

## **Application to Adjust Status From Temporary to Permanent Resident (Under Section 245A of the INA)**

**Department of Homeland Security** 

U.S. Citizenship and Immigration Services

USCIS Form I-698 OMB No. 1615-0035 Expires 03/31/2019

Yes No

US	For SCIS Jse Only	Applicant Interviewed Date: Date of Adjustment		Receipt		Action Bloo	ek
	J	Date:	Remarks				
<b>•</b>	STA	ART HERE - Type or print	in black ink.				
Pa	rt 1.	. Information About Y	Zou				
1.	Full	Legal Name					
	Fam	ily Name (Last Name)		Given Name (First Name	)	Middle Name	;
2.		ne as it Appears on Your Em	ployment Authorizati	· ·			
	<b>A.</b>	Family Name (Last Name)		Given Name (First Name	)	Middle Name	•
	ъ.	D :1 4					
	В.	Provide the reason for a diffe	erence in the names,	f any (marriage, divorce, e	tc.)		
3.	Anv	Other Names Used					
٠.	•	Family Name (Last Name)		Given Name (First Name	)	Middle Name	<u> </u>
					,		
	В.	Family Name (Last Name)		Given Name (First Name	)	Middle Name	;
4.	A.	If your native alphabet does	not use Roman letter	s, type or print your name i	n your native al	phabet.	
		Family Name (Last Name)		Given Name (First Name	)	Middle Name	;
	B.	Language of Your Native A	lphabet				
5.		Mailing Address					
	In Ca	are Of Name					
	Strai	et Number and Name				Ant Sta	Flr. Number
	Succ	and maine				Apt. Ste.	Th. Nullibel
	City	or Town				State	ZIP Code
		0. 101111					

Is your current U.S. mailing address the same as your U.S. physical address?

If you answered "No," provide your U.S. physical address in **Item Number 7.** 

Pa	art 1. Information About You (contin	nued)		<b>A-</b>				
7.	U.S. Physical Address			_				
	Street Number and Name			Ap	t. Ste.	Flr.	Numb	oer
	City or Town			S	tate	ZIP	Code	
8.	Alien Registration Number (A-Number) (if a  ▶ A-	ny) 9. U.S. Social Security  •	Number (if any)					
10.	Date of Birth (mm/dd/yyyy) 11. Gender							
	Male	Female						
12.	Place of Birth							
	City or Town Pro	ovince or Foreign State	Country					
13.	Country of Citizenship or Nationality	<b>14.</b> Mother's First Name	15. F	ather's	First N	lame		
16.	Marital Status Single (Never Married)	Married Divorced of	or Separated V	Vidow	ed			
17.	7. List absences from the United States since becoming a temporary resident. List the most recent absence first. If you have a single absence that exceeded 30 days or if the total of all of your absences exceeds 90 days, explain using the space provided in Part 8. Additional Information or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of the sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.							
	sheet, indicate the Lage Humber, Latt Hum	ber, and Item Number to wind	ii your allswer refer	s, and	31511 41	ia date	cacii s	sheet.
	Country Country	Purpose of Trip	From (mm/dd/yyyy)		To  n/dd/yy		Total	l Days sent
		•	From		То		Total	l Days
		•	From		То		Total	l Days
		•	From		То		Total	l Days
		•	From		То		Total	l Days
		•	From		То		Total	l Days
	Country	•	From		То		Total	l Days
Pa		•	From		То		Total	l Days
<b>Pa</b> 1.	Country  Art 2. Biographic Information	Purpose of Trip	From		То		Total	l Days
	Country  Art 2. Biographic Information	Purpose of Trip	From (mm/dd/yyyy)		То		Total	l Days
1.	Country  Art 2. Biographic Information  Ethnicity (Select only one box)   Hispan	Purpose of Trip	From (mm/dd/yyyy)	(mr	To n/dd/yy		Total	l Days
1.	Country  Art 2. Biographic Information  Ethnicity (Select only one box)	nic or Latino Not Hispar	From (mm/dd/yyyy)  nic or Latino  Native Hawai	(mr	To n/dd/yy		Total	l Days
1. 2.	Country  Country  The state of	Purpose of Trip  nic or Latino Not Hispan  can American Indian or Alaska Native	From (mm/dd/yyyy)  nic or Latino  Native Hawai	(mr	To n/dd/yy		Total	l Days
1. 2.	Country    Country   Count	Purpose of Trip  nic or Latino Not Hispan  can American Indian or Alaska Native	From (mm/dd/yyyy)  nic or Latino  Native Hawai	(mr	To n/dd/yy	yy)	Total	l Days sent
1. 2.	Country    Country   Count	Purpose of Trip  nic or Latino Not Hispan  can American Indian or Alaska Native  Weight Pounds	From (mm/dd/yyyy)  nic or Latino  Native Hawai Other Pacific	ian or Island	To n/dd/yy	yy)	Total Abs	l Days sent

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Pa	rt 3	3. Eligibility Standards	<b>A</b> -							
1.		u are required to have a minimal understanding of standard English and a knowledge and und vernment of the United States. Select the appropriate box in <b>Item A.</b> or <b>B.</b> below.	erst	andi	ing	of th	e his	tory	an	d
	A.	I will satisfy these requirements through:								
		An examination at the time of interview for lawful permanent residence; or								
		Satisfactory pursuit of a course of study recognized by the Secretary of Homeland Secu	rity	(Se	cre	tary)	•			
	B.	I have satisfied these requirements by:								
		Satisfactory pursuit of a course of study recognized by the Secretary (attach appropriate	doc	cum	ent	atior	ı); or			
		An exemption because I am 65 years of age or older, under 16 years of age, or I am phy are physically unable to comply, explain and attach relevant documentation.)	sica	ılly	una	ıble 1	o co	mply	y. (	If you
in I	Part h sh	Item Numbers 2 29. If you answer "Yes" to any of the questions, provide a complete exp 8. Additional Information or attach a separate sheet of paper. Type or print your name and eet; indicate the Page Number, Part Number, and Item Number to which your answer refer ing "Yes" does not necessarily mean that you are not entitled to adjust status or register for la	A-N rs; a	Num Ind s	bei sigr	if a	ny) a date	at the	e to	p of
2.		we you <b>EVER</b> assisted in the persecution of any person or persons on account of race, religion nion, nationality, or membership in a particular social group?	ı, po	olitio	cal		] Y	es		No
3.	Ha	ve you EVER been treated for a mental disorder, drug addiction, or alcoholism?					Y	es		No
4.	Ha	we you <b>EVER</b> committed a crime or offense for which you were <b>not</b> arrested?					Y	es		No
5.	and	we you <b>EVER</b> been arrested, cited, or detained by any law enforcement officer (including Imracustoms Enforcement (ICE), Customs and Border Protection (CBP), former Immigration and auralization Service (INS), and/or military officers) for any reason?		atio	n		Y	es		No
6.	Ha	ve you EVER been charged with committing any crime or offense?					Y	es		No
7.	Ha	ve you EVER been convicted of a crime or offense?					Y	es		No
8.	Ha	ve you EVER been in jail or prison?	Yes							No
9.		we you <b>EVER</b> been placed in an alternative sentencing or a rehabilitative program (for examplersion, deferred prosecution, withheld adjudication, deferred adjudication)?	le,				Y	es		No
10.	Ha	ve you <b>EVER</b> received a suspended sentence, been placed on probation, or been paroled?					Y	es		No
11.	A.	Have you, or a dependent member of your immediate family, <b>EVER</b> received public assista any source, including, but not limited to, the U.S. Government, any state, county, city, or much properties of the transfer of the tr				?	] Y	es		No
	B.	If "Yes," provide the names of the recipients and their U.S. Social Security Numbers below.								
		Full Name of Recipient (Family Name, Given Name, Middle Name)	U	.S.	Soc	ial S	Secur	ity	Nui	mber
12.	Ha	ve you EVER:								
A. Within the past 10 years been a prostitute, procured anyone for prostitution, or intend to engage in such activities in the future?								es		No
	B.	Engaged in any unlawful commercialized vice, including, but not limited to, illegal gamblin	g?				Y	es		No
	C.	Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the Unit illegally?	ided any alien to try to enter the United States Yes							No
<b>D.</b> Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit Yes trafficking of any controlled substance?										No

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Pa	rt 3	. Eligibility Standards (continued)	<b>A-</b>							
		, ,					$\dashv$	3.7	$\vdash$	<b>.</b>
13.	soli mat	re you <b>EVER</b> engaged in, conspired to engage in, do you intend to engage in, or have you <b>EV</b> extend membership or funds for, or have you <b>EVER</b> through any means assisted or provided a serial support to any person or organization that has <b>EVER</b> engaged or conspired to engage in apping, political assassination, hijacking, or any other form of terrorist activity?	ny t	уре				Yes		No
14.	Do	you intend to engage in the United States in:								
	A.	Espionage?						Yes		No
	B.	Any activity, a purpose of which, is opposition to, or the control or overthrow of, the Government United States, by force, violence, or other unlawful means?	nme	nt (	of			Yes		No
	C.	Any activity to violate or evade any law prohibiting the export from the United States of good technology, or sensitive information?	ods,					Yes		No
15.		e you <b>EVER</b> been a member of, or in any way affiliated with, a Communist Party or any oth litarian party?	er					Yes		No
16.	Gov of C	you <b>EVER</b> , during the period from March 23, 1933 to May 8, 1945, in association with eith rernment of Germany or any organization or government associated or allied with the Nazi Germany, order, incite, assist, or otherwise participate in the persecution of any person because gion, national origin, or political opinion?	ove	rnn	nent			Yes		No
17.	Hav	e you EVER claimed to be a United States citizen in writing or any other way?						Yes		No
18.	exp	re you <b>EVER</b> been deported from the United States, removed from the United States at gove ense, excluded within the past year, or are you <b>NOW</b> , or have you <b>EVER</b> been in exclusion, ortation, removal, or rescission proceedings?		ent				Yes		No
19.	Nat mis	Are you <b>NOW</b> under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act (INA) for use of fraudulent documents or have you <b>EVER</b> , by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa, other documentation, entry into the United States, or any immigration benefit?						Yes		No
20.	Hav	e you EVER left the United States to avoid being drafted into the U.S. Armed Forces?						Yes		No
21.		e you <b>EVER</b> been a J nonimmigrant exchange visitor who was subject to the 2-year foreign tirement and have not yet complied with that requirement or obtained a waiver?	resi	der	ice			Yes		No
22.		you <b>NOW</b> withholding custody of a U.S. citizen child outside the United States from a persody of the child?	on g	ran	ted			Yes		No
23.	Do	you plan to practice polygamy in the United States?						Yes		No
24.	Hav	e you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise part	icip	ate	d in	any	of	the fo	ollow	ing:
	A.	Acts involving torture or genocide?						Yes		No
	B.	Killing any person?						Yes		No
	C.	Intentionally and severely injuring any person?						Yes		No
	D.	Engaging in any kind of sexual contact or relations with any person who was being forced of threatened?	r					Yes		No
	E.	Limiting or denying any person's ability to exercise religious beliefs?						Yes		No
25.	Hav	e you EVER:								
	A.	Served in, been a member of, assisted in, or participated in any military unit, paramilitary ununit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organical experience.						Yes		No
	B.	Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation involved detaining persons?	that	t				Yes		No

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D	4.2 E			
Pa	rt 3. E	ligibility Standards (continued)		
26.		by <b>EVER</b> been a member of, assisted in, or participated in any group, unit, or organization of any which you or other persons used any type of weapon against any person or threatened to do so?	Yes	☐ No
27.	•	by <b>EVER</b> assisted or participated in selling, providing, or transporting weapons to any person who, knowledge, used them against another person?	Yes	☐ No
28.	Have yo	ou EVER received any type of military, paramilitary or weapons training?	Yes	☐ No
29.	Have yo	ou EVER:		
	A. Rec	cruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed be or group?	Yes	☐ No
		ed any person under 15 years of age to take part in hostilities, or to help or provide services to ple in combat?	Yes	☐ No
		ccommodations for Individuals With Disabilities and Impairments (Read the in 8 instructions before completing this part.)	formation	in the
1.	Are you	requesting an accommodation because of your disabilities and/or impairments?	Yes	☐ No
	If you a	nswered "Yes," Select all applicable boxes.		
	<b>A.</b>	I am deaf or hard of hearing and request the following accommodations (if you are requesting a sign-indicate for which language (e.g., American Sign Language)):	language into	erpreter,
	B	I am blind or have low vision and request the following accommodations:		
	<b>C.</b>	I have another type of disability and/or impairment (describe the nature of your disabilities and/or in accommodations you are requesting):	mpairments a	and the
		decommodations you are requesting).		
Pa	rt 5. A	pplicant's Statement, Contact Information, Acknowledgement of Appointment	at USCIS	}
		on Support Center, Certification, and Signature	65618	
NO	TE: Sel	ect the box for either <b>Item A.</b> or <b>B.</b> in <b>Item Number 1.</b> If applicable, Selectthe box for <b>Item Number</b>	er 2.	
1.		nt's Statement Regarding the Interpreter		
1.	<b>A.</b>	I can read and understand English, and have read and understand every question and instruction on	thic applicati	on ac
	А	well as my answer to every question. I have read and understand the <b>Acknowledgement of Appoin Application Support Center.</b>	1.1	
	В.	The interpreter named in Part 6. has read to me every question and instruction on this application, as	s well as my	
		answer to every question, in , a	a language in	which I
		am fluent. I understand every question and instruction on this application as translated to me by my provided complete, true, and correct responses in the language indicated above. The interpreter name read the <b>Acknowledgement of Appointment at USCIS Application Support Center</b> to me, in the am fluent, and I understand this ASC Acknowledgement as read to me by my interpreter.	ned <b>Part 6.</b> h	as also
2.	Applica	nt's Statement Regarding the Preparer		
	in p	who is is not an attorney or accredited representative, preparing this application for me. This per preparing my application has reviewed the <b>Acknowledgement of Appointment at USCIS Application</b> me and I understand the ASC Acknowledgement.		

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	art 5. Applicant's Statement, Contact Information, ASC Acknowledgement, A- ertification, and Signature (continued)									
	oplicant's Contact Information									
3.	Applicant's Daytime Telephone Number  4. Applicant's Mobile Telephone Number (if any)									
5.	Applicant's Email Address (if any)									
Ac	knowledgement of Appointment at USCIS Application Support Center									
my dec	I,									
that support	and that all of the information in these materials is complete, true, and correct.  so understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-affirming it I willingly submit this application; I have reviewed the contents of this application; all of the information in my application and all porting documents submitted with my application were provided by me and are complete, true, and correct; and if I was assisted in application, the person assisting me also reviewed this Acknowledgement of Appointment at USCIS Application apport Center with me.									
Ap	pplicant's Certification									
requ	pies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may uire that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any all of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.									
	rthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to er entities and persons where necessary for the administration of U.S. immigration laws.									
	ertify, under penalty of perjury, that the information in my application and any document submitted with my application were vided by me and are complete, true, and correct.									
Ap	pplicant's Signature									
6.	Applicant's Signature  Date of Signature (mm/dd/yyyy)									
Do	art 6. Interpreter's Contact Information, Certification, and Signature									
	<u>,</u>									
	terpreter's Full Name									
1.	vide the following information concerning the interpreter.  Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)									
	Interpreted a divent runner)									
2.	Interpreter's Business or Organization Name (if any)									

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	rt 6. Interpreter's Contact Information, Certification, and Signature ontinued)								
Int	terpreter's Mailing Address								
3.	Street Number and Name  Apt. Ste. Flr. Number								
	City or Town State ZIP Code								
	Province Postal Code Country								
Int	terpreter's Contact Information								
4.	Interpreter's Daytime Telephone Number  5. Interpreter's Email Address (if any)								
Int	terpreter's Certification								
I ce	rtify that:								
	n fluent in English and , which is the same language vided in <b>Part 5.</b> , <b>Item B.</b> in <b>Item Number 1.</b> ;								
	ve read to this applicant every question and instruction on this application, as well as the answer to every question, in the language yided in <b>Part 5.</b> , <b>Item B.</b> in <b>Item Number 1.</b> ; and								
	ve read the Acknowledgement of Appointment at USCIS Application Support Center to the applicant in the same language yided in Part 5., Item B. in Item Number 1.								
	applicant has informed me that he or she understands every instruction and question on the application, as well as the answer to ry question, and the applicant verified the accuracy of every answer; and								
bior	applicant has also informed me that he or she understands the ASC Acknowledgement and that by appearing for a USCIS ASC metric services appointment and providing his or her fingerprints, photographs, and/or signature, he or she is re-affirming that the tents of this application and all supporting documentation are complete, true, and correct.								
Int	terpreter's Signature								
6.	Interpreter's Signature  Date of Signature (mm/dd/yyyy)								
	Part 7. Contact Information, Statement, Certification, and Signature of the Person Preparing This Application, If Other Than the Applicant								
Pro	eparer's Full Name								
Pro	vide the following information concerning the preparer.								
1.	Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)								
2.	Preparer's Business or Organization (if any)								

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	rt 7. Contact Information, Statement, Certification, and Signature of the rson Preparing This Application, If Other Than the Applicant (continued)
Pr	eparer's Mailing Address
3.	Street Number and Name  Apt. Ste. Flr. Number
	City or Town State ZIP Code
	Province Postal Code Country
Pr	eparer's Contact Information
4.	Preparer's Daytime Telephone Number  5. Preparer's Fax Telephone Number
6.	Preparer's Email Address (if any)
Pr	eparer's Statement
7.	<b>A.</b> I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
	<b>B.</b> I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.
	<b>TE:</b> If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you at submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.
Pr	eparer's Certification
with com app I ha	my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this application on behalf of, at the request of, and in the express consent of, the applicant. I completed this application based only on responses the applicant provided to me. After application, I reviewed it and all of the applicant's responses with the applicant, who agreed with every answer on the lication. If the applicant supplied additional information concerning a question on the application, I recorded it on the applicant we also read the <b>Acknowledgement of Appointment at USCIS Application Support Center</b> to the applicant and the applicant informed me that he or she understands the ASC Acknowledgement.
Pr	eparer's Signature
8.	Preparer's Signature Date of Signature (mm/dd/yyyy)

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D 40	A 1 1.4.	1 T	ր <b>₄•</b>
Part 8.	Addition	ıaı ini	formation

If you need extra space to provide any additional information within this application, 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 application or attach a separate sheet of paper. Include 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.	Fam	ily Name (Last Na	me)	G	iven Na	ıme (First Name	e)	Middle Name	
		Tumber (if any) Page Number	► A-  B. Part Nu	mber C	. Item	Number			
4.	A.   D.	Page Number	<b>B.</b> Part Nu	mber C	. Item	Number			
5.	A. D.	Page Number	<b>B.</b> Part Nu	mber C	. Item	Number			
6.	A.   D.	Page Number	B. Part Nu	mber C	. Item	Number			

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