



**Request for Cancellation
of Public Charge Bond**
Department of Homeland Security
U.S. Citizenship and Immigration Services

**USCIS
Form I-356**
OMB No. 1615-xxxx
Expires xx/xx/20xx

For USCIS Use Only				
Bar Code Area		Action Block		
Initial Receipt		<div style="text-align: right;">Bond is</div> <input type="checkbox"/> Breached <input type="checkbox"/> Cancelled <input type="checkbox"/> Continued <div style="float: right; text-align: left;">Comments (if needed): _____ _____</div>		
Resubmitted	Relocated			
	Received			Sent

To be Completed by the Obligor and Agent/Co-obligor's Attorney or Accredited Representative (if any).

<input type="checkbox"/>	Select this box if Form G-28	Volag Number (if any) <input style="width: 100%;" type="text"/>	Attorney State Bar Number (if applicable) <input style="width: 100%;" type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input style="width: 100%; height: 20px;" type="text"/>
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To be Completed by the Alien's Attorney or Accredited Representative (if any).

<input type="checkbox"/>	Select this box if Form G-28	Volag Number (if any) <input style="width: 100%;" type="text"/>	Attorney State Bar Number (if applicable) <input style="width: 100%;" type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input style="width: 100%; height: 20px;" type="text"/>
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▶ **START HERE** - Type or print in black ink.

Part 1. Obligor and Agent/Co-Obligor Information (To Be Completed by the Obligor or Agent/Co-Obligor)

Provide the following information.

Information About Obligor

1. Name of Obligor

2. Mailing Address
 In Care Of Name (if any)

 Street Number and Name

Apt. Ste. Flr. Number

 City or Town

State

 ZIP Code

[\(USPS ZIP Code Lookup\)](#)

Part 1. Obligor and Agent/Co-Obligor Information (To Be Completed by the Obligor or Agent/Co-Obligor)
(continued)

3. Physical Address

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Daytime Telephone Number	5. Email Address (if any)
<input type="text"/>	<input type="text"/>

6. Taxpayer Identification Number (TIN) (includes ITIN, EIN and SSN)

Information About Agent/Co-Obligor

7. Name of Agent/Co-Obligor (if any-Surety Bonds only)

8. Mailing Address

In Care Of Name (if any)

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. Physical Address (if different from that of Obligor)

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Daytime Telephone Number	11. Email Address (if any)
<input type="text"/>	<input type="text"/>

12. Taxpayer Identification Number (TIN) (includes ITIN, EIN and SSN)

13. Power of Attorney Number

Information About Bond

14. Bond Receipt Number	15. Bond Amount
<input type="text"/>	\$ <input type="text"/>

Part 1. Obligor and Agent/Co-Obligor Information (To Be Completed by the Obligor or Agent/Co-Obligor)
(continued)

16. Date when Department of Homeland Security (DHS) approved and accepted the bond as shown in Section D of the Public Charge Bond (Form I-945) (mm/dd/yyyy)

Part 2. Obligor's or Agent/Co-Obligor's Statement, Contact Information, Certification, and Signature
(To Be Completed By the Obligor or Agent/Co-Obligor)

1. Choose the appropriate statement and sign.
- A. **The Alien Naturalized, Permanently Departed the United States, or Died**
I (Name of the Obligor) _____, or I (Name of the Agent/Co-Obligor) _____, acting on behalf of (Name of the Obligor) _____, request that the public charge bond executed on Form I-945 on behalf of (Name of the Alien) _____, born on (Alien Date of Birth (mm/dd/yyyy)) _____, and residing at (Address of the Alien) _____, be cancelled and that (Name of the Obligor) _____, and (Name of the Agent/Co-Obligor, if any) _____, be released from all liabilities imposed by the conditions of the bond because the alien either naturalized, permanently departed the United States, or died, and the conditions of the bond, as outlined in 8 CFR 213.1 are otherwise met, including that the alien has not received any public benefits, as defined in 8 CFR 212.21(b), after the alien's adjustment of status to that of a lawful permanent resident and until this bond is cancelled.
- B. **Cancellation Following The Alien's 5th Anniversary of the Alien's Admission as a Lawful Permanent Resident**
I (Name of the Obligor) _____, or I (Name of the Agent/Co-Obligor) _____, acting on behalf of (Name of the Obligor) _____, request that the public charge bond executed on Form I-945 on behalf of (Name of the Alien) _____, born on (Alien Date of Birth (mm/dd/yyyy)) _____, and residing at (Address of the Alien) _____, be cancelled because it is past the alien's fifth anniversary of the admission as a lawful permanent resident and the conditions of the bond, as outlined in 8 CFR 213.1, are otherwise met, including that the alien has not received public benefits, as defined in 8 CFR 212.21(b) since the alien's adjustment of status to that of a lawful permanent resident and preceding the 5th anniversary of the Alien's Adjustment of Status.
- C. **The Alien Obtained An Immigration Status That is Exempt From Public Charge Grounds of Inadmissibility under INA section 212(a)(4) Following the Initial Grant of Lawful Permanent Resident Status**
I (Name of the Obligor) _____, or I (Name of the Agent/Co-Obligor) _____, acting on behalf of (Name of the Obligor) _____, request that the public charge bond executed on Form I-945 on behalf of (Name of the Alien) _____, born on (Alien Date of Birth (mm/dd/yyyy)) _____, and residing at (Address of the Alien) _____, be cancelled and that (Name of the Obligor) _____,

Part 2. Obligor's or Agent/Co-Obligor's Statement, Contact Information, Certification, and Signature
(To Be Completed By the Obligor or Agent/Co-Obligor) (continued)

be released from all liabilities imposed by the conditions of the bond because the alien has obtained an immigration status that is exempt from public charge grounds of inadmissibility under INA section 212(a)(4), following the initial grant of the alien's adjustment of status to that of a lawful permanent resident, and the conditions of the bond, as outlined in 8 CFR 213.1, are otherwise met, including that the alien has not received public benefits, as defined in 8 CFR 212.21(b), after the alien's adjustment of status to that of a lawful permanent resident and until he or she obtained the new status that is exempt from public charge.

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 and all of my records that USCIS may need to determine whether the conditions of the bond are met and that the bond can be cancelled. I furthermore authorize release of information contained in this form, in supporting documents, and in USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I certify, under penalty of perjury, that all of the information in **Parts 1. and 2.** of this Form I-356 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, **Parts 1. and 2.** of Form I-356, and that all of this information is complete, true, and correct.

2. Signature of Obligor Date of Signature (mm/dd/yyyy)
3. Signature of Agent/Co-Obligor (if any) Date of Signature (mm/dd/yyyy)

Part 3. Information About the Alien for Whom the Public Charge Bond Was Issued (To Be Completed By the Alien or the Alien's Executor)

1. Alien Registration Number (A-Number) (if any) 2. U.S. Social Security Number (SSN) (if any)
▶ A- ▶
3. USCIS Online Account Number (if any)
▶
4. Current Legal Name
Family Name (Last Name) Given Name (First Name) Middle Name
5. Other Names You May Have Used Since Birth
Family Name (Last Name) Given Name (First Name) Middle Name
6. Gender Male Female 7. Date of Birth (mm/dd/yyyy)
8. Place of Birth
City or Town State or Province

Country

Part 3. Information About the Alien for Whom the Public Charge Bond Was Issued (To Be Completed By the Alien or the Alien's Executor) (continued)

9. Country of Citizenship or Nationality

10. Mailing Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

11. Physical Address

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

12. Past Residences. List all your past residences since you became a Lawful Permanent Resident (LPR). Start with the most recent residence. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Part 4. Cancellation of the Bond Because of Alien's U.S. Citizenship, Permanent Departure, Death (To Be Completed By the Alien or the Alien's Executor) or Following the Alien's 5th Anniversary After the Alien's Admission as a Lawful Permanent Resident (To be Completed by the Alien or the Alien's Executor)

Answer the following questions below and provide the requested information. You should indicate whether any of the circumstances addressed in the questions have occurred since the date DHS accepted the public charge bond that was submitted on your behalf. If you are the Executor of the deceased alien's estate, answer these questions on behalf of the deceased alien.

1. Have you become a United States citizen? Yes No

If you answered "Yes," please provide the information requested.

- A.** Certificate of Naturalization Number (if applicable)
- B.** Date of Naturalization (if applicable) (mm/dd/yyyy)
- C.** Citizenship Certificate Number (if applicable)
- D.** Date When Citizenship Was Derived (if applicable) (mm/dd/yyyy)
- E.** U.S. Passport Number (if applicable)
- F.** Date When Passport Issued (if Applicable) (mm/dd/yyyy)

2. Have you permanently departed the United States because you physically departed the United States and you voluntarily abandoned your lawful permanent resident status as evidenced by you having submitted Form I-407 to the U.S. Government? (This includes departures from the United States while removal proceedings were ongoing, and subsequent submission of Form I-407 to the United States Government). Yes No

If you answered "No," go to **Item E**. If you answered "Yes," please provide the following information in **Items A. - D.**

- A.** Date of last Departure from the United States (mm/dd/yyyy)
- B.** Place of Departure
- C.** Date When Record of Abandonment of Lawful Permanent Resident Status (Form I-407) was filed
- D.** Place where Form I-407 (USCIS International Office, U.S. Embassy/Consular Section/ Port of Entry) was filed Attach copy of Form I-407 (if available) and any documentation you received.
- E.** Have you permanently departed the United States because you were removed, excluded, or deported (that is, you had an order of removal and were physically removed from the United States or your departed on your own after you had an order of removal, exclusion or deportation) or because you departed after you were granted voluntary departure (under INA 240B)? Yes No

If you answered "No," go to **Item Number 4**. If you answered "Yes," please provide the following information in **Items F. - H.** Also include a copy of your removal, exclusion, deportation, or voluntary departure order. If you departed according to a voluntary departure order, include proof that you departed according to the terms of your voluntary departure order.

- F.** Date of the Removal, Exclusion, Deportation, or Voluntary Departure Order (mm/dd/yyyy)
- G.** Date of Removal, Exclusion, or Deportation, or Voluntary Departure (mm/dd/yyyy)
- H.** Place of Departure/Removal, Exclusion or Deportation

Part 4. Cancellation of the Bond Because of Alien's U.S. Citizenship, Permanent Departure, Death (To Be Completed By the Alien or the Alien's Executor) or Following the Alien's 5th Anniversary After the Alien's Admission as a Lawful Permanent Resident (To be Completed by the Alien or the Alien's Executor)
(continued)

3. Has the alien on whose behalf a bond has been issued died? Yes No

If you answered "No," go to **Item Number 5**. If you answered "Yes," please provide the information in **Items A. - B.** about the alien's death and attach a certified copy of the alien's death certificate:

A. Date of Death (mm/dd/yyyy)
B. Death Certificate Number (please attach an official copy of the death certificate)

4. Information about the person completing **Item Number 3**, on behalf of the deceased alien (Please attach a certified copy that establishes your legal authority to act on behalf of the alien's estate):

5. Full Name
Family Name (Last Name) Given Name (First Name) Middle Name

6. Mailing Address
In Care Of Name (if any)
Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code
Province Postal Code Country

7. Physical Address
Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code
Province Postal Code Country

8. Daytime Telephone Number 9. Email Address (if any)

10. Relationship to Deceased

11. Have you been a lawful permanent resident for at least five years? Yes No
If you answered "Yes," please provide the information about when you became a lawful permanent resident below.
Date When You Became a Lawful Permanent Resident (mm/dd/yyyy)

Part 5. Cancellation of the Bond If Alien Obtains Immigration Status Exempt from Public Charge Inadmissibility under INA section 212(a)(4) Following the Initial Grant of Status as a Lawful Permanent Resident (To be Completed by the Alien)

Answer the following questions below and provide the requested information.

1. When did you lose or relinquish your lawful permanent resident status for which the public charge bond was posted? Provide the appropriate documentation.

Date (mm/dd/yyyy)

2. Did you lose your status in removal proceedings or did you give up your lawful permanent resident status through other means? Please check one option.

I lost my LPR status in removal proceedings. Please proceed to **Item Number 3.**

I gave up status through means other than removal proceedings.

In the space below, please explain how and why you gave up your LPR status. Then, proceed to **Item Number 4.**

3. Please provide the following information about removal, exclusion or deportation proceedings in which you lost your lawful permanent resident status (for which the public charge bond was posted). Please attach any communication that you received from the immigration authorities, if available.

A. Date of the Removal, Exclusion, Deportation (mm/dd/yyyy)

B. Place of Removal Proceedings (Name and Location of the Immigration Court)

4. Provide the requested information about your current immigration status (Please also provide documentary evidence of your current immigration status).

A. Current Immigration Status

B. Receipt number for the application you submitted in connection with your current immigration status (if any)

▶

C. Date when you were granted your current immigration status (mm/dd/yyyy)

D. DHS or DOS

Place and Location

EOIR

Place and Location

Part 6. Alien's Receipt of Public Benefits since DHS' Acceptance of the Public Charge Bond (To be Completed by the Alien or the Alien's Executor (if the Alien is Deceased))

Please provide the following information about your (the alien's) receipt of public benefits since you were granted adjustment of status to that of a lawful permanent resident. See the Instructions for a definition of public benefits.

1. Since you were granted adjustment of status to that of a lawful permanent resident, have you received any public benefits, as listed in the Instructions? Yes No

If you answered "Yes," provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 10. Additional Information.**

Type of Benefit	Amount of Benefit	Agency That Granted Benefit	Date Benefit Was Granted	Date Benefit Ended or Expires (mm/dd/yyyy)	Number of Household Members Receiving the Benefits (If applicable)
	<input type="checkbox"/> weekly <input type="checkbox"/> other <input type="checkbox"/> monthly <input type="checkbox"/> explain <input type="checkbox"/> annually <input type="checkbox"/>				
	<input type="checkbox"/> weekly <input type="checkbox"/> other <input type="checkbox"/> monthly <input type="checkbox"/> explain <input type="checkbox"/> annually <input type="checkbox"/>				
	<input type="checkbox"/> weekly <input type="checkbox"/> other <input type="checkbox"/> monthly <input type="checkbox"/> explain <input type="checkbox"/> annually <input type="checkbox"/>				

2. If you answered "Yes" in **Item Number 1**, and provided information about the public benefits in the table, did you receive any of the benefits while you were serving in active duty or in the Ready Reserve component of the U.S. Armed Forces, or while you were the spouse or child of such a service member? Yes No

If you answered "Yes" please provide the information requested in the instructions.

Part 7. Alien's (or Alien Executor's) Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-356 Instructions before completing this section.

Alien's (or the Alien's Executor'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. Alien's (or the Alien's Executor's) Statement Regarding the Interpreter
- A. I can read and understand English, and I have read and understand every question and instruction in my portion of Form I-356 and my answer to every question.
- B. The interpreter named in **Part 7** read to me every question and instruction in my portion of the Form I-356 and my answer to every question in _____, a language in which I am fluent, and I understood everything.
2. Alien's (or the Alien's Executor's) Statement Regarding the Preparer
- At my request, the preparer named in **Part 8.**, _____, prepared my parts of this Form I-356 for me based only upon information I provided or authorized.

Part 7. Alien's (or Alien Executor's) Contact Information, Certification, and Signature (continued)

Alien's (or the Alien's Executor's) Contact Information

3. Daytime Telephone Number

4. Mobile Telephone Number (if any)

5. Email Address (if any)

Federal Agency Disclosure and Authorizations

I ,

authorize the Social Security Administration (SSA) to verify my/the alien's Social Security number (to match my name, Social Security number, and date of birth with information in SSA records and provide the results of the match) to USCIS. I (the alien/the alien's executor) authorize SSA to provide explanatory information to USCIS as necessary.

I ,

authorize the SSA, U.S. Department of Agriculture (USDA), and U.S. Department of Health and Human Services (HHS), the Department of Housing and Urban Development (HUD), and any other government agency that has received and/or adjudicated a request for a public benefit, as defined in 8 CFR 212.21(b) submitted by me/the alien or on my/the alien's behalf, and/or granted one or more public benefits to me/the alien to disclose to USCIS that I (the alien/alien's executor) have applied for, received, or have been certified to receive, a public benefit from such agency, including the type and amount of benefit(s), date(s) of receipt and any other relevant information provided to the agency for the purpose of obtaining such public benefit, to the extent permitted by law. I (the alien/the alien's executor) also authorize SSA, USDA, HHS, HUD, and any other government agency to provide any additional data and information to USCIS, to the extent permitted by law.

I ,

authorize custodians of records and other sources of information pertaining to my/the alien's request for or receipt of public benefits to release information regarding my/the alien's request for and/or receipt of public benefits, upon the request of the investigator, special agent, or other duly accredited representative of any federal agency authorized above, regardless of any previous agreement to the contrary.

I ,

understand that the information released by records custodians and sources of information is for official use by the federal government, that the government will use it only to review my/the alien's eligibility for immigration benefits and to enforce immigration laws, and that the government may disclose the information only as authorized by law.

Alien's (or Alien's Executor'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 and all of my records that USCIS may need to determine whether the bond should be cancelled.

I furthermore authorize release of information contained in this form, in supporting documents, and in my/the alien's USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

Alien's (or Alien's Executor's) Signature

6. Alien's (or Alien's Executor's) Signature

Date of Signature (mm/dd/yyyy)

NOTE to Aliens (or Alien's Executor): If you do not completely fill out your parts of Form I-356 or fail to submit required documents listed in the Instructions, USCIS may deny the request to cancel the bond.

Part 8. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province Postal Code 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 , which is the same language provided in **Part 7.**,

Item B. in **Item Number 1.**, and I have read to this alien or the alien's executor in the identified language every question and instruction on the alien's parts of Form I-356 and his or her answer to every question. The alien or the alien's executor informed me that he or she understands every instruction, question, and answer in the alien's parts of Form I-356, including the **Alien (or the Alien's Executor's) Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 9. Contact Information, Certification, and Signature of the Person Preparing the Alien's Parts of Form I-356, if Other Than the Alien (or the Alien's Executor)

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
Province Postal Code 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 the alien's part of this form on behalf of the alien or the alien's executor and with the alien's or the alien's executor's consent.
- B. I am an attorney or accredited representative and my representation of the alien or the alien's executor in this case extends does not extend beyond the preparation of this form.

NOTE: 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, with this Form.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared the alien's parts of this form at the request of the alien or the alien's executor. The alien or the alien's executor then reviewed these completed parts of this form and informed me that he or she understands all of the information contained in, and submitted with, the alien's parts of Form I-356, including the **Alien's (or the Alien's Executor's) Certification**, and that all of this information is complete, true, and correct. I completed the alien's parts of the form based only on information that the alien or the alien's executor provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature Date of Signature (mm/dd/yyyy)

Part 10. Additional Information

If you need extra space to provide any additional information within this request, 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 request or attach a separate sheet of paper. Please type or print the alien's name and A-Number (if any), the obligor's name, and bond receipt number, at the top of each additional sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number (if any) ▶ A-

3. A. Page Number B. Part Number C. Item Number

D.

4. A. Page Number B. Part Number C. Item Number

D.

5. A. Page Number B. Part Number C. Item Number

D.

6. A. Page Number B. Part Number C. Item Number

D.

7. A. Page Number B. Part Number C. Item Number

D.

DRAFT
Not for
Production
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