

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

**Form I-929, Petition for Qualifying Family
Member of a U-1 Nonimmigrant**

FOR USCIS USE ONLY		
Bene. A-file reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No U-1 A-file reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No Bene. filed I-485 <input type="checkbox"/> Yes <input type="checkbox"/> No U-1 adjusted <input type="checkbox"/> Yes <input type="checkbox"/> No U-1 I-485 pending <input type="checkbox"/> Yes <input type="checkbox"/> No	Action Block	Bar Code (USCIS Use only) Remarks

START HERE -- TYPE OR PRINT LEGIBLY USING BLACK INK

I am filing for my: (Select one)

- | | | |
|---------------------------------|--|---|
| <input type="checkbox"/> Spouse | Child: <input type="checkbox"/> Biological Child
<input type="checkbox"/> Stepchild
<input type="checkbox"/> Adopted Child | Parent: <input type="checkbox"/> Biological Parent
<input type="checkbox"/> Stepparent
<input type="checkbox"/> Parent who adopted me |
|---------------------------------|--|---|

Part 1. Information About You	
Last Name (Family Name) <input style="width: 100%;" type="text"/>	
First Name (Given Name) <input style="width: 100%;" type="text"/>	
Middle Name <input style="width: 100%;" type="text"/>	
Current Address	
Street Number and Name <input style="width: 100%;" type="text"/>	Apt. Number <input style="width: 100%;" type="text"/>
City <input style="width: 100%;" type="text"/>	State Zip Code <input style="width: 100%;" type="text"/>
Safe Mailing Address If Other Than Above	
Street Number and Name <input style="width: 100%;" type="text"/>	Apt. Number <input style="width: 100%;" type="text"/>
City <input style="width: 100%;" type="text"/>	State Zip Code <input style="width: 100%;" type="text"/>
Date of Birth <input style="width: 100%;" type="text"/>	A-Number <input style="width: 100%;" type="text"/>

Part 2. Information About Your Alien Relative	
Last Name (Family Name) <input style="width: 100%;" type="text"/>	
First Name (Given Name) <input style="width: 100%;" type="text"/>	
Middle Name <input style="width: 100%;" type="text"/>	
Current Address	
Street Number and Name <input style="width: 100%;" type="text"/>	Apt. Number <input style="width: 100%;" type="text"/>
City <input style="width: 100%;" type="text"/>	State/Province <input style="width: 100%;" type="text"/>
Country <input style="width: 100%;" type="text"/>	Postal/Zip Code <input style="width: 100%;" type="text"/>
Mailing Address If Other Than Above	
<input style="width: 100%; height: 40px;" type="text"/>	
Date of Birth <input style="width: 100%;" type="text"/>	A-Number <input style="width: 100%;" type="text"/>

Part 1. Information About You (Cont'd)

Country of Birth	Social Security Number
<input type="text"/>	<input type="text"/>
Country of Citizenship/Nationality	
<input type="text"/>	
Gender: (Select one) <input type="checkbox"/> Male <input type="checkbox"/> Female	

If you ever used other names, provide them below:

Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	

Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	

Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	

Marital Status: (Select one)

Single (Never Married) Married
 Divorced Widowed

Spouse's Name:

Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	
Place of Marriage	
<input type="text"/>	

Part 2. Information About Your Alien Relative (Cont'd)

Country of Birth	Social Security Number
<input type="text"/>	<input type="text"/>
Country of Citizenship/Nationality	
<input type="text"/>	
Gender: (Select one) <input type="checkbox"/> Male <input type="checkbox"/> Female	

If alien relative ever used other names, provide them below:

Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	

Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	

Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	

Marital Status: (Select one)

Single (Never Married) Married
 Divorced Widowed

Spouse's Name:

Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	
Place of Marriage	
<input type="text"/>	

Part 1. Information About You (Cont'd)

Number of marriages including current marriage:

List any previous marriages beginning with the most recent. If you need more space, attach an additional sheet of paper.

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

Middle Name Date of Marriage

Place of Marriage

Date of Termination Place of Termination

Reason for Termination:

- Divorce Death Annulment
 Other _____

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

Middle Name Date of Marriage

Place of Marriage

Date of Termination Place of Termination

Reason for Termination:

- Divorce Death Annulment
 Other _____

Part 2. Information About Your Alien Relative (Cont'd)

Number of marriages including current marriage:

List any previous marriages beginning with the most recent. If you need more space, attach an additional sheet of paper.

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

Middle Name Date of Marriage

Place of Marriage

Date of Termination Place of Termination

Reason for Termination:

- Divorce Death Annulment
 Other _____

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

Middle Name Date of Marriage

Place of Marriage

Date of Termination Place of Termination

Reason for Termination:

- Divorce Death Annulment
 Other _____

Part 1. Information About You (Cont'd)	
Prior Spouse's Name:	
Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	Date of Marriage
<input type="text"/>	<input type="text"/>
Place of Marriage	
<input type="text"/>	
Date of Termination	Place of Termination
<input type="text"/>	<input type="text"/>
Reason for Termination:	
<input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment <input type="checkbox"/> Other _____	
Check one:	
<input type="checkbox"/> I am a Lawful Permanent Resident I obtained my Lawful Permanent Residence on: _____	
<input type="checkbox"/> My Form I-485 is currently pending Receipt Number <input type="text"/>	

Part 2. Information About Your Alien Relative (Cont'd)	
Prior Spouse's Name:	
Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	Date of Marriage
<input type="text"/>	<input type="text"/>
Place of Marriage	
<input type="text"/>	
Date of Termination	Place of Termination
<input type="text"/>	<input type="text"/>
Reason for Termination:	
<input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment <input type="checkbox"/> Other _____	
Complete if your relative is in the United States	
Date of Admission	Place of Admission
<input type="text"/>	<input type="text"/>
Class of Admission	Date Authorized to Stay
<input type="text"/>	<input type="text"/>

Part 3. Information About Your Alien Relative's Children

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted Child
<input type="text"/>	<input type="text"/>	Gender: (Select one) <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Number and Name	Apt. Number	City
<input type="text"/>	<input type="text"/>	<input type="text"/>
State/Province	Country	Postal/Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
A-Number	Country of Birth	
<input type="text"/>	<input type="text"/>	

Name of Mother

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Father

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 3. Information About Your Alien Relative's Children (Cont'd)

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Adopted Child
<input type="text"/>	<input type="text"/>	Gender: (Select one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Street Number and Name	Apt. Number	City	State/Province
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	Postal/Zip Code	A-Number	Country of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Mother

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Father

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Adopted Child
<input type="text"/>	<input type="text"/>	Gender: (Select one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Street Number and Name	Apt. Number	City	State/Province
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	Postal/Zip Code	A-Number	Country of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Mother

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Father

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Adopted Child
<input type="text"/>	<input type="text"/>	Gender: (Select one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Part 3. Information About Your Alien Relative's Children (Cont'd)

Street Number and Name	Apt. Number	City	State/Province

Country	Postal/Zip Code	A-Number	Country of Birth

Name of Mother

Last Name (Family Name)	First Name (Given Name)	Middle Name

Name of Father

Last Name (Family Name)	First Name (Given Name)	Middle Name

Last Name (Family Name)	First Name (Given Name)	Middle Name

Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Adopted Child
		Gender: (Select one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Street Number and Name	Apt. Number	City	State/Province

Country	Postal/Zip Code	A-Number	Country of Birth

Name of Mother

Last Name (Family Name)	First Name (Given Name)	Middle Name

Name of Father

Last Name (Family Name)	First Name (Given Name)	Middle Name

Name and address of your alien relative in the language written in the country where he/she currently resides.

Last Name (Family Name)	First Name (Given Name)	Middle Name

C/O: (In Care Of)	Street Number and Name	Apt. Number

City/State or Province	Country	Postal/Zip Code

Part 4. Processing Information

1. Select one:

- a. The person named in **Part 2** is now in the United States.
- b. **The person named in Part 2 is now outside the United States. (Indicate below at which U.S. Embassy or consulate your relative will apply for a visa.)**

U.S. Embassy or consulate at: _____
City and Country

2. Is the person named in **Part 2** or has this person ever been in deportation or removal proceedings in the United States?

- a. No
- b. Yes (Indicate when and where): _____

Part 5. Signature

I certify, or if outside the United States, I swear or affirm, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it, is all true and correct. I authorize the release of any information from my record that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature (sign in ink)	Print Your Full Name	Date

Part 6. Preparer's Information, If Other Than Person Signing Above

I declare that I prepared this petition at the request of the above person, and it is based on all the information that I have knowledge.

Signature (sign in ink)	Print Your Full Name	Date
Firm Name	Street Number and Name	Suite Number
City/State or Province	Postal/Zip Code	Telephone Number