

Request for a Hearing on a Decision in Naturalization **Proceedings Under Section 336**

Department of Homeland Security

USCIS Form N-336 OMB No. 1615-0050 Expires 05/31/2019

U.S. Citizenship and Immigration Services

]	For USCIS Use Only	
Barcode		Date Stamp
Remarks		
Re-Affirm N-400 Denial Re-Determine N	-400 Denial	
To be completed by an Attermery on A consolited Select this box if Form G-28 is	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
Attorney or Accredited Representative (if any).	(ii approare)	Court of the court
► START HERE - Type or print in black ink.		
NOTE: Type or print "N/A" if an item is not applicable	le. Type or print "None" if the an	swer is none. Failure to answer all of the
questions may delay your Form N-336.		Enter Your 9 Digit A-Number:
Part 1. Information About You, the Natur	alization Applicant	► A-
1. Current Legal Name (do not provide a nickname)		
Family Name (Last Name)	Given Name (First Name)	Middle Name
	LIOT	
2. Other Names Used (if any)) (1()1\1
Provide all other names you have ever used, including		cknames. If you need extra space to complete
this section, use the space provided in Part 8. Add Family Name (Last Name)	Given Name (First Name)	Middle Name
Talling Prairie (East Prairie)	Given (value (1 list (value)	Middle Ivanic
11/1		110
3. Date of Birth (mm/dd/yyyy) 4. USCIS On	nline Account Number (if any)	710
5. Physical Address (do not provide a PO Box in this	space unless it is your only addre	ess)
Street Number and Name		Apt. Ste. Flr. Number
City or Town	County	State ZIP Code
Province or Region Postal C	ode Country	

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	art 1. Information About You, the Naturalization Applicant continued)	► A-
6.	Mailing Address	
	In Care Of Name (if any)	
	Street Number and Name	apt. Ste. Flr. Number
	City or Town County S	tate ZIP Code
	Province or Region Postal Code Country	
	DOALT	
7.	Contact Information	
	A. Work Telephone Number B. Evening Telephone	ne Number
Pa	art 2. Information About Form N-400 Denial On Which You (the Natur	calization Applicant) Are
Re	equesting a Hearing	
1.	1	S Office That Issued Form N-400
	Number Notice (mm/dd/yyyy) Denia	ll Notice
	BBOBILOTI	
	Did you file your Form N-400 on the basis of qualifying military service?	Yes No
Pa	art 3. Biographic Information	
1.	Ethnicity (Select only one box)	
	Hispanic or Latino Not Hispanic or Latino	1 0
2.	Race (Select all applicable boxes)	10
	American Indian or Asian Black or African Native Hawaiian of Alaska Native American Other Pacific Island	
3.	Height Feet Inches	
4.	Weight Pounds []	
5.	Eye Color (Select only one box)	
	Black Blue Brown Gray Green Hazel Mar	oon Pink Unknown/Other
6.	Hair Color (Select only one box)	
	Bald Black Blond Brown Gray Red (No hair)	Sandy White Unknown/Other

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Part 4. Reason You Are Requesting a Hearing	► A-			
Provide the reasons you are requesting a hearing on your denied Form N-400. If you need expace provided in Part 8. Additional Information .	tra space t	o comple	ete this secti	on, use the
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11/16/20	1	9		

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Da	art 5 Naturalization Applicant's Statement Contact Information					
	art 5. Naturalization Applicant's Statement, Contact Information, ertification, and Signature	A-				
NC	OTE: Read the Penalties section of the Form N-336 Instructions before completing this section	1.				
No	aturalization Applicant's Statement					
NC	OTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for	or Item Number 2.				
1.	Naturalization 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 request and my answer to every question.					
	B. The interpreter named in Part 6. read to me every question and instruction on this re	quest and my answer to				
	every question in , a language in v	which I am fluent, and I				
	understood everything.					
2.	Naturalization Applicant's Statement Regarding the Preparer					
	At my request, the preparer named in Part 7.,	,				
	prepared this request for me based only upon information I provided or authorized.					
N	aturalization Applicant's Contact Information					
3.	Naturalization Applicant's Daytime Telephone Number 4. Naturalization Applicant	's Mobile Telephone Number (if any)				
5.	Naturalization Applicant's Email Address (if any)					
IV	aturalization Applicant's Certification	()				
req	pies of any documents I have submitted are exact photocopies of unaltered, original documents quire that I submit original documents to USCIS at a later date. Furthermore, I authorize the releast USCIS may need to determine my eligibility for the immigration benefit that I seek.					
ent	urthermore authorize release of information contained in this request, in supporting documents, tities and persons where necessary for the administration and enforcement of U.S. immigration	aw.				
	nderstand that USCIS may require me to appear for an appointment to take my biometrics and, ovide biometrics, I will be required to sign an oath reaffirming that:	at that time, if I am required to				
	1) I reviewed and provided or authorized all of the information in my request;					
	2) I understood all of the information contained in, and submitted with, my request; and					
	3) All of this information was complete, true, and correct at the time of filing.					
	ertify, under penalty of perjury, that I provided or authorized all of the information in my requestormation contained in, and submitted with, my request, and that all of this information is complete.					
N	aturalization Applicant's Signature					
6.	Naturalization Applicant's Signature	Date of Signature (mm/dd/yyyy)				

 $\textbf{NOTE TO ALL NATURALIZATION APPLICANTS:} \ \ \text{If you do not completely fill out this } \textbf{request, USCIS} \ \ \text{may deny your request.}$

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Pa	art 6. Interpreter's Contact Information, Certification, and Signature A-
Pro	vide the following information about the interpreter.
In	terpreter'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)
In	terpreter's Mailing Address
3.	Street Number and Name Apt. Ste. Flr. Number
	City or Town State ZIP Code
	Province or Region Postal Code Country
In	terpreter's Contact Information
4.	Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any)
6.	Interpreter's Email Address (if any)
Int	terpreter's Certification
I ce	rtify, under penalty of perjury, that:
Iter on t inst	n fluent in English and , which is the same language specified in Part 5. , m B. , in Item Number 1. ; and I have read to this naturalization applicant in the identified language every question and instruction this request and his or her answer to every question. The naturalization applicant informed me that he or she understands every ruction, question, and answer on the request, including the Naturalization Applicant's Certification , and has verified the uracy of every answer.
In	terpreter's Signature
7.	Interpreter's Signature Date of Signature (mm/dd/yyyy)

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	art 7. Contact Information, Declaration, and Signature of the Person reparing this Request, if Other Than the Naturalization Applicant	► A-	
Pro	ovide the following information about the preparer.		
Pr	reparer's Full Name		
1.	Preparer's Family Name (Last Name) Preparer's Given Name	e (First Name))
2.	Preparer's Business or Organization Name (if any)		
Pr	reparer's Mailing Address		
3.	Street Number and Name	Apt. Ste. F	lr. Number
	LJRAFI		
	City or Town	State	ZIP Code
	Province or Region Postal Code Country		
Pi	reparer's Contact Information		
4.	Preparer's Daytime Telephone Number 5. Preparer's Mobile T	elephone Nur	mber (if any)
6.	Preparer's Email Address (if any)		
Pr	reparer's Statement		
7.	 A.	alization appl	icant in this case
Pi	reparer's Certification		
nat cor info	my signature, I certify, under penalty of perjury, that I prepared this request at the request uralization applicant then reviewed this completed request and informed me that he or she ntained in, and submitted with, his or her request, including the Naturalization Applicant formation is complete, true, and correct. I completed this request based only on information ovided to me or authorized me to obtain or use.	understands a	all of the information on, and that all of this
Pı	reparer's Signature		
8.	Preparer's Signature	Date	of Signature (mm/dd/yyyy)

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Part X.	Additional	Inform	nation

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. 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.	Fan	nily Name (Last Name)		Given Name	(First Name)	Middle Name	
•		Jl					
2.	A-N	Number (if any) ► A-					
3.	A. D.	Page Number B.	Part Number	C. Ite	em Number		
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4.		Page Number B.	Part Number	C. Ite	em Number)R	
	D.						
5.	A.	Page Number B.	Part Number	C. Ite	em Number	FION	
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6.	A.	Page Number B.	Part Number	C. Ite	em Number		
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	D.						

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