

Application for Relief Under Former Section 212(c) of the Immigration and Nationality Act (INA)

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-191 OMB No. 1615-0016 Expires 09/30/2018

Date Fee Stamp Action Block For **USCIS** Use Only RECEIVED TRANS IN RETD/TRANS OUT COMPLETED Select this box if **Attorney State Bar Number Attorney or Accredited Representative** To be completed by an Form G-28 is (if applicable) USCIS Online Account Number (if any) attorney or accredited attached. representative (if any). START HERE - Type or print in black ink. Part 1. Information About You I am applying for permission to return to the United States under the authority contained in former section 212(c) of the Immigration and Nationality Act (INA). Your Full Name (do **not** provide a nickname) Family Name (Last Name) Given Name (First Name) Middle Name 2. Other Names Used List all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 12. Additional Information. Family Name (Last Name) Given Name (First Name) Middle Name Date of Birth (mm/dd/yyyy) Alien Registration Number (A-Number) (if any) USCIS Online Account Number (if any) Place of Birth State/Province of Birth City/Town/Village of Birth Country of Birth Country of Citizenship or Nationality

Pa	rt 1. Information About You (continued)			
	Mailing Address			
	In Care Of Name (if any)			
			A . C. Fl	N 1
	Street Number and Name		Apt. Ste. Flr.	Number
	City or Town		State	ZIP Code
	Province Postal Code	Count	ry	
	Physical Address			
	Street Number and Name		Apt. Ste. Flr.	Number
	City or Town		State	ZIP Code
	Port Col	G. vi		
	Province Postal Code	Count	ry	
Λ	Information About When and How You Became a Lawful Perma	nant Pasidant (I	DD)	
.v.		nent Kesideni (1	ITK)	
	A. Date When You Obtained Your LPR Status (mm/dd/yyyy)			
	B. You Obtained Your LPR Status Through (select only one)			
	Admission With an Immigrant Visa at a Port-of-Entry			
	Port-of-Entry, If Known	Means of Trai	nsportation	
	Adjustment of Status While in the United States			
	USCIS Office			
1		10 T ID	. NJ 1 1	
1.	Passport Number Used at Last Entry	12. Travel Do	ocument Number U	sed at Last Entry
•		14 5 : :	D	
3.	Country of Issuance for Passport or Travel Document	-		port or Travel Document
		(mm/dd/y	/ууу)	

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Part 1. Information About You (continued)

15. Information About Your Departures From and Returns To the United States

Since being admitted as an LPR, you have departed from and returned to the United States as follows:

Departed From The United States						
Place or Port-of-Departure	Date of Departure (mm/dd/yyyy)	Means of Transportation				
		1				

Returned To The United States							
Place or Port-of-Entry	Date of Entry (mm/dd/yyyy)	Means of Transportation					

Purpose of Trips			

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Pa	rt 2	. Biographic Information
1.	Ethi	nicity (Select only one box)
		Hispanic or Latino Not Hispanic or Latino
2.	Rac	e (Select all applicable boxes)
		White Asian Black or African American Indian or Native Hawaiian or American Alaska Native Other Pacific Islander
3.	Heig	ght Feet Inches Inches
4.	Wei	ght 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 Black Blond Brown Gray Red Sandy White Unknown/hair) Other
Pa	rt 3	. Information About Your Criminal Convictions
The	info	rmation you provide below relates to the criminal convictions for which you are seeking relief under former section 212(c) of
		igration and Nationality Act.
1.	Cri	ninal Conviction 1
	A.	Date (mm/dd/yyyy) B. Name of Court
	C.	Location of Court
		Town or City State
	D.	Court Case Number
	Е.	Conviction Entered After Trial Based on Guilty or No Contest Plea
		If based on guilty or no contest plea, give the date of the guilty or no contest plea (mm/dd/yyyy)
	F.	Specific Offense as Stated in the Conviction Judgment (If there is more than one offense, provide the name of each specific offense.)
	G.	Citation to Federal, State, or Local Law, as Stated in the Conviction Judgment (If there is more than one citation, provide each separate citation.)
	H.	Sentence, Probation, or Other Punishment Imposed

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Pa	rt 3	3. Information About Yo	ur Cri	iminal Convictions (continued)
2.	Cri	iminal Conviction 2		
	A.	Date (mm/dd/yyyy)	В.	Name of Court
	C.	Location of Court		
		Town or City		State
	D.	Court Case Number		
	Е.	Conviction Entered	er Trial	Based on Guilty or No Contest Plea
				rive the date of the guilty or no contest plea (mm/dd/yyyy)
	F.	Specific Offense as Stated in to offense.)	ne Conv	viction Judgment (If there is more than one offense, provide the name of each specific
	G.		ocal La	w, as Stated in the Conviction Judgment (If there is more than one citation, provide
		each separate citation.)		
	Н.	Sentence, Probation, or Other	Dunichn	ment Imposed
	11.	Sentence, 1 Tobation, or Other	umsim	ient Imposed
•	α.			
3.		iminal Conviction 3	В.	Name of Court
	Α.	Date (mm/dd/yyyy)	Б.	Name of Court
	C.	Location of Court	J	
	•	Town or City		State
	D.	Court Case Number		
	Е.		er Trial	Based on Guilty or No Contest Plea
	L.	_		
				rive the date of the guilty or no contest plea (mm/dd/yyyy)
	F.	Specific Offense as Stated in the offense.)	ne Conv	riction Judgment (If there is more than one offense, provide the name of each specific
		,		
	G.		ocal Lav	w, as Stated in the Conviction Judgment (If there is more than one citation, provide
		each separate citation.)		
	TT	Section Probability Co. 1	D 1	
	Н.	Sentence, Probation, or Other	runishn	nent Imposed

NOTE: If you were convicted more than three times, include the information for each additional conviction in **Part 12. Additional Information**.

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Part 4. Information About Your Residence

Provide the following information about where you have lived during the last seven years.

List your most recent residence first and then every other residence where you have lived during the last seven years. There should be no gaps in time. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

1.	Physical Address 1	
	Street Number and Name	Apt. Ste. Flr. Number
	City or Town	State ZIP Code
	Province Postal Code Country	
	Date of Residence From (mm/dd/yyyy) To (n	nm/dd/yyyy)
2.	Physical Address 2	
	Street Number and Name	Apt. Ste. Flr. Number
	City or Town	State ZIP Code
	Province Postal Code Country	
	Date of Residence From (mm/dd/yyyy) To (n	nm/dd/yyyy)
3.	Physical Address 3	
	Street Number and Name	Apt. Ste. Flr. Number
	City or Town	State ZIP Code
	Province Postal Code Country	
	Date of Residence From (mm/dd/yyyy) To (n	nm/dd/yyyy)
4.	Physical Address 4	
	Street Number and Name	Apt. Ste. Flr. Number
	City or Town	State ZIP Code
	Province Postal Code Country	
	Date of Residence From (mm/dd/yyyy) To (n	nm/dd/yyyy)

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	/ A T O / A A A T O A A		1)			
Pa	art 4. Information About Your Residence	(contin	iued)			
5.	Physical Address 5					
	Street Number and Name				Apt. Ste. Flr.	Number
	City or Town				State	ZIP Code
	Province	Postal C	Code	Country		
					,,,,, ,	
	Date of Residence From (mm/dd/yyyy)			To (m	m/dd/yyyy)	
Pa	art 5. Information About Your Employme	ent				
Pro	ovide the following information about your employment	ent.				
	t where you have worked full-time or part-time durin		seven years.	If you need	l extra space to	complete this section, use
the	space provided in Part 12. Additional Information					
1.	Employer 1					
	Name of Employer					
	Street Number and Name				Apt. Ste. Flr.	Number
	City or Town				State	ZIP Code
	Province	Postal C	Code	Country		
				.,		
	Date From (mm/dd/yyyy)		To (mm/d	ld/yyyy)		
	Your Occupation					
_						
2.	Employer 2					
	Name of Employer					
	Street Number and Name				Apt. Ste. Flr.	Number
	City or Town				State	ZIP Code
	Province	Postal C	Code	Country		
	Date From (mm/dd/yyyy)		To (mm/d	d/www.		
	Date 110iii (iiiii) ddi yyyy)			(d, y y y y)		
	Your Occupation					

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Employer 3	proj (continues)					
Name of Employer						
Street Number and Name		Apt. Ste. Flr. Number				
City or Town	State ZIP Code					
Province	Postal Code Country					
Date From (mm/dd/yyyy)	To (mm/dd/yyyy)					
Your Occupation						
art 6 Information About Your Fa	amily					
art 6. Information About Your Fa	•					
ovide the following information about your	family (for example, spouse, children, and p	parents). If you need extra space to comp				
ovide the following information about your test section, use the space provided in Part 12 .	family (for example, spouse, children, and p	parents). If you need extra space to comp				
ovide the following information about your is section, use the space provided in Part 12. Information About Your Spouse	family (for example, spouse, children, and p	parents). If you need extra space to comp				
ovide the following information about your is section, use the space provided in Part 12. Information About Your Spouse Spouse's Current Legal Name	family (for example, spouse, children, and p	parents). If you need extra space to comp Middle Name				
ovide the following information about your is section, use the space provided in Part 12. Information About Your Spouse	family (for example, spouse, children, and p. Additional Information.					
ovide the following information about your is section, use the space provided in Part 12. Information About Your Spouse Spouse's Current Legal Name	family (for example, spouse, children, and p. Additional Information.	Middle Name				
ovide the following information about your to section, use the space provided in Part 12 . Information About Your Spouse Spouse's Current Legal Name Family Name (Last Name)	family (for example, spouse, children, and page 2. Additional Information. Given Name (First Name)	Middle Name				
ovide the following information about your to section, use the space provided in Part 12 . Information About Your Spouse Spouse's Current Legal Name Family Name (Last Name)	family (for example, spouse, children, and page 2. Additional Information. Given Name (First Name) Spouse's Date of Birt	Middle Name				
ovide the following information about your is section, use the space provided in Part 12. Information About Your Spouse Spouse's Current Legal Name Family Name (Last Name) Spouse's Country of Birth	family (for example, spouse, children, and page 2. Additional Information. Given Name (First Name) Spouse's Date of Birt	Middle Name				
ovide the following information about your is section, use the space provided in Part 12. Information About Your Spouse Spouse's Current Legal Name Family Name (Last Name) Spouse's Country of Birth	family (for example, spouse, children, and page 2. Additional Information. Given Name (First Name) Spouse's Date of Birt	Middle Name				
Information About Your Spouse Spouse's Current Legal Name Family Name (Last Name) Spouse's Country of Birth Spouse's Country of Citizenship or Nation	family (for example, spouse, children, and page 2. Additional Information. Given Name (First Name) Spouse's Date of Birt	Middle Name				
Information About Your Spouse Spouse's Current Legal Name Family Name (Last Name) Spouse's Country of Birth Spouse's Country of Citizenship or Nation Spouse's Physical Address	family (for example, spouse, children, and page 2. Additional Information. Given Name (First Name) Spouse's Date of Birt	Middle Name th (mm/dd/yyyy)				
Information About Your Spouse Spouse's Current Legal Name Family Name (Last Name) Spouse's Country of Birth Spouse's Country of Citizenship or Nation Spouse's Physical Address	family (for example, spouse, children, and page 2. Additional Information. Given Name (First Name) Spouse's Date of Birt	Middle Name th (mm/dd/yyyy)				
Spouse's Country of Citizenship or Nation Spouse's Physical Address Street Number and Name	family (for example, spouse, children, and page 2. Additional Information. Given Name (First Name) Spouse's Date of Birt	Middle Name th (mm/dd/yyyy) Apt. Ste. Flr. Number				

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art	6. Information About Your Family	(continued)				
I	nformation About Your Children					
P	rovide the following information about all of ye	our children.				
C	child 1					
C	urrent Legal Name					
F	amily Name (Last Name)	Given Name	(First Nam	e)	Middle	Name
C	ountry of Birth		Date of B	sirth (mm/do	d/yyyy)	
C	ountry of Citizenship or Nationality					
	urrent Address					
S	treet Number and Name				Apt. Ste. Flr.	Number
					State	
	City or Town					ZIP Code
P	rovince	Postal Co	de	Country		
C	child 2					
C	urrent Legal Name					
F	amily Name (Last Name)	Given Name	(First Nam	e)	Middle	Name
C	ountry of Birth		Date of B	sirth (mm/do	d/yyyy)	
C	ountry of Citizenship or Nationality					
C	urrent Address					
S	treet Number and Name				Apt. Ste. Flr.	Number
C	ity or Town				State	ZIP Code
L						
P	rovince	Postal Co	de	Country		

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art 6. Information About Your Famil	ly (continued)	
Child 3		
Current Legal Name		
Family Name (Last Name)	Given Name (First Name)	Middle Name
Country of Birth	Date of Birth (mm/d	dd/yyyy)
Country of Citizenship or Nationality		
Current Address		
Street Number and Name		Apt. Ste. Flr. Number
City or Town		State ZIP Code
Province	Postal Code Country	
Child 4		
Current Legal Name		
Family Name (Last Name)	Given Name (First Name)	Middle Name
Country of Birth	Date of Birth (mm/o	dd/vvvv)
Godini, or Bridi		
Country of Citizenship or Nationality		
Current Address		
Street Number and Name		Apt. Ste. Flr. Number
City or Town		State ZIP Code
Province	Postal Code Country	

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rt 6. Information About Your Fa	mily (continued)						
Information About Your Parents							
Parent 1							
Parent 1's Current Legal Name							
Family Name (Last Name)	Given Name (First Name)	Middle Name					
Sex Male Female Parent 1's Date of Birth (mm/dd/yyyy)							
Parent 1's Country of Birth	Parent 1's Country o	f Citizenship or Nationality					
Parent 1's Physical Address							
Street Number and Name	A	Apt. Ste. Flr. Number					
City or Town		State ZIP Code					
Province	Postal Code Country						
P. 12							
Parent 2							
Parent 2's Current Legal Name		2010					
Family Name (Last Name)	Given Name (First Name)	Middle Name					
Sex Male Female Parer	nt 2's Date of Birth (mm/dd/yyyy)						
Parent 2's Country of Birth	Parent 2's Country	of Citizenship or Nationality					
Parent 2's Physical Address							
Street Number and Name	A	Apt. Ste. Flr. Number					
City or Town		State ZIP Code					
Province	Postal Code Country						

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Part 7. Other Grounds for Removal

If you believe you may be subject to removal on any grounds besides the criminal convictions listed in **Part 3. Information About Your Criminal Convictions**, provide a full explanation of why you may be subject to removal.

The other grounds of removal may be any inadmissibility grounds in section 212(a) of the Immigration and Nationality Act or any deportability grounds in section 237(a) of the Immigration and Nationality Act.

If you have a criminal history besides the criminal convictions listed in **Part 3. Information About Your Criminal Convictions**, list these incidents and provide a full explanation. If you have ever been arrested or detained by any law enforcement officer for any reason, and no charges were filed, include an original official statement by the arresting or detaining agency or applicable court order confirming that no charges were filed.

If you were arrested or detained by any law enforcement officer for any reason and charges were filed, or if charges were filed against you without an arrest, submit an original or court-certified copy of the complete arrest record and/or disposition for each incident (for example, a dismissal order or an acquittal order).

If you need extra space to complete your statement, use the space provided in Part 12. Additional Information or attach a separate letter.
Part 8. Discretion
In the space provided below, explain why you believe your application should be approved as a matter of discretion, with the favorable factors outweighing the unfavorable factors in your case. For more information on discretion, see the application Instructions. If you need extra space to complete your statement, use the space provided in Part 12. Additional Information , or attach a separate letter. Indicate in the space provided if you are including a separate letter. If you submit a separate letter, you must submit the letter at the same time as your Form I-191 application.

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Part 9. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the Penalties section of the Form I-191 Instructions before completing this part.

Ap	plicant's Statement
NO	TE: 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 I have read and understand every question and instruction on this application and my answer to every question.
	B. The interpreter named in Part 10. read to me every question and instruction on this application and my answer to
	every question, in , a language in which I
	am fluent and I understood everything.
2.	Applicant's Statement Regarding the Preparer
	At my request, the preparer named in Part 11. ,
	prepared this application for me based only upon information I provided or authorized.
Ap	plicant's Contact Information
3.	Applicant's Daytime Telephone Number 4. Applicant's Mobile Telephone Number (if any)
5.	Applicant's Email Address (if any)

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 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 application, 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 reviewed and provided or authorized all of the information in my application;
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

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.

Applicant's Signature		
6. Applicant's Signature		Date of Signature (mm/dd/yyyy)
→		

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS (or an immigration judge if you are in deportation, exclusion, or removal proceedings) may deny your application.

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Pa	rt 10. Interpreter's Contact Information, Certifica	tion, a	nd Signatu	ire	
Pro	vide the following information about the interpreter.				
In	terpreter's Full Name				
1.	Interpreter's Family Name (Last Name)	Interpr	eter's Given l	Name (First	Name)
2.	Interpreter's Business or Organization Name (if any)				
In	terpreter's Mailing Address				
3.	Street Number and Name			Apt. Ste. I	Flr. Number
	City or Town			State	ZIP Code
	Province Postal Code	;	Country		
In	terpreter's Contact Information				
4.	Interpreter's Daytime Telephone Number	5. Inte	rpreter's Mob	oile Telepho	one Number (if any)
6.	Interpreter's Email Address (if any)				
In	terpreter's Certification				
I ce	rtify, under penalty of perjury, that:				
Iter app	n fluent in English and n B., in Item Number 1., and I have read to this applicant in the lication and his or her answer to every question. The applicant in answer on the application, including the Applicant's Certification	formed i	d language ev me that he or	ery questionshe underst	ands every instruction, question,
In	terpreter's Signature				
7.	Interpreter's Signature				Date of Signature (mm/dd/yyyy)

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Part 11. Contact Information, Declaration, and Signature of the Person Preparing This Application, if Other Than the Applicant

Provide the following information about the preparer.

Pr	eparer's Full Name					
1.	Preparer's Family Name (Last Name)	Pı	eparer's Given Nan	ne (First N	Name)	
2.	Preparer's Business or Organization Name (if any)					
Pr	eparer's Mailing Address					
3.	Street Number and Name			Apt. St	e. Flr.	Number
	City or Town			State		ZIP Code
	Province Postal Code		Country			
Pr	eparer's Contact Information					
4.	Preparer's Daytime Telephone Number	5.	Preparer's Mobile	Telephon	e Numb	er (if any)
6.	Preparer's Email Address (if any)					
Pr	eparer's Statement					
7.	A. I am not an attorney or accredited representative but he applicant and with the applicant's consent.	have p	orepared this applica	ation on b	ehalf of	
	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.					
	NOTE: If you are an attorney or accredited represen G-28, Notice of Entry of Appearance as Attorney or Application.		•	-		
Pr	eparer's Certification					
revi witl	my signature, I certify, under penalty of perjury, that I prepared ewed this completed application and informed me that he or shot, his or her application, including the Applicant's Certificatio appleted this application based only on information that the applicant is application by the applicat	e und n , and	erstands all of the in I that all of this info	nformation ormation i	n contair s compl	ned in, and submitted ete, true, and correct. I
Pr	eparer's Signature					
8.	Preparer's Signature				Date of	Signature (mm/dd/yyyy)

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Part 12. 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. Type or print 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	y Name (Last Name)		Given Name (F	irst Name)	Middle Name
2.	A-Nur	mber (if any) A-				
3.	A. Pa	age Number B. Part I	Number C.	Item Number		
	_					
	_					
4.	A. Pa	age Number B. Part I	Number C.	Item Number		
	□ D.					
	_					
	_					
	_					
5.	A. Pa	age Number B. Part I	Number C.	Item Number		
	_					
6.	A. Pa	age Number B. Part l	Number C.	Item Number		
	D.					
	_					

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For USCIS Use Only
Decision
Application granted upon the following terms and conditions:
Date of Action (mm/dd/yyyy)

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