Please note the Ombudsman's Office cannot provide legal advice. It is an independent office within the U.S. Department of Homeland Security (DHS) and is not part of USCIS.

Before You Submit a Request to the Citizenship and Immigration Services Ombudsman :

Before asking the Ombudsman's Office for help with an application or petition, you first should try to resolve the problem with USCIS by using all of the following methods:

- Obtain information about the case at *myUSCIS* Case Status at www.uscis.gov.
- Contact the National Customer Service Center (NCSC) for assistance at 1-800-375-5283.
- Request assistance from USCIS using their e-Request tool to check on appointment accommodations, typographic errors, delayed delivery of documents, notices or cards by mail or if a pending application is beyond the normal processing times.
- Make an appointment to speak directly with a USCIS Immigration Services Officer at a local office through the InfoPass system. Appointments may be made online at www.infopass.uscis.gov.

General Instructions

- **The Ombudsman's Office does not accept fees.**
- If a particular item does not apply to your case assistance request, please leave blank.
- Please attach scanned copies of any documents you received from or sent to USCIS or any other government entity that is related to your request for assistance. Additionally, you may submit other information or documentation that will help the Ombudsman's Office review your request for assistance.
- This form is not required. However, a properly completed form ensures that the Ombudsman's Office receives the necessary information to assist with your case. If you do not properly complete the form, you may experience a delay in the process of your request for assistance.

While there is no time limit to complete this form, this form cannot be saved. Your session will time out after 20 minutes of inactivity.

You will need to have the following information available in order to complete this form, if applicable: (1) A-Number; (2) All USCIS receipt numbers related to each application or petition; (3) Documents submitted to or received from USCIS; (4) Attorney/Accredited Representative information, if represented; and (5) Other information or documentation that is important to the case.

--NOTICE--

Please note that while the Ombudsman's Office provides impartial and independent recommendations to USCIS on how to resolve problems, the Ombudsman's Office does not have the statutory authority to make or change USCIS decisions.

DHS Form 7001 – Privacy Act Statement

Authority: 6 U.S.C. Section 272 authorizes the collection of this information.

Purpose: The Ombudsman's Office will use the information provided to assist an individual or employer with his or her Case Assistance Request.

Routine Use: The information will be used by and disclosed to DHS personnel and contractors or other agents who need the information to assist in activities related to your Case Assistance Request. DHS may also share the information provided in accordance with the routine uses listed in DHS/CISOMB-001 Virtual Ombudsman System of Records Notice, 75 FR 18857 (April 13, 2010).

Disclosure: Furnishing this information is voluntary. However, failure to provide the requested information may delay or prevent the Ombudsman's Office from providing assistance with your case.

Paperwork Reduction Act Notice:

The public reporting burden to complete this information collection is estimated at one hour per response, including the time for reviewing instructions,

your case.

Paperwork Reduction Act Notice:

The public reporting burden to complete this information collection is estimated at one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collected information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Office of the Citizenship and Immigration Services Ombudsman, [email: cisombudsman@hq.dhs.gov; Mailing Address: Citizenship and Immigration Services Ombudsman, U.S. Department of Homeland Security, Washington, D.C. 20528-0180], ATTN: PRA OMB 1601-0004.

Name and Address (Section 1 and 2)



1. Name: Please identify the name of the individual or employer (applicant/beneficiary/petitioner) encountering difficulties with USCIS. **Do not enter the attorney/law firm's name here.**

2. Contact Information: The contact information for the person encountering difficulties with USCIS (applicant/beneficiary/petitioner).

* Street Address:	<input type="text"/>	Apartment/Suite:	<input type="text"/>	* City:	<input type="text"/>
* State/Province:	<input type="text"/>	* ZIP/Postal Code:	<input type="text"/>	* Country:	United States <input type="text"/>
* Primary E-mail Address (to receive Ombudsman updates):	<input type="text"/>			Phone Number:	<input type="text"/>
Re-enter E-Mail Address:	<input type="text"/>			(with area code)	
<input type="checkbox"/> Please send any future correspondence through the U.S. Postal Service.				Fax Number:	<input type="text"/>
				(with area code)	

Validate

Identification Information (Section 3 and 4)

Application/Petition Information (Section 5 and 6)



5. Applications/Petitions Filed: List all applications and/or petitions pending with USCIS related to your case inquiry

	USCIS Receipt Date:	USCIS Form Number:	Receipt Numbers: List all available USCIS Receipt Numbers. ?
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add More ...

6. Type of Immigration Benefit Sought: Please provide the type of immigration benefit sought from USCIS. Check all that apply.

- Nonimmigrant Status (ex. Student)
- Immigrant Status (ex. Permanent Residency)
- Citizenship or Naturalization
- Asylum or Refugee Status
- Interim Benefits (ex. Employment Authorization)

Asylum or Refugee Status

Interim Benefits (ex. Employment Authorization)

Waiver (ex. Waiver of Grounds of Inadmissibility)

Other (specify):

Validate

Case Description (Section 7 and 8)

7. Reason for Inquiry /Case Assistance Request: Check all that apply. Provide a description in Section 8 and add documentation in Section 12 related to your inquiry.

I am facing or am about to face an immediate adverse action or impact, an emergency or any other type of significant hardship, caused by an action/inaction /delay in processing by USCIS, or a problem that could not be resolved through the normal processes provided for by the USCIS.

I am facing a problem that was not resolved through the normal processes provided by USCIS.

I am experiencing processing delays with a case that are beyond anticipated processing times.

I am incurring or am about to incur significant and unusual costs (including fees for professional representation that are not normally incurred).

I have received an action or decision that involves clear errors of fact, or gross and obvious misapplication of the relevant law by USCIS.

Other (specify):

8. Description of Your Case Problem: Describe the difficulties experienced with USCIS including all responses USCIS provided. In Section 12, Attach relevant correspondence concerning actions taken to resolve the issue before submitting with the Ombudsman's Office including: receipt notices, requests for evidence; decisions; notices and any other correspondence from USCIS about your case. Limited to 2000 characters.



Validate

Prior Actions Taken to Remedy the Problem (Section 9)

9. Prior Actions Taken: Check all that apply and provide the additional information requested for each selection in the Please Describe section provided below. Note that if selecting the first option "Visited *myUSCIS* Case Status at www.uscis.gov", you must indicate what additional actions were taken to remedy the problem before submitting your inquiry to the Ombudsman.

Visited *myUSCIS* Case Status at www.uscis.gov.
and

Contacted the National Customer Service Center (NCSC) for information and/or assistance regarding this case at its toll-free number 1-800-375-5283.

Provide Referral Number (also referred to as SRMT Number):

Attended an InfoPass Appointment with USCIS. Provide InfoPass Confirmation Number:

Contacted the National Customer Service Center (NCCC) for information and/or assistance regarding this case at its toll-free number 1-800-375-5265. Provide Referral Number (also referred to as SRMT Number):

Attended an InfoPass Appointment with USCIS. Provide InfoPass Confirmation Number:

Sent an email to USCIS. Provide date email sent: Provide USCIS email address:

Contacted a U.S. Government Department or Agency for assistance. Provide name and contact information:

Contacted a U.S. Congressional Representative for assistance. Provide name and contact information:

Other. Please describe:

Validate

Person Preparing This Form (Section 10) 

10. Person Preparing this Form: Please indicate who is completing this form.

Important: If you are the beneficiary of a pending petition, the petitioner must provide consent to the release of information relating to your case.

* I am:

- The individual or employer encountering difficulties with USCIS.
- A representative of a company/organization.
- An attorney/accredited representative.
- Other (specify):

Validate

Attorney/Accredited Representative Information (Section 11) 

11. Attorney/Accredited Representative Please complete this section if you are an attorney or an accredited representative preparing this form on behalf of the individual or employer encountering difficulties with USCIS. Please attach a copy of your Form G-28.

* First Name: Middle Name: * Last Name:

Law Firm/Organization:

* Street Address: Apartment/Suite: * City:

* State/Province: * ZIP/Postal Code: * Country:

Primary E-mail Address (to receive Ombudsman updates): 

Phone Number:
(with area code)

Re-enter Email Address:

Fax Number:
(with area code)

* I have submitted a Form G-28 to USCIS as the attorney/accredited representative regarding applications or petitions related to this inquiry. A copy of my Form G-28 is attached.

I am an accredited representative of a religious, charitable, social service or similar organization established in the United States and recognized by the Board of Immigration Appeals pursuant to 8 CFR 292.1. The name and address of my organization is provided above.

I am an attorney and a member in good standing of the bar of the highest court of the following State, territory, insular possession, or District of Columbia and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law. (Provide State of Admission and Name of Court below)

Other (Explain fully):

Name of Court below)

Other (Explain fully):

Validate

Supporting Documentation (Section 12)



12. Supporting Documentation: Additional information related to your case, such as paperwork you submitted to USCIS, documents you received from USCIS, or other information or documentation you feel is important to your case. [?](#)

Please Note: Any files greater than 5MB in size will be rejected. In addition, the total size for all files for each request cannot exceed 5MB in size.

Attachments	<input type="button" value="Browse_"/> No file selected.	Rename to: <input type="text"/>	<input type="button" value="x"/>
	<input type="button" value="Attach Another"/>		
Fax Attachments	<input type="checkbox"/> Check this if supporting documentation is going to be faxed.		
Mail Attachments	<input type="checkbox"/> Check this if supporting documentation is going to be mailed. Do not mail original documents. Only mail copies of documents.		

Validate

Verification (Section 13)



13. Consent: Please note that if you are the beneficiary of an immigration petition, consent of the individual or employer that submitted the petition on your behalf is required. The petitioner must sign.

Legal Notice - If you are a duly authorized third party representative who is completing this form and signing on behalf of the beneficiary, note that by signing this form you are assuming responsibility under penalty of perjury that you have express permission from the petitioner to sign on the petitioner's behalf.

I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct, and that I am the individual or employer encountering difficulties with USCIS and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining a record(s) under false pretenses is punishable under the provisions of 5 U.S.C Section 522a(i)(3) by a fine of not more than \$5,000. Alternatively, I am the legal representative of record for the person encountering difficulties with USCIS (applicant/beneficiary/petitioner). I have included a copy of Form G-28 previously filed with USCIS.

Pursuant to 5 U.S.C Section 522a(b), I authorize the Office of the Citizenship and Immigration Services Ombudsman to release any and all information relating to the above mentioned individual or employer to U.S. Citizenship and Immigration Services.

* Signature:

By typing your name here you are legally signing this form.

Attorney/Accredited Representative Declaration:

* Signature of Attorney/Accredited Representative:

By typing your name here you are legally signing this form.

Validate