

**PLEASE READ ADVICE AND INSTRUCTIONS  
BEFORE FILLING IN FORM**

**PLEASE TYPE OR PRINT**

Fee Stamp (Official Use Only)

**PART 1 - INFORMATION ABOUT YOURSELF**

1) My present true name is: <i>(Last, First, Middle)</i>		2) Alien Registration (or "A") Number(s):		
3) My name given at birth was: <i>(Last, First, Middle)</i>		4) Birth Place: <i>(City and Country)</i>		
5) Date of Birth: <i>(Month, Day, Year)</i>	6) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	7) Height:	8) Hair Color:	9) Eye Color:
10) Current Nationality and Citizenship:	11) Social Security Number:	12) Home Phone Number: ( )	13) Work Phone Number: ( )	
14) I currently reside at:  <i>Apt. number and/or in care of</i>  <i>Number and Street</i>  <i>City or Town</i> <i>State</i> <i>Zip Code</i>		15) I have been known by these additional name(s):   		

16) I have resided in the following locations in the United States: (List PRESENT ADDRESS FIRST, and work back in time for at least 7 years.)

Street and Number - Apt. or Room # - City or Town - State - Zip Code	Resided From: <i>(Month, Day, Year)</i>	Resided To: <i>(Month, Day, Year)</i>
		PRESENT

**PART 2 - INFORMATION ABOUT THIS APPLICATION**

17) I, the undersigned, hereby request that my removal be cancelled under the provisions of section 240A(a) of the Immigration and Nationality Act (INA). I believe that I am eligible for this relief because I have been a lawful permanent resident alien for 5 or more years, have 7 years of continuous residence in the United States, and have not been convicted of an aggravated felony. I was admitted as or adjusted to the status of an alien lawfully admitted for permanent residence on \_\_\_\_\_  
*(Date)*

at \_\_\_\_\_  
*(Place)*

**PART 3 - INFORMATION ABOUT YOUR PRESENCE IN THE UNITED STATES**

18) My first arrival into the United States was under the name of: *(Last, First, Middle)* \_\_\_\_\_

19) My first arrival to the United States was on: *(Month, Day, Year)* \_\_\_\_\_

20) Place or port of first arrival: *(Place or Port, City, and State)* \_\_\_\_\_

21) I:  was inspected and admitted.

I entered using my Lawful Permanent Resident card which is valid until \_\_\_\_\_  
*(Month, Day, Year)*

I entered using a \_\_\_\_\_ visa which is valid until \_\_\_\_\_  
*(Specify Type of Visa) (Month, Day, Year)*

was not inspected and admitted.

I entered without documents. Explain: \_\_\_\_\_

I entered without inspection. Explain: \_\_\_\_\_

Other. Explain: \_\_\_\_\_

22) I applied on \_\_\_\_\_ for additional time to stay and it was  granted on \_\_\_\_\_  
*(Month, Day, Year) (Month, Day, Year)*  
and valid until \_\_\_\_\_, or  denied on \_\_\_\_\_  
*(Month, Day, Year) (Month, Day, Year)*

23) Since the date of my first entry, I departed from and returned to the United States at the following places and on the following dates:  
*(Please list all departures regardless of how briefly you were absent from the United States.)*

*If you have never departed from the United States since your original date of entry, please mark an X in this box:*

	Port of Departure <i>(Place or Port, City and State)</i>	Departure Date <i>(Month, Day, Year)</i>	Purpose of Travel	Destination
1	-----	-----	-----	-----
	Port of Return <i>(Place or Port, City and State)</i>	Return Date <i>(Month, Day, Year)</i>	Manner of Return	Inspected and Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	-----	-----	-----	-----
	Port of Return <i>(Place or Port, City and State)</i>	Return Date <i>(Month, Day, Year)</i>	Manner of Return	Inspected and Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No

24) Have you ever departed the United States: a) under an order of deportation, exclusion, or removal?.....  Yes  No  
b) pursuant to a grant of voluntary departure?.....  Yes  No

**PART 4 - INFORMATION ABOUT YOUR MARITAL STATUS AND SPOUSE** *(Continued on page 3)*

25) I am not married:   
I am married:

26) If married, the name of my spouse is: *(Last, First, Middle)* \_\_\_\_\_

27) My spouse's name before marriage was: \_\_\_\_\_

28) The marriage took place in: *(City and Country)* \_\_\_\_\_

29) Date of marriage: *(Month, Day, Year)* \_\_\_\_\_

30) My spouse currently resides at:

*Apt. number and/or in care of* \_\_\_\_\_

*Number and Street* \_\_\_\_\_

*City or Town State/Country Zip Code* \_\_\_\_\_

31) Place and date of birth of my spouse: *(City & Country; Month, Day, Year)* \_\_\_\_\_

32) My spouse is a citizen of: *(Country)* \_\_\_\_\_

33) If your spouse is other than a native born United States citizen, answer the following:

He/she arrived in the United States at: *(Place or Port, City and State)* \_\_\_\_\_

He/she arrived in the United States on: *(Month, Day, Year)* \_\_\_\_\_

His/her alien registration number(s) is: A# \_\_\_\_\_

He/she was naturalized on: *(Month, Day, Year)* \_\_\_\_\_ at \_\_\_\_\_  
*(City and State)*

34) My spouse  - is  - is not employed. If employed, please give salary and the name and address of the place(s) of employment.

Full Name and Address of Employer	Earnings Per Week <i>(Approximate)</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____

*Please continue answers on a separate sheet as needed.*

Month 2014

**PART 4 - INFORMATION ABOUT YOUR MARITAL STATUS AND SPOUSE** (Continued)

35) I  - have  - have not been previously married: (If previously married, list the name of each prior spouse, the dates on which each marriage began and ended, the place where the marriage terminated, and describe how each marriage ended.)

Name of prior spouse: (Last, First, Middle)	Date marriage began: Date marriage ended:	Place marriage ended: (City and Country)	Description or manner of how marriage was terminated or ended:

Name of prior spouse: (Last, First, Middle)	Date marriage began: Date marriage ended:	Place marriage ended: (City and Country)	Description or manner of how marriage was terminated or ended:

36) Have you been ordered by any court, or are otherwise under any legal obligation, to provide child support and/or spousal maintenance as a result of a separation and/or divorce?  - Yes  - No

**PART 5 - INFORMATION ABOUT YOUR EMPLOYMENT AND FINANCIAL STATUS**

37) Since my arrival into the United States, I have been employed by the following named persons or firms: (Please begin with present employment and work back in time. Any periods of unemployment or school attendance should be specified. Attach a separate sheet for additional entries if necessary.)

Full Name and Address of Employer	Earnings Per Week (Approximate)	Type of Work Performed	Employed From: (Month, Day, Year)	Employed To: (Month, Day, Year)
	\$			PRESENT
	\$			
	\$			

38) If self-employed, describe the nature of the business, the name of the business, its address, and net income derived therefrom:

39) My assets (and if married, my spouse's assets) in the United States and other countries, not including clothing and household necessities, are:

<b>Self</b>		<b>Jointly Owned With Spouse</b>	
Cash, Stocks, and Bonds.....	\$	Cash, Stocks, and Bonds.....	\$
Real Estate.....	\$	Real Estate.....	\$
Auto (dollar value minus amount owed).....	\$	Auto (dollar value minus amount owed).....	\$
Other (describe on line below).....	\$	Other (describe on line below).....	\$
<b>TOTAL \$</b>		<b>TOTAL \$</b>	

40) I  - have  - have not received public or private relief or assistance (e.g. Welfare, Unemployment Benefits, Medicaid, TANF, AFDC, etc.). If you have, please give full details including the type of relief or assistance received, date for which relief or assistance was received, place, and total amount received during this time: \_\_\_\_\_

41) Please list each of the years in which you have filed an income tax return with the Internal Revenue Service: \_\_\_\_\_

**PART 6 - INFORMATION ABOUT YOUR FAMILY** (Continued on page 5)

42) I have \_\_\_\_\_ (Number of) children. Please list information for each child below, include assets and earnings information for children over the age of 16 who have separate incomes:

Name of Child: (Last, First, Middle) Child's Alien Registration Number:	Citizen of What Country: Birth Date: (Month, Day, Year)	Now Residing At: (City and Country) Birth Date: (City and Country)	Immigration Status of Child
A#: Estimated Total of Assets: \$ _____ Estimated Average Weekly Earnings: \$ _____			
A#: Estimated Total of Assets: \$ _____ Estimated Average Weekly Earnings: \$ _____			
A#: Estimated Total of Assets: \$ _____ Estimated Average Weekly Earnings: \$ _____			

43) If your application is denied, would your spouse and all of your children accompany you to your:

- Country of Birth -  Yes  No
- Country of Nationality -  Yes  No
- Country of Last Residence -  Yes  No

If you answered "No" to any of the responses, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

44) Members of my family, including my spouse and/or child(ren)  - have  - have not received public or private relief or assistance (e.g., Welfare, Unemployment Benefits, Medicaid, TANF, AFDC, etc.). If any member of your immediate family has received such relief or assistance, please give full details including identity of person(s) receiving relief or assistance, dates for which relief or assistance was received, place, and total amount received during this time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

45) Please give the requested information about your parents, brothers, sisters, aunts, uncles, and grandparents, living or deceased. As to residence, show street address, city, and state, if in the United States; otherwise show only country:

Name: (Last, First, Middle) Alien Registration Number:	Citizen of What Country: Birth Date: (Month, Day, Year)	Relationship to Me: Birth Date: (City and Country)	Immigration Status of Listed Relative
A#: Complete Address of Current Residence, if Living: _____			
A#: Complete Address of Current Residence, if Living: _____			

**PART 7 - MISCELLANEOUS INFORMATION** (Continued on page 6)

46) I  - have  - have not entered the United States as a crewman after June 30, 1964.

47) I  - have  - have not been admitted as, or after arrival in the United States acquired the status of, an exchange alien.

48) I  - have  - have not submitted address reports as required by section 265 of the Immigration and Nationality Act.

49) I  - have  - have never (either in the United States or in any foreign country) been arrested, summoned into court as a defendant, convicted, fined, imprisoned, placed on probation, or forfeited collateral for an act involving a felony, misdemeanor, or breach of any public law or ordinance (including, but not limited to, traffic violations or driving incidents involving alcohol). *(If answer is in the affirmative, please give a brief description of each offense including the name and location of the offense, date of conviction, any penalty imposed, any sentence imposed, and the time actually served. You are required to submit documentation of any such occurrences.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

50) Have you ever served in the Armed Forces of the United States?  - Yes  - No. If "Yes" please state branch (Army, Navy, etc.) and service number: \_\_\_\_\_

Place of entry on duty: (City and State) \_\_\_\_\_

Date of entry on duty: (Month, Day, Year) \_\_\_\_\_ Date of discharge: (Month, Day, Year) \_\_\_\_\_

Type of discharge: (Honorable, Dishonorable, etc.) \_\_\_\_\_

I served in active duty status from: (Month, Day, Year) \_\_\_\_\_ to (Month, Day, Year) \_\_\_\_\_

51) Have you ever left the United States or the jurisdiction of the district where you registered for the draft to avoid being drafted into the military or naval forces of the United States?  Yes  No

52) Have you ever deserted from the military or naval forces of the United States while the United States was at war?  Yes  No

53) If male, did you register under the Military Selective Service Act or any applicable previous Selective Service (Draft) Laws?  Yes  No  
If "Yes," please give date, Selective Service number, local draft board number, and your last draft classification: \_\_\_\_\_

54) Were you ever exempted from service because of conscientious objection, alienage, or any other reason?  Yes  No

55) Please list your present or past membership in or affiliation with every political organization, association, fund, foundation, party, club, society, or similar group in the United States or any other place since your 16<sup>th</sup> birthday. Include any foreign military service in this part. If none, write "None." Include the name of the organization, location, nature of the organization, and the dates of membership.

Name of Organization	Location of Organization	Nature of Organization	Member From: (Month, Day, Year)	Member To: (Month, Day, Year)

PART 7 - MISCELLANEOUS INFORMATION (Continued)

56) Have you ever:

- Yes  No been ordered deported, excluded, or removed?
- Yes  No overstayed a grant of voluntary departure from an Immigration Judge or the Department of Homeland Security (DHS), formerly the Immigration and Naturalization Service (INS)?
- Yes  No failed to appear for deportation or removal?

57) Have you ever been:

- Yes  No a habitual drunkard?
- Yes  No one whose income is derived principally from illegal gambling?
- Yes  No one who has given false testimony for the purpose of obtaining immigration benefits?
- Yes  No one who has engaged in prostitution or unlawful commercialized vice?
- Yes  No involved in a serious criminal offense and asserted immunity from prosecution?
- Yes  No a polygamist?
- Yes  No one who brought in or attempted to bring in another to the United States illegally?
- Yes  No a trafficker of a controlled substance, or a knowing assister, abettor, conspirator, or colluder with others in any such controlled substance offense (not including a single offense of simple possession of 30 grams or less of marijuana)?
- Yes  No inadmissible or deportable on security-related grounds under sections 212(a)(3) or 237(a)(4) of the INA?
- Yes  No one who has ordered, incited, assisted, or otherwise participated in the persecution of an individual on account of his or her race, religion, nationality, membership in a particular social group, or political opinion?
- Yes  No a person previously granted relief under sections 212(c) or 244(a) of the INA or whose removal has previously been cancelled under section 240A of the INA?

If you answered "Yes" to any of the above questions, explain:

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58) The following certificates or other supporting documents are attached hereto as a part of this application: (Refer to the Instructions for documents which should be attached.)

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**PART 8 - SIGNATURE OF PERSON PREPARING FORM, IF OTHER THAN APPLICANT**

*(Read the following information and sign below)*

I declare that I have prepared this application at the request of the person named in Part 1, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant, and that the completed application was read to the applicant in a language the applicant speaks fluently for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form EOIR-42A may subject me to civil penalties under 8 U.S.C. 1324c.

Signature of Preparer:	Print Name:	Date:
Daytime Telephone #: ( )	Address of Preparer: <i>(Number and Street, City, State, Zip Code)</i>	

**PART 9 - SIGNATURE**

**APPLICATION NOT TO BE SIGNED BELOW UNTIL APPLICANT APPEARS BEFORE AN IMMIGRATION JUDGE**

I swear or affirm that I know the contents of this application that I am signing, including the attached documents and supplements, and that they are all true to the best of my knowledge, taking into account the correction(s) numbered \_\_\_\_\_ to \_\_\_\_\_, if any, that were made by me or at my request.

\_\_\_\_\_  
*(Signature of Applicant or Parent or Guardian)*

Subscribed and sworn to before me by the above-named applicant at \_\_\_\_\_

\_\_\_\_\_  
*Immigration Judge*

\_\_\_\_\_  
*Date: (Month, Day, Year)*

**PART 10 - PROOF OF SERVICE**

I hereby certify that a copy of the foregoing Form EOIR-42A was:  - delivered in person  - mailed first class, postage prepaid  
on \_\_\_\_\_ to the Assistant Chief Counsel for the DHS (U.S. Immigration and Customs Enforcement-ICE)  
*(Month, Day, Year)*  
at \_\_\_\_\_  
*(Number and Street, City, State, Zip Code)*

\_\_\_\_\_  
*Signature of Applicant (or Attorney or Representative)*