

# I-589, Application for Asylum and for Withholding of Removal

**START HERE - Type or print in black ink. See the instructions for information about eligibility and how to complete and file this application. There is no filing fee for this application.**

**NOTE:**  Check this box if you also want to apply for withholding of removal under the Convention Against Torture.

<b>Part A.I. Information About You</b>			
1. Alien Registration Number(s) (A-Number) <i>(if any)</i>	2. U.S. Social Security Number <i>(if any)</i>	3. USCIS Online Account Number <i>(if any)</i>	
4. Complete Last Name	5. First Name	6. Middle Name	
7. What other names have you used <i>(include maiden name and aliases)</i> ?			
8. Residence in the U.S. <i>(where you physically reside)</i>			
Street Number and Name			Apt. Number
City	State	Zip Code	Telephone Number (     )
9. Mailing Address in the U.S. <i>(if different than the address in Item Number 8)</i>			
In Care Of <i>(if applicable)</i> :			Telephone Number (     )
Street Number and Name			Apt. Number
City	State	Zip Code	
10. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	11. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
12. Date of Birth <i>(mm/dd/yyyy)</i>	13. City and Country of Birth		
14. Present Nationality <i>(Citizenship)</i>	15. Nationality at Birth	16. Race, Ethnic, or Tribal Group	17. Religion
18. Check the box, a through c, that applies: a. <input type="checkbox"/> I have never been in Immigration Court proceedings. b. <input type="checkbox"/> I am now in Immigration Court proceedings. c. <input type="checkbox"/> I am <b>not</b> now in Immigration Court proceedings, but I have been in the past.			
19. Complete 19 a through c.			
a. When did you last leave your country? <i>(mmm/dd/yyyy)</i> _____		b. What is your current I-94 Number, if any? _____	
c. List each entry into the U.S. beginning with your most recent entry. List date <i>(mm/dd/yyyy)</i> , place, and your status for each entry. <i>(Attach additional sheets as needed.)</i>			
Date _____	Place _____	Status _____	Date Status Expires _____
Date _____	Place _____	Status _____	
Date _____	Place _____	Status _____	
20. What country issued your last passport or travel document?	21. Passport Number Travel Document Number		22. Expiration Date <i>(mm/dd/yyyy)</i>
23. What is your native language <i>(include dialect, if applicable)</i> ?	24. Are you fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No	25. What other languages do you speak fluently?	
<b>For EOIR use only.</b>	<b>For USCIS use only.</b>	Action: Interview Date: _____ Asylum Officer ID No.: _____	Decision: Approval Date: _____ Denial Date: _____ Referral Date: _____

## Part A.II. Information About Your Spouse and Children

**Your spouse**  I am not married. (Skip to **Your Children** below.)

1. Alien Registration Number (A-Number) (if any)		2. Passport/ID Card Number (if any)		3. Date of Birth (mm/dd/yyyy)		4. U.S. Social Security Number (if any)	
5. Complete Last Name			6. First Name		7. Middle Name		8. Other names used (include maiden name and aliases)
9. Date of Marriage (mm/dd/yyyy)			10. Place of Marriage			11. City and Country of Birth	
12. Nationality (Citizenship)				13. Race, Ethnic, or Tribal Group			14. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
15. Is this person in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 16 to 24.) <input type="checkbox"/> No (Specify location): _____							
16. Place of last entry into the U.S.		17. Date of last entry into the U.S. (mm/dd/yyyy)		18. I-94 Number (if any)		19. Status when last admitted (Visa type, if any)	
20. What is your spouse's current status?		21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)		22. Is your spouse in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No		23. If previously in the U.S., date of previous arrival (mm/dd/yyyy)	
24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No							

**Your Children.** List all of your children, regardless of age, location, or marital status.

I do not have any children. (Skip to Part A.III., **Information about your background.**)

I have children. Total number of children: \_\_\_\_\_

(NOTE: Use Form I-589 Supplement A or attach additional sheets of paper and documentation if you have more than four children.)

1. Alien Registration Number (A-Number) (if any)		2. Passport/ID Card Number (if any)		3. Marital Status (Married, Single, Divorced, Widowed)		4. U.S. Social Security Number (if any)	
5. Complete Last Name			6. First Name		7. Middle Name		8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth			10. Nationality (Citizenship)		11. Race, Ethnic, or Tribal Group		12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S. ? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____							
14. Place of last entry into the U.S.		15. Date of last entry into the U.S. (mm/dd/yyyy)		16. I-94 Number (If any)		17. Status when last admitted (Visa type, if any)	
18. What is your child's current status?			19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)		20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No							

**Part A.II. Information About Your Spouse and Children (Continued)**

<b>1.</b> Alien Registration Number (A-Number) <i>(if any)</i>	<b>2.</b> Passport/ID Card Number <i>(if any)</i>	<b>3.</b> Marital Status ( <i>Married, Single, Divorced, Widowed</i> )	<b>4.</b> U.S. Social Security Number <i>(if any)</i>
<b>5.</b> Complete Last Name	<b>6.</b> First Name	<b>7.</b> Middle Name	<b>8.</b> Date of Birth ( <i>mm/dd/yyyy</i> )
<b>9.</b> City and Country of Birth	<b>10.</b> Nationality ( <i>Citizenship</i> )	<b>11.</b> Race, Ethnic, or Tribal Group	<b>12.</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>13.</b> Is this child in the U.S. ? <input type="checkbox"/> Yes ( <i>Complete Blocks 14 to 21.</i> ) <input type="checkbox"/> No ( <i>Specify location:</i> ) _____			
<b>14.</b> Place of last entry into the U.S.	<b>15.</b> Date of last entry into the U.S. ( <i>mm/dd/yyyy</i> )	<b>16.</b> I-94 Number ( <i>If any</i> )	<b>17.</b> Status when last admitted ( <i>Visa type, if any</i> )
<b>18.</b> What is your child's current status?	<b>19.</b> What is the expiration date of his/her authorized stay, if any? ( <i>mm/dd/yyyy</i> )	<b>20.</b> Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21.</b> If in the U.S., is this child to be included in this application? ( <i>Check the appropriate box.</i> ) <input type="checkbox"/> Yes ( <i>Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.</i> ) <input type="checkbox"/> No			
<b>1.</b> Alien Registration Number (A-Number) <i>(if any)</i>	<b>2.</b> Passport/ID Card Number <i>(if any)</i>	<b>3.</b> Marital Status ( <i>Married, Single, Divorced, Widowed</i> )	<b>4.</b> U.S. Social Security Number <i>(if any)</i>
<b>5.</b> Complete Last Name	<b>6.</b> First Name	<b>7.</b> Middle Name	<b>8.</b> Date of Birth ( <i>mm/dd/yyyy</i> )
<b>9.</b> City and Country of Birth	<b>10.</b> Nationality ( <i>Citizenship</i> )	<b>11.</b> Race, Ethnic, or Tribal Group	<b>12.</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>13.</b> Is this child in the U.S. ? <input type="checkbox"/> Yes ( <i>Complete Blocks 14 to 21.</i> ) <input type="checkbox"/> No ( <i>Specify location:</i> ) _____			
<b>14.</b> Place of last entry into the U.S.	<b>15.</b> Date of last entry into the U.S. ( <i>mm/dd/yyyy</i> )	<b>16.</b> I-94 Number ( <i>If any</i> )	<b>17.</b> Status when last admitted ( <i>Visa type, if any</i> )
<b>18.</b> What is your child's current status?	<b>19.</b> What is the expiration date of his/her authorized stay, if any? ( <i>mm/dd/yyyy</i> )	<b>20.</b> Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21.</b> If in the U.S., is this child to be included in this application? ( <i>Check the appropriate box.</i> ) <input type="checkbox"/> Yes ( <i>Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.</i> ) <input type="checkbox"/> No			
<b>1.</b> Alien Registration Number (A-Number) <i>(if any)</i>	<b>2.</b> Passport/ID Card Number <i>(if any)</i>	<b>3.</b> Marital Status ( <i>Married, Single, Divorced, Widowed</i> )	<b>4.</b> U.S. Social Security Number <i>(if any)</i>
<b>5.</b> Complete Last Name	<b>6.</b> First Name	<b>7.</b> Middle Name	<b>8.</b> Date of Birth ( <i>mm/dd/yyyy</i> )
<b>9.</b> City and Country of Birth	<b>10.</b> Nationality ( <i>Citizenship</i> )	<b>11.</b> Race, Ethnic, or Tribal Group	<b>12.</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>13.</b> Is this child in the U.S. ? <input type="checkbox"/> Yes ( <i>Complete Blocks 14 to 21.</i> ) <input type="checkbox"/> No ( <i>Specify location:</i> ) _____			
<b>14.</b> Place of last entry into the U.S.	<b>15.</b> Date of last entry into the U.S. ( <i>mm/dd/yyyy</i> )	<b>16.</b> I-94 Number ( <i>If any</i> )	<b>17.</b> Status when last admitted ( <i>Visa type, if any</i> )
<b>18.</b> What is your child's current status?	<b>19.</b> What is the expiration date of his/her authorized stay, if any? ( <i>mm/dd/yyyy</i> )	<b>20.</b> Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21.</b> If in the U.S., is this child to be included in this application? ( <i>Check the appropriate box.</i> ) <input type="checkbox"/> Yes ( <i>Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.</i> ) <input type="checkbox"/> No			

**Part A.III. Information About Your Background**

1. List your last address where you lived before coming to the United States. If this is not the country where you fear persecution, also list the last address in the country where you fear persecution. (List Address, City/Town, Department, Province, or State and Country.)  
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Number and Street (Provide if available)	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)

2. Provide the following information about your residences during the past 5 years. List your present address first.  
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Number and Street	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)

3. Provide the following information about your education, beginning with the most recent school that you attended.  
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Name of School	Type of School	Location (Address)	Attended	
			From (Mo/Yr)	To (Mo/Yr)

4. Provide the following information about your employment during the past 5 years. List your present employment first.  
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Name and Address of Employer	Your Occupation	Dates	
		From (Mo/Yr)	To (Mo/Yr)

5. Provide the following information about your parents and siblings (brothers and sisters). Check the box if the person is deceased.  
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Full Name	City/Town and Country of Birth	Current Location
Mother		<input type="checkbox"/> Deceased
Father		<input type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased

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**Part B. Information About Your Application**

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(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part B.)

When answering the following questions about your asylum or other protection claim (withholding of removal under 241(b)(3) of the INA or withholding of removal under the Convention Against Torture), you must provide a detailed and specific account of the basis of your claim to asylum or other protection. To the best of your ability, provide specific dates, places, and descriptions about each event or action described. You must attach documents evidencing the general conditions in the country from which you are seeking asylum or other protection and the specific facts on which you are relying to support your claim. If this documentation is unavailable or you are not providing this documentation with your application, explain why in your responses to the following questions.

Refer to Instructions, Part 1: Filing Instructions, Section II, "Basis of Eligibility," Parts A - D, Section V, "Completing the Form," Part B, and Section VII, "Additional Evidence That You Should Submit," for more information on completing this section of the form.

- 1.** Why are you applying for asylum or withholding of removal under section 241(b)(3) of the INA, or for withholding of removal under the Convention Against Torture? Check the appropriate box(es) below and then provide detailed answers to questions A and B below.

I am seeking asylum or withholding of removal based on:

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Race        | <input type="checkbox"/> Political opinion                       |
| <input type="checkbox"/> Religion    | <input type="checkbox"/> Membership in a particular social group |
| <input type="checkbox"/> Nationality | <input type="checkbox"/> Torture Convention                      |

- A.** Have you, your family, or close friends or colleagues ever experienced harm or mistreatment or threats in the past by anyone?

- No       Yes

If "Yes," explain in detail:

1. What happened;
2. When the harm or mistreatment or threats occurred;
3. Who caused the harm or mistreatment or threats; and
4. Why you believe the harm or mistreatment or threats occurred.

- B.** Do you fear harm or mistreatment if you return to your home country?

- No       Yes

If "Yes," explain in detail:

1. What harm or mistreatment you fear;
2. Who you believe would harm or mistreat you; and
3. Why you believe you would or could be harmed or mistreated.

**Part B. Information About Your Application (Continued)**

2. Have you or your family members ever been accused, charged, arrested, detained, interrogated, convicted and sentenced, or imprisoned in any country other than the United States (including for an immigration law violation)?

- No  Yes

If "Yes," explain the circumstances and reasons for the action.

[Empty text box for response to question 2]

3.A. Have you or your family members ever belonged to or been associated with any organizations or groups in your home country, such as, but not limited to, a political party, student group, labor union, religious organization, military or paramilitary group, civil patrol, guerrilla organization, ethnic group, human rights group, or the press or media?

- No  Yes

If "Yes," describe for each person the level of participation, any leadership or other positions held, and the length of time you or your family members were involved in each organization or activity.

[Empty text box for response to question 3.A]

3.B. Do you or your family members continue to participate in any way in these organizations or groups?

- No  Yes

If "Yes," describe for each person your or your family members' current level of participation, any leadership or other positions currently held, and the length of time you or your family members have been involved in each organization or group.

[Empty text box for response to question 3.B]

4. Are you afraid of being subjected to torture in your home country or any other country to which you may be returned?

- No  Yes

If "Yes," explain why you are afraid and describe the nature of torture you fear, by whom, and why it would be inflicted.

[Empty text box for response to question 4]

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**Part C. Additional Information About Your Application**

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(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part C.)

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1. Have you, your spouse, your child(ren), your parents or your siblings ever applied to the U.S. Government for refugee status, asylum, or withholding of removal?

No  Yes

If "Yes," explain the decision and what happened to any status you, your spouse, your child(ren), your parents, or your siblings received as a result of that decision. Indicate whether or not you were included in a parent or spouse's application. If so, include your parent or spouse's A-number in your response. If you have been denied asylum by an immigration judge or the Board of Immigration Appeals, describe any change(s) in conditions in your country or your own personal circumstances since the date of the denial that may affect your eligibility for asylum.

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- 2.A. After leaving the country from which you are claiming asylum, did you or your spouse or child(ren) who are now in the United States travel through or reside in any other country before entering the United States?

No  Yes

- 2.B. Have you, your spouse, your child(ren), or other family members, such as your parents or siblings, ever applied for or received any lawful status in any country other than the one from which you are now claiming asylum?

No  Yes

If "Yes" to either or both questions (2A and/or 2B), provide for each person the following: the name of each country and the length of stay, the person's status while there, the reasons for leaving, whether or not the person is entitled to return for lawful residence purposes, and whether the person applied for refugee status or for asylum while there, and if not, why he or she did not do so.

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3. Have you, your spouse or your child(ren) ever ordered, incited, assisted or otherwise participated in causing harm or suffering to any person because of his or her race, religion, nationality, membership in a particular social group or belief in a particular political opinion?

No  Yes

If "Yes," describe in detail each such incident and your own, your spouse's, or your child(ren)'s involvement.

**Part C. Additional Information About Your Application (Continued)**

4. After you left the country where you were harmed or fear harm, did you return to that country?

- No  Yes

If "Yes," describe in detail the circumstances of your visit(s) (for example, the date(s) of the trip(s), the purpose(s) of the trip(s), and the length of time you remained in that country for the visit(s).)

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5. Are you filing this application more than 1 year after your last arrival in the United States?

- No  Yes

If "Yes," explain why you did not file within the first year after you arrived. You must be prepared to explain at your interview or hearing why you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see Instructions, Part 1: Filing Instructions, Section V. "Completing the Form," Part C.

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6. Have you or any member of your family included in the application ever committed any crime and/or been arrested, charged, convicted, or sentenced for any crimes in the United States (including for an immigration law violation)?

- No  Yes

If "Yes," for each instance, specify in your response: what occurred and the circumstances, dates, length of sentence received, location, the duration of the detention or imprisonment, reason(s) for the detention or conviction, any formal charges that were lodged against you or your relatives included in your application, and the reason(s) for release. Attach documents referring to these incidents, if they are available, or an explanation of why documents are not available.







A-Number <i>(If available)</i>	Date
Applicant's Name	Applicant's Signature

**List All of Your Children, Regardless of Age or Marital Status**

*(NOTE: Use this form and attach additional pages and documentation as needed, if you have more than four children)*

<b>1.</b> Alien Registration Number (A-Number) <i>(if any)</i>	<b>2.</b> Passport/ID Card Number <i>(if any)</i>	<b>3.</b> Marital Status <i>(Married, Single, Divorced, Widowed)</i>	<b>4.</b> U.S. Social Security Number <i>(if any)</i>
<b>5.</b> Complete Last Name	<b>6.</b> First Name	<b>7.</b> Middle Name	<b>8.</b> Date of Birth <i>(mm/dd/yyyy)</i>
<b>9.</b> City and Country of Birth	<b>10.</b> Nationality <i>(Citizenship)</i>	<b>11.</b> Race, Ethnic, or Tribal Group	<b>12.</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>13.</b> Is this child in the U.S. ? <input type="checkbox"/> Yes <i>(Complete Blocks 14 to 21.)</i> <input type="checkbox"/> No <i>(Specify location):</i> _____			
<b>14.</b> Place of last entry into the U.S.	<b>15.</b> Date of last entry into the U.S. <i>(mm/dd/yyyy)</i>	<b>16.</b> I-94 Number <i>(If any)</i>	<b>17.</b> Status when last admitted <i>(Visa type, if any)</i>
<b>18.</b> What is your child's current status?	<b>19.</b> What is the expiration date of his/her authorized stay, if any? <i>(mm/dd/yyyy)</i>	<b>20.</b> Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21.</b> If in the U.S., is this child to be included in this application? <i>(Check the appropriate box.)</i> <input type="checkbox"/> Yes <i>(Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)</i> <input type="checkbox"/> No			
<b>1.</b> Alien Registration Number (A-Number) <i>(if any)</i>	<b>2.</b> Passport/ID Card Number <i>(if any)</i>	<b>3.</b> Marital Status <i>(Married, Single, Divorced, Widowed)</i>	<b>4.</b> U.S. Social Security Number <i>(if any)</i>
<b>5.</b> Complete Last Name	<b>6.</b> First Name	<b>7.</b> Middle Name	<b>8.</b> Date of Birth <i>(mm/dd/yyyy)</i>
<b>9.</b> City and Country of Birth	<b>10.</b> Nationality <i>(Citizenship)</i>	<b>11.</b> Race, Ethnic, or Tribal Group	<b>12.</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>13.</b> Is this child in the U.S. ? <input type="checkbox"/> Yes <i>(Complete Blocks 14 to 21.)</i> <input type="checkbox"/> No <i>(Specify location):</i> _____			
<b>14.</b> Place of last entry into the U.S.	<b>15.</b> Date of last entry into the U.S. <i>(mm/dd/yyyy)</i>	<b>16.</b> I-94 Number <i>(If any)</i>	<b>17.</b> Status when last admitted <i>(Visa type, if any)</i>
<b>18.</b> What is your child's current status?	<b>19.</b> What is the expiration date of his/her authorized stay, if any? <i>(mm/dd/yyyy)</i>	<b>20.</b> Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21.</b> If in the U.S., is this child to be included in this application? <i>(Check the appropriate box.)</i> <input type="checkbox"/> Yes <i>(Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)</i> <input type="checkbox"/> No			

**Additional Information About Your Claim to Asylum**

A-Number (if available)	Date
Applicant's Name	Applicant's Signature

**NOTE:** Use this as a continuation page for any additional information requested. Copy and complete as needed.

**Part** \_\_\_\_\_

**Question** \_\_\_\_\_

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