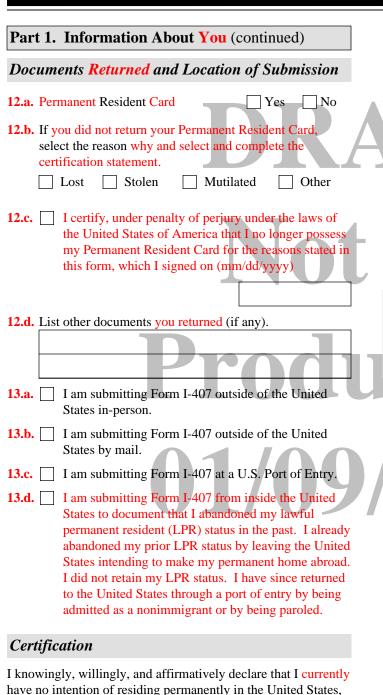


Record of Abandonment of Lawful Permanent Resident Status

Department of Homeland Security U.S. Citizenship and Immigration Services

START HERE - Type or print in black ink.			iling Address Outside of the United States
Part 1. Information About You			
1.a.	Alien Registration Number (A-Number)	9.a.	In Care Of Name (if applicable)
	► A-		Start Nuclear IN-
1.b.	Your Name Exactly As It Appears On Your Permanent	9.b.	Street Number and Name
	Resident Card		
		9.c.	Apt. Ste. Flr.
2.	USCIS Online Account Number (if any)	9.d.	City or Town
You	ur <mark>Current</mark> Legal Name	9.e.	Province or State
3.a.	Family Name		
3.h.	(Last Name) Given Name		Postal Code
0.01	(First Name)	9.g.	Country
3.c.	Middle Name		
Oth	on Information	10.	Email Address (if any)
Other Information			
4. 5.	Date of Birth (mm/dd/yyyy) Country of Birth		E: If you are outside of the United States, we recommend you provide your email address so we can contact you if
		needd	
6.	Country of Citizenship or Nationality		iling Address Outside of the United States tten in the Language Where You Reside
7.	Date of Last Departure from the United States	11.a.	In Care Of Name (if applicable)
	(mm/dd/yyyy)		
8.	State the reasons for abandoning lawful permanent	11.b.	Street Number and Name
	resident status.		
		11.c.	Apt. Ste. Flr.
		11.d.	City or Town
		11.e.	Province or State
		11.f.	Postal Code
		11.g.	Country



have no intention of residing permanently in the United States, and that by signing and submitting this form, I intend to record the fact that I have knowingly and willingly abandoned my LPR status in the United States. I have reviewed the form and its instructions, and I have been informed of and I understand my rights to a hearing before an immigration judge about whether I have abandoned my LPR status in the United States. By signing and submitting this form, I knowingly, willingly, and affirmatively waive my rights to such a hearing.

OR

I knowingly, willingly, and affirmatively declare that I already abandoned my prior lawful permanent resident (LPR) status by leaving the United States intending to make my permanent home abroad and I did not retain my LPR status. I have since returned to the United States through a Port of Entry by being admitted as a nonimmigrant or by being paroled. I declare that I am submitting this Form I-407 to document that I abandoned my prior LPR status. I have reviewed the form and its instructions, and I have been informed, and I understand, that had I not previously abandoned my LPR status, that I would have a right to seek a hearing before an immigration judge to contest the abandonment of my LPR status. By signing and submitting this form, I knowingly, willingly, and affirmatively waive my rights, if any, to such a hearing.

AND/OR

Consent of Parents Custodial Parent, or Legal Guardian to Submit Form I-407 for Incapacitated Adult or Minors 14 Years of Age and Younger (*if applicable*)

I confirm that I am the parent, custodial parent, or duly appointed legal guardian for the individual identified in **Part 1**. of this form. As the parent or legal guardian of this individual, I consent to the alien minor's/incapacitated adult's submission of this form.

14.a. Your Signature (or signature of the parent, custodial parent, or legal guardian, if applicable)

14.b. Your Name (or name of parent, custodial parents, or legal guardian, if applicable)

14.c. Date of Signature (mm/dd/yyyy)

NOTE: Signing this form is voluntary. U.S. law does not require you to complete, sign, or submit this form. You may request a hearing before an immigration judge if you disagree with a Department of Homeland Security (DHS) allegation that you have abandoned your lawful permanent residence.

If signed by a parent, custodial parent, or legal guardian, submit evidence to show parental, custodial parental, or legal guardianship responsibility of the minor or incapacitated adult.

Part 2. Interpreter's Contact Information, Interpreter's Signature **Certification**, and **Signature 7.a.** Interpreter's Signature Provide the following information about the interpreter. Interpreter's Full Name **7.b.** Date of Signature (mm/dd/yyyy) Interpreter's Family Name (Last Name) **1.a.** Part 3. For Government Use Only **1.b.** Interpreter's Given Name (First Name) Instructions to the U.S. government official: Select Item Number 1. if you interviewed the individual identified in Part 1. If you did not, select Item Number 2. Sign the form and Interpreter's Business or Organization Name (if any) 2. provide other information requested. 1. I certify that I personally interviewed the individual identified in Part 1., who has signed this Form I-407, **Interpreter's Mailing Address** and that I advised the individual of the hearing rights 3.a. Street Number specified in the Instructions. The individual stated and Name that he or she fully understands the effect of signing this Form I-407. I further certify that, if an interpreter **3.b.** Apt. Ste. Flr. was used. I confirmed that the individual understood the interpreter. **3.c.** City or Town 2. I certify that I reviewed this Form I-407, which was State **3.e. ZIP** Code **3.d.** submitted by mail as indicated in Part 1. Item Number 13.b. Based on the completed information, Province **3.f.** signature, and any attached documentation, the individual identified in Part 1. has declared that he or Postal Code **3.g.** she fully understands the effect of submitting this Form I-407. **3.h.** Country A copy of the signed Form I-407 was provided to this 3. No No individual. Yes **Interpreter's Contact Information U.S. Government Official Information** 4. Interpreter's Daytime Telephone Number 4.a. Name of U.S. Government Official 5. Interpreter's Mobile Telephone Number (if any) 4.b. Signature of U.S. Government Official (sign in ink or use signature stamp) Interpreter's Email Address (if any) 6. 4.c. Title of U.S. Government Official Interpreter Certification 4.d. Name of DHS Component, if signed by a DHS Official I certify, under penalty of perjury, that: I am fluent in English and and I have read to this respondent in the identified language every **4.e.** Date of Signature (mm/dd/yyyy) question and instruction on this form and his or her answer to every question. The respondent informed me that he or she understands every instruction, question, and answer on the form, including the Certification and the Consent of Parent, Custodial

Parent, or Legal Guardian to Submit Form I-407 for Incapacitated Adult or Minors 14 Years of Age and Younger (if applicable), and has verified the accuracy of every answer.