TABLE OF CHANGES – FORM Form I-881, Application for Suspension of Deportation or Special Rule Cancellation of Removal (Pursuant to Section 203 of Public Law 105-100, NACARA) OMB Number: 1615-0072 01/07/2019

Reason for Revision:

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

Edition Date 03/21/2017 Expires 03/31/2019

Current Page Number and Section	Current Text	Proposed Text
	[Page 1]	[Page 1]
	For USCIS Use Only Returned Resubmitted Reloc Sent Reloc Rec'd	For USCIS Use Only Returned Resubmitted Reloc Sent Reloc Rec'd
	Receipt	Receipt
	Decision [] Suspension of Deportation or Special Rule Cancellation of Removal and Adjustment of Status granted. [] Referred to Immigration Judge in accordance with 8 CFR section 240.70. (Adjudicating Officer's Signature) (Date of Action) (Office Location)	Decision [] Granted suspension of deportation or special rule cancellation of removal and adjustment of status [] Referred to Immigration Judge in accordance with 8 CFR section 240.70. (Adjudicating Officer's Signature) (Date of Action) (Office Location)
	EOIR Actions	EOIR Actions
	START HERE - Type or print in black ink.	To be completed by an Attorney or Accredited Representative (if any). Select this box if Form G-28 is attached. Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any) START HERE - Type or print in black ink.
	If any question does not apply to you, write "None" or "N/A" in the appropriate space.	
Page 1, Part 1.	[Page 1]	[Page 1]
Background Information About YOU	Part 1. Background Information About	Part 1. Information About You

	-
YOU	
	Your Current Legal Name
Family Name(s)	1.a. Family Name (Last Name)
Given Name	1.b. Given Name (First Name)
Middle Name	1.c. Middle Name
What other names have you used? (include	Other Names You Have Used Since Birth (if
maiden name and aliases)	applicable)
	Provide all other names you have ever been known by or used, including aliases, maiden
	name, and nicknames. Make sure to include all
	variations of your name as it appears on identity
	documents, passports, birth certificates, bank
	loan documents, etc. If you need extra space to
	complete this section, use the space provided in
	Part 15. Additional Information.
	2.a. Family Name (Last Name)
	2.b. Given Name (First Name)
	2.c. Middle Name
	3.a. Family Name (Last Name)
	3.b. Given Name (First Name)
	3.c. Middle Name
	U.S. Mailing Address
	4.a. In Care Of Name (if any)
Address - Street Number and Name (or P.O.	4.b. Street Number and Name
Box)	
Apartment Number	4.c. Apt./Ste./Flr. Number
City State	4.d. City or Town
ZIP Code	4.e. State 4.f. ZIP Code
	 211 Couc
	Other Information About You
Date of Birth (mm/dd/yyyy)	5. Date of Birth (mm/dd/yyyy)
Gender	6. Gender
Male	Male
Female	Female
Place of Birth (City or Town and Country)	7. City or Town of Birth
	8. Country of Birth
	9. Country of Citizenship or Nationality
Alien Registration Number(s), if any (List every	10. Alien Registration Number
A-Number you have been given)	(A-Number/USCIS Number) (if any)
	11. USCIS Online Account Number (if any)
	[Page 2]
U.S. Social Security Number	12. U.S. Social Security Number (if any)
-	

	Present Nationality (Citizenship)	[delete]
	Home Telephone Number (with area code)	
Page 1, Part 2.	[Page 1]	[Page 2]
Application (Check all that apply to you)	Part 2. Application (Check all that apply to you)	Part 2. Application Type
	I am eligible to apply for suspension of deportation or special rule cancellation of removal under the Nicaraguan Adjustment and Central American Relief Act (NACARA) because I have not been convicted of an aggravated felony and:	I am eligible to apply for suspension of deportation or special rule cancellation of removal under the Nicaraguan Adjustment and Central American Relief Act (NACARA) because I have not been convicted of an aggravated felony and (Select all applicable boxes in Item Numbers 1 4.):
	(a) I am a national of El Salvador who first entered the United States on or before September 19, 1990, or a national of Guatemala who first entered the United States on or before October 1, 1990. I also timely registered for benefits under the settlement agreement in American Baptist Churches v. Thornburgh (ABC), 760 F. Supp. 796 (N.D. Cal. 1991), either directly or, if Salvadoran, by applying for Temporary Protected Status (TPS), and I have not been apprehended at time of entry after December 19, 1990.	 1. Registered ABC Class Members [] I am a national of El Salvador who first entered the United States on or before September 19, 1990 and registered for benefits on time under the ABC settlement agreement in American Baptist Churches v. Thornburgh, 760 F. Supp. 796 (N.D. Cal. 1991), either directly or by applying for Temporary Protected Status (TPS) between January 1, 1991 and October 31, 1991; and I have not been apprehended at the time of entry after December 19, 1990.
		[] I am a national of Guatemala who first entered the United States on or before October 1, 1990, and registered for benefits on time under the ABC settlement agreement in American Baptist Churches v. Thornburgh, 760 F. Supp. 796 (N.D. Cal. 1991), and I have not been apprehended at the time of entry after December 19, 1990.
	(b) I am a national of Guatemala or El Salvador who filed an application for asylum on or before April 1, 1990.	2. [] I am a national of Guatemala or El Salvador who filed an application for asylum on or before April 1, 1990.
	(c) I entered the United States on or before December 31, 1990; filed an application for asylum on or before December 31, 1991; and at the time of filing was a national of the Soviet Union (USSR), Russia, any Republic of the former Soviet Union, Latvia, Estonia, Lithuania, Poland, Czechoslovakia, Romania, Hungary, Bulgaria, Albania, East Germany, Yugoslavia (including Bosnia and Herzegovina, Croatia, Kosovo, Macedonia, Montenegro, Slovenia, and Serbia).	3. [] I entered the United States on or before December 31, 1990; filed an application for asylum on or before December 31, 1991; and, at the time of filing, was a national of the Soviet Union (USSR), Russia, any republic of the former Soviet Union, Latvia, Estonia, Lithuania, Poland, Czechoslovakia, Romania, Hungary, Bulgaria, Albania, East Germany, or any state of the former Yugoslavia.
		4. Spouse, child, son, or daughter of someone who has already applied or is currently filing for suspension of deportation or special rule cancellation of removal under NACARA:

Page 2, Part 3. Information About Your Presence in the United States	 (e) I am or was the spouse or child of an individual described in Part 2(a), (b), or (c) on Page 1, and I or my child has been battered or subjected to extreme cruelty by that individual described in Part 2(a), (b), or (c). [Page 2] Part 3. Information About Your Presence In the United States 1. Provide information about the places where you have resided in the United States during the 	 8. [] I am or was the spouse or child of an individual described in Item Numbers 1 3., and I or my child has been battered or subjected to extreme cruelty by that individual described in Item Numbers 1 3. [Page 2] Part 3. Information About Your Presence in the United States Address History Provide your physical addresses for the last 10 years. Include addresses for anywhere you
	A-Number(s): The person who has applied for suspension of deportation or special rule cancellation of removal is your: Spouse Parent	 6. A-Number (if any) 7. The person who has applied for suspension of deportation or special rule cancellation of removal is your: [] Spouse [] Parent
	Name:	 Numbers 4., attach evidence of the relationship and provide the following information about the spouse or parent who has already applied or is currently filing with you: Spouse or Parent's Name 5.a. Family Name (Last Name) 5.b. Given Name (First Name) 5.c. Middle Name
	(d) I am the spouse, child (unmarried and under 21 years of age), unmarried son or unmarried daughter of someone who has already applied, or is presently filing with me, for suspension of deportation or special rule cancellation of removal under NACARA. If I am an unmarried son or unmarried daughter, I entered the United States on or before October 1, 1990, or my parent was granted suspension of deportation or special rule cancellation of removal when I was less than 21 years of age. Attach proof of relationship and provide the following information about that spouse or parent:	 [] I am the spouse or child (unmarried and under 21 years of age) of someone who has already applied, or who is currently filing with me, for suspension of deportation or special rule cancellation of removal under NACARA. [] I am the unmarried son or unmarried daughter of someone who has already applied or who is currently filing with me, for suspension of deportation or special rule cancellation of removal under NACARA. [] I am the unmarried son or unmarried daughter of someone who has already applied or who is currently filing with me, for suspension of deportation or special rule cancellation of removal under NACARA, and I entered the United States on or before October 1, 1990, or my parent was granted suspension of deportation of removal when I was under 21 years of age. NOTE: If you selected either checkbox in Item

State ZIP Code	1.c. City or Town1.d. State1.e. ZIP Code
Resided From: (Month/Year) Resided To: (Month/Year)	Date of Residence 2.a. From (mm/dd/yyyy) 2.b. To (mm/dd/yyyy)
	[Page 3]
	 Physical Address 2 3.a. Street Number and Name 3.b. Apt./Ste./Flr. Number 3.c. City or Town 3.d. State 3.e. ZIP Code
	Date of Residence 4.a. From (mm/dd/yyyy) 4.b. To (mm/dd/yyyy)
	Information About Your First Entry Into the United States
2. Provide information about your first entry into the United States:	[delete]
Name used when first entered the United States: (Family Name, First, Middle)	Name Used When You First Entered the United States
	5.a. Family Name (Last Name)5.b. Given Name (First Name)5.c. Middle Name
Place of first entry into the United States: (City and State)	6. Place of First Entry Into the United States
Status when you first entered the United States:	7. Status When You First Entered the United States
Date of first entry into the United States: (mm/dd/yyyy)	8. Date of First Entry Into the United States (mm/dd/yyyy)
Period admitted: (mm/dd/yyyy) From: To:	Period Admitted Into the United States9.a. From (mm/dd/yyyy)9.b. To (mm/dd/yyyy)
If you changed nonimmigrant status after entry, list status you changed to:	10.a. Did you change your nonimmigrant status after entry? Y/N
	10.b. If you answered "Yes," which nonimmigrant status did you obtain?
Date you first changed status: (mm/dd/yyyy)	11. Date You First Changed Status (mm/dd/yyyy)
Last Extension of Stay expired on: (mm/dd/yyyy)	12. Date Your Last Extension of Stay Expired (mm/dd/yyyy)
	Information About Your Departures From and

	to the United States
3. Provide information about any departure from and return to the United States you have made since your first entry: (List all departures, including brief ones. Attach additional sheets of paper as needed.)	Provide information about any departure from and return to the United States you have made since your first entry into the U.S. List all departures, including short trips that lasted longer than 24 hours and visits to Canada and Mexico. If you need extra space to complete this section, use the space provided in Part 15. Additional Information.
If you have not departed the United States since your first date of entry, please mark an "X" in this box:	NOTE: If you have not departed the United States since your first date of entry, type or print "None" below.
Port of Departure: (Place or Port, City, State)	Departure 1 (current or most recent) 13. Port of Departure
Departure Date: (mm/dd/yyyy)	14. Departure Date (mm/dd/yyyy)
Purpose of Travel:	15. Purpose of Travel
Destination:	16. Destination
	Return 1 17. Port of Entry
Port of Return: (Place or Port, City, State)	18. Return Date (mm/dd/yyyy)
Return Date: (mm/dd/yyyy)	19. Status at Entry
Status at Entry:	20. Inspected and Admitted Y/N
Inspected and Admitted: Y/N	21. Immigration Status in Which You Were Admitted
	22. If you were admitted in a nonimmigrant status, were you granted a change of status after you were admitted? Y/N
	23. Which nonimmigrant status did you obtain?
	[Page 4]
Port of Departure: (Place or Port, City, State)	Departure 2 24. Port of Departure
Departure Date: (mm/dd/yyyy)	25. Departure Date (mm/dd/yyyy)
Purpose of Travel:	26. Purpose of Travel
Destination:	27. Destination
Port of Return: (Place or Port, City, State)	Return 2
Return Date: (mm/dd/yyyy)	28. Port of Entry29. Botum Data (mm/dd/mm))
Status at Entry:	29. Return Date (mm/dd/yyyy)20. Status at Entry
Inspected and Admitted: Y/N	30. Status at Entry

		31. Inspected and Admitted Y/N
		32. Immigration Status in Which You Were Admitted
		33. If you were admitted in a nonimmigrant status, were you granted a change of status after you were admitted? Y/N
		34. Which nonimmigrant status did you obtain?
	4 . Have you ever:	If you answer "Yes" or are unsure about any of your answers to any of the questions in Item Numbers 35.a 35.e. , use the space provided in Part 15. Additional Information to provide an explanation.
	(a) Been ordered deported or removed? Y/N	Have you EVER :
	(b) Departed the United States under an order of	35.a. Been ordered deported or removed? Y/N
	deportation or removal? Y/N	35.b. Departed the United States under an order
	(c) Overstayed a grant of voluntary departure from an immigration judge or DHS? Y/N	of deportation or removal? Y/N
	(d) Departed the United States under a grant of	35.c. Overstayed a grant of voluntary departure from an immigration judge or the Department of Homeland Security (DHS)? Y/N
	voluntary departure or voluntary return? Y/N	35.d. Departed the United States under a grant
	(e) Failed to appear for deportation or removal? Y/N	of voluntary departure or voluntary return? Y/N
	If you responded "Yes" to any of the above, indicate the name and Alien Registration Number (A-Number) you were using at that time, along with the date you left the United States, if applicable:	35.e. Failed to appear for deportation or removal? Y/N [delete]
	[Page 3]	
	If you are unsure about any of your answers to questions 4(a) - (e) in Part 3 on Page 2, indicate which question(s) and explain why you are unsure about the response(s) you have given: (Attach additional sheets of paper as needed.)	
Page 3, Part 4.	[Page 3]	[Page 4]
Information About Your Financial Status and Employment	Part 4. Information About Your Financial Status and Employment	Part 4. Information About Your Employment and Financial Status
		Employment History
	1. Provide information about the places where you have been employed for the last 10 years: (List PRESENT EMPLOYMENT FIRST and work back in time. Include all employment, even if less than full-time. If you did the same type of work for three or more employers during any six- month period and you do not	Provide your employment history for the last 10 years. List your employment from most recent to the oldest, starting with information on your current employment first. Include all employment, even if it is not full-time. If you did the same type of work for three or more employers during any six-month period and you

know the names and addresses of those employers, you may state "multiple employers." Indicate the city or region where you did the work, list the type of work you did, and estimate your earnings during that period. Any periods of unemployment, unpaid work (as a homemaker or intern, for example), or school attendance should be specified.) (Attach additional sheets of paper as needed.) Full Name and Address of Employer or School: (If self-employed, give name and address of business.)	do not know the names and addresses of those employers, you may type or print "multiple employers." You should specify any periods of unemployment, unpaid work (such as a homemaker or intern), or school attendance. If you need extra space to complete this section, use the space provided in Part 15. Additional Information . Employer 1 (current or most recent) 1. Name of Employer or Company Address of Employer/Company 2.a. Street Number and Name 2.b. Apt./Ste./Flr. Number 2.c. City or Town 2.d. State 2.e. ZIP Code 2.f. Province 2.g. Postal Code 2.h. Country
Earnings per Week: (approximate)	[Page 5]
	3. Earnings per Week (U.S. dollars)
Type of Work Performed:	4. Your Occupation
Employed From: (Month/Year) Employed To: (Month/Year)	Dates of Employment 5.a. From (mm/dd/yyyy) 5.b. To (mm/dd/yyyy)
	Employer 2 6. Name of Employer or Company
	Address of Employer/Company 7.a. Street Number and Name 7.b. Apt./Ste./Flr. Number 7.c. City or Town 7.d. State 7.e. ZIP Code 7.f. Province 7.g. Postal Code 7.h. Country
	8. Earnings per Week (U.S. dollars)
	9. Your Occupation
	Dates of Employment 10.a. From (mm/dd/yyyy) 10.b. To (mm/dd/yyyy)
	Financial Status
2. Provide information about your assets in the United States and other countries, including those held jointly with your spouse, if you are married, or with others. Do not include the	Provide information about your assets in the United States and other countries, including those held jointly with your spouse (if you are married) or with others. Do not include the

		Information About Your Current Marriage (including if you are legally separated) If you are currently married, provide the following information about your current
	Divorced Widow(er) Separated	Widowed Marriage Annulled Legally Separated
	Marital Status: Single (If "single," skip this part and go to Part 6.) Married	 What is your current marital status? Single, Never Married [no change]
Information About Your Marital Status and Spouse	Part 5. Information About Your Marital Status and Spouse	Part 5. Information About Your Marital Status and Spouse
Page 4, Part 5.	[Page 4]	[Page 6]
	evidence that you filed the returns. If you did not file a tax return during any particular year(s), explain why you did not file: (Attach additional sheets of paper as needed.)	13.b. If you answered "Yes," indicate the years you filed and attach evidence that you filed the returns. If you did not file a tax return during any particular years, explain why you did not file. If you need extra space to complete this section, use the space provided in Part 15. Additional Information.
	3. Have you filed a Federal income tax return while in the United States? Y/N If "Yes," indicate the years you filed and attach	 (U.S. dollars) 12.d. Other (U.S. dollars) 12.e. Total (U.S. dollars) 13.a. Have you filed a Federal income tax return while in the United States? Y/N
	Spouse Cash, Checking, or Savings Accounts: \$ Motor Vehicle(s): (Minus any amount owed) \$ Real Estate: (Minus any amount owed) \$ Other: (Describe below, e.g., stocks, bonds) \$ Total: \$	 Spouse (if applicable) 12.a. Cash, Checking, or Savings Accounts (U.S. dollars) 12.b. Motor Vehicles (Minus any amount owed) (U.S. dollars) 12.c. Real Estate (Minus any amount owed)
	Other: (Describe below, e.g., stocks, bonds) \$ Total: \$	 11.c. Real Estate (Minus any amount owed) (U.S. dollars) 11.d. Other (U.S. dollars) 11.e. Total (U.S. dollars)
	Motor Vehicle(s): (Minus any amount owed) \$ Real Estate: (Minus any amount owed) \$	(U.S. dollars) 11.b. Motor Vehicles (Minus any amount owed) (U.S. dollars)
	Cash, Checking, or Savings Accounts: \$	11.a. Cash, Checking, or Savings Accounts
	Self (Including assets jointly owned with spouse or others)	Additional Information. [no change]
	value of clothing and household necessities. If married, provide information about your spouse's assets that he or she does not hold jointly with you: (Attach additional sheets of paper as needed.)	value of clothing and household necessities. If married, provide information about your spouse's assets that he or she does not hold jointly with you. If you need extra space to complete this section or to describe other assets listed, use the space provided in Part 15 .

	spouse.
1. Information About Spouse: Name: (Family Name(s), First, Middle)	Current Spouse's Legal Name 2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name
His/her alien registration number(s) are: (List all A-Numbers your spouse has been given) A –	3. A-Number (if any)
Date of Birth: (mm/dd/yyyy)	4. Current Spouse's Date of Birth (mm/dd/yyyy)
Date of Marriage: (mm/dd/yyyy)	5. Current Spouse's Date of Marriage (mm/dd/yyyy)
Place of Birth: (City and Country)	Current Spouse's Place of Birth 6.a. City or Town 6.b. State or Province 6.c. Country
Place of Marriage: (City and Country)	Current Spouse's Place of Marriage 7.a. City or Town 7.b. State or Province 7.c. Country
Citizenship:	[delete]
Your spouse currently resides at: (Indicate "with me" if spouse resides with you.) Number and Street Apt No. City or Town State/Country Zip Code	Address Where Current Spouse Resides 8.a. Street Number and Name 8.b. Apt./Ste./Flr. Number 8.c. City or Town 8.d. State 8.e. ZIP Code 8.f. Province 8.g. Postal Code 8.h. Country
If presently residing in the United States, your spouse's present status is: U.S. Citizen Lawful Permanent Resident Asylee Asylum Applicant Other (Describe):	Current Spouse's Status 9. If your spouse presently resides in the United States, your spouse's present status is: [no change] Other (explain):
	Current Spouse's Employment 10. Is your spouse employed? Y/N
Your spouse is/is not employed. If employed, give salary and the name and address of the place(s) of employment.	If your spouse is employed, provide your spouse's name, address of employment, and his or her salary.
Full Name and Address of Employer:	11. Name of Employer/Company
	Address of Employer/Company 12.a. Street Number and Name

Ι	
	12.b. Apt./Ste./Flr. Number12.c. City or Town
	12.d. State
	12.e. ZIP Code
	12.f. Province
	12.g. Postal Code
	12.h. Country
	[Page 7]
Earnings Per Week: (Approximate)	13. Earnings per Week (U.S. dollars)
Type of Work:	14. Your Spouse's Occupation
	Dates of Employment
Employed from: (mm/dd/yyyy)	15.a. From (mm/dd/yyyy)
Employed to: Present	15.b. To Present
2. Information about previous spouse(s):	Information About Your Previous Marriage (if applicable)
	16. How many times have you been married?
I have/have not been previously married: (If	If you were previously married, provide the
previously married, list the names of each prior	following information about your prior spouses.
spouse, the dates on which each marriage began	If you have had more than one previous
and ended, the place where the marriage ended,	marriage, use the space provided in Part 15 .
and describe how each marriage ended. Attach	Additional Information to provide the
additional sheets of paper as needed.)	information below.
Name of Prior Spouse: (Family Name(s), First, Middle)	Prior Spouse's Legal Name
	17.a. Family Name (Last Name)
	17.b. Given Name (First Name)
	17.c. Middle Name
Data Marriede (mm/dd/energy)	18. Prior Spouse's Date of Birth (mm/dd/yyyy)
Date Married: (mm/dd/yyyy)	19. Date of Marriage to Prior Spouse
	(mm/dd/yyyy)
Date Marriage Ended: (mm/dd/yyyy)	20. Date Marriage to Prior Spouse Ended
	(mm/dd/yyyy)
Place Marriage Ended: (City and Country)	Disco Marriego de Drive Course Fulla
i nuce marinage Enucu, (City and Country)	Place Where Marriage to Prior Spouse Ended
	21.a. City or Town21.b. State or Province
	21.b. State or Province 21.c. Country
Manner in which marriage was terminated or	22. Manner in Which Marriage to Prior Spouse
ended: (for example, death, divorce)	Was Terminated or Ended
	Divorce
	Death
	Annulment
	Other
3. Have you been ordered by any court, or are	23. Have you been ordered by any court or are
you otherwise under any legal obligation to	you otherwise under any legal obligation to
provide child support and/or spousal	provide child support and/or spousal
provide clinic support and/or spousal	

	(If "Yes," on a separate sheet of paper, explain what type of obligation you have, to whom it is owed, and whether you are fulfilling that obligation.)	If you answered "Yes," use the space provided in Part 15. Additional Information to explain what type of obligation you have, to whom it is owed, and whether you are fulfilling that obligation.
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Information About Your Child/ChildrenPart 6. Information About Your Child/ChildrenPart 6. Information About Your Children PVN If "Nov ihen skip this Part 7.I. Do you have children? Y/N If "Nov ihen skip this Part 7.I.a. Do you have children? Y/N If you naweed "No," then skip to Part 7.I. D. How many children do you have?I.a. Do you have children? Y/N If you naweed "No," then skip to Part 7.I. D. How many children do you have?I.s. Is all your children below, regardless of their age, giving the requested information about each of them. If you answerd "No," then skip to Part 7.I. D. How many children below, regardless of their age, giving the requested information about each of them. If your child currently resides with you, provade this or part 3.I. D. How many children below, regardless of the person with whom her of the child currently resides with you, provade the or pusted information.I. D. How many children below, regardless of the person with whom her of the its section, set the space provided in Part 15. Additional Information.I. D. How many children below, regardless of the person with whom her of the its (Iramily Name(s), First, Middle)I. Date of Birth: (City and Country) Date of Birth: (mm/dd/yyyy)I. Date of Birth: (mm/dd/yyyy)I. Date of Birth: (mm/dd/yyyy)I. D. How many children Status:I. D. How many children Status: </th <th>Page 4, Part 6.</th> <th>[Page 4]</th> <th>[Page 7]</th>	Page 4, Part 6.	[Page 4]	[Page 7]
(If "No" then skip this Part and go to Part 7.)If you answered "No." then skip to Part 7.2. List all your children below, regardless of their age, giving the requested information about each of them. (In the address box, indecate "with me" if the child doers not live with you, provide his or her address and relationship to the person with whom he or she additional sheets of paper as needed.)Lib. How many children do you have?Name of Child: (Family Name(s), First. Middle)Name of Child: (Family Name(s), First. Middle)Child's Current Legal Name 2.6. Given Name (Las Name) 2.6. Given Name (Las Name) 2.6. Given Name (Las Name) 2.6. Given Name (First Name) 2.6. Given Tomp of Birth(I) (Intrastation Status:Page 8](I) (Current Address:Child's Current Address 7.8. Status(I) (Current Address:Child's Current Address 7.8. Status(I) (Current Address:Child's Current Address 7.8. Status(I) (Current Address:Child's Current Address 7.8. Status(I) (Current Address:Current Address:(I) (Current Address:Child's Current Address 7.8. Status(I) (Current Address:Child's Current Legal Name 7.8. Apt/Stat/Ei. Number 7.6. City or Town 7.6. State 7.8. Province 7.8. Province 7.8			Part 6. Information About Your Children
2. List all your children below, regardless of their age, giving the requested information about each of them. (In the address box, indicate "with me" if the child currently resides with you, performed with me" if the child current present with you, private his or her address and relationship to the person with whom he or she lives. Attach additional sheets of paper as needed.) List all your children below, regardless of their age, and provide his or her address and relationship to the person with whom he or she lives. Attach additional sheets of paper as needed.) Name of Child; (Family Name(s), First, Middle) Child 1 Name of Child; (Family Name(s), First, Middle) Child 1 A-Number: 3. A-Number (first Name) 2.c. Middle Name 3. A-Number (first Name) 2.c. Middle Name S. Middle Sure of Birth: (City and Country) Date of Birth: (City and Country) Gleitel 4. Date of Birth: (City and Country) S. Country of Birth 1 Immigration Status: Immigration Status: (1) Child's Current Address: (2) Current Address: 2.e. Ziry of Town S. Street Number 3.e. Alpha and Name S. Street Number 4. Date of Birth: (City country) Child's Current Address 5. Country of Birth Glines Current Address: 6. Immigration Status: Immigration Status 7.e. S			
their age, giving the requested information about each of them. (In the address son, with you, or if the child currently resides with you, or if the child currently resides with you, provide his or her address and relationship to the person with whom he or she lives. Attach additional sheets of paper as needed.)age, and provide the requested information as their current address. If your child currently resides with you, provide his or her address son the person with whom he or she lives. Attach additional sheets of paper as needed.)age, and provide his or her address and relationship to the person with whom he or she as their current agate to complete this section, use the space provided in Part 15. Additional Information.Name of Child: (Family Name(s), First, MideleChild's Current Legal Name 2.b. Given Name (Last Name) 2.c. Middle NameA-Number:3. A-Number (if any)Place of Birth: (City and Country) Date of Birth: (mm/dd/yyyy)5. Country of Birth 6. Immigration Status:(1) Current Address:(1) Current Address:(1) Current Address:Child's Current Address T.a. Street Number and Name T.e. ZiP Code T.i. Powline T.e. ZiP Code T.i. Powline Child's Current Legal Name E.a. Family Name (Last Name) E.a. Street Number T.e. ZiP Code T.i. Powline Child's Current Address			1.b. How many children do you have?
Name of Child: (Family Name(s), First, Middle)Child's Current Legal Name (Last Name) 2.c. Middle NameA-Number:3. A-Number (if any)Place of Birth: (City and Country) Date of Birth: (mm/dd/yyyy)[delete] 4. Date of Birth (mm/dd/yyyy)Citizenship:5. Country of BirthCitizenship:5. Country of BirthImmigration Status:6. Immigration Status(1) Current Address:Page 8]Current Address:7.a. Street Number and Name 7.b. Apt/Ste/Fir. Number 7.c. City or Town 7.d. State 7.e. Street Number and Name 7.b. Apt/Ste/Fir. Number 7.b. CountryChild's Current Legal Name 8.b. Civen Name (First Name) 8.b. Civen Name (First Name)		their age, giving the requested information about each of them. (In the address box, indicate "with me" if the child currently resides with you, or if the child does not live with you, provide his or her address and relationship to the person with whom he or she lives. Attach	age, and provide the requested information about each of them. If your child currently resides with you, please type or print "with me" as their current address. If your child does not live with you, provide his or her address and relationship to the person with whom he or she lives. If you need extra space to complete this section, use the space provided in Part 15 .
Middle)2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle NameA-Number:3. A-Number (if any)Place of Birth: (City and Country) Date of Birth: (mm/dd/yyyy)[delete] 4. Date of Birth (mm/dd/yyyy)Citizenship:5. Country of BirthImmigration Status:6. Immigration Status(1) Current Address:Page 8]Current Address:7.a. Street Number and Name 7.b. Apt/Ste/Fir. Number 7.c. City or Town 7.c. City or Town 7.d. State 7.e. ZIP Code 7.h. CountryChild's Current Legal Name 8.a. Family Name (Last Name) 8.b. Given Name (First Name) 8.c. Middle Name			Child 1
Place of Birth: (City and Country) Date of Birth: (mm/dd/yyyy)[delete] 4. Date of Birth (mm/dd/yyyy)Citizenship:5. Country of BirthImmigration Status:6. Immigration Status(1) Current Address:Child's Current Address 7.a. Street Number and Name 7.b. Apt/Ste/Flr. Number 7.c. City or Town 7.d. State 7.g. Postal Code 7.h. CountryChild 2 Child 2 Child's Current Legal Name 8.a. Family Name (Last Name) 8.b. Given Name (First Name) 8.c. Middle Name			2.a. Family Name (Last Name)2.b. Given Name (First Name)
Date of Birth: (mm/dd/yyyy)A. Date of Birth (mm/dd/yyyy)Citizenship:5. Country of BirthImmigration Status:6. Inmigration Status(1)Child's Current AddressCurrent Address:7.a. Street Number and Name7.b. Apt./Ste./Flr. Number7.c. City or Town7.d. State7.e. ZIP Code7.f. Province7.g. Postal Code7.f. CountryChild 2Child's Current Legal Name8.a. Family Name (Last Name)8.b. Given Name (First Name)8.c. Middle Name		A-Number:	3. A-Number (if any)
Immigration Status: 6. Immigration Status (1) Child's Current Address Current Address: 7.a. Street Number and Name 7.b. Apt./Ste./Flr. Number 7.c. City or Town 7.d. State 7.e. ZIP Code 7.f. Province 7.g. Postal Code 7.h. Country Child 2 Child's Current Legal Name 8.a. Family Name (Last Name) 8.b. Given Name (First Name) 8.c. Middle Name			
(1) Current Address: Current Address: Current Address: Child's Current Address 7.a. Street Number and Name 7.b. Apt./Ste./Flr. Number 7.c. City or Town 7.d. State 7.e. ZIP Code 7.f. Province 7.g. Postal Code 7.h. Country Child 2 Child's Current Legal Name 8.a. Family Name (Last Name) 8.b. Given Name (First Name) 8.c. Middle Name		Citizenship:	5. Country of Birth
(1) Current Address: 7.a. Street Number and Name 7.b. Apt./Ste./Flr. Number 7.c. City or Town 7.d. State 7.e. ZIP Code 7.f. Province 7.g. Postal Code 7.h. Country Child 2 Child 2 Child's Current Legal Name 8.a. Family Name (Last Name) 8.b. Given Name (First Name) 8.c. Middle Name		Immigration Status:	6. Immigration Status
Current Address:7.a. Street Number and Name 7.b. Apt./Ste./Flr. Number 7.c. City or Town 7.d. State 7.e. ZIP Code 7.f. Province 7.g. Postal Code 7.h. CountryChild 2Child 2Child's Current Legal Name 8.a. Family Name (Last Name) 8.b. Given Name (First Name) 8.c. Middle Name			[Page 8]
Child's Current Legal Name 8.a. Family Name (Last Name) 8.b. Given Name (First Name) 8.c. Middle Name			 7.a. Street Number and Name 7.b. Apt./Ste./Flr. Number 7.c. City or Town 7.d. State 7.e. ZIP Code 7.f. Province 7.g. Postal Code
 8.a. Family Name (Last Name) 8.b. Given Name (First Name) 8.c. Middle Name 			Child 2
9. A-Number (if any)			8.a. Family Name (Last Name)8.b. Given Name (First Name)
			9. A-Number (if any)

	Citizenship:	10. Date of Birth (mm/dd/yyyy)
	r.	11. Country of Birth
	(2)	12. Immigration Status
	Current Address:	Child's Current Address 13.a. Street Number and Name
		13.b. Apt./Ste./Flr. Number 13.c. City or Town
		13.d. State
		13.e. ZIP Code 13.f. Province
		13.g. Postal Code13.h. Country
		Child 3
		Child's Current Legal Name
		14.a. Family Name (Last Name)14.b. Given Name (First Name)
		14.c. Middle Name
		15. A-Number (if any)
	Citizenship:	16. Date of Birth (mm/dd/yyyy)
		17. Country of Birth
	(3) Current Address:	18. Immigration Status
	Current Address.	Child's Current Address 19.a. Street Number and Name
		19.b. Apt./Ste./Flr. Number 19.c. City or Town
		19.d. State
		19.e. ZIP Code 19.f. Province
	(4)	19.g. Postal Code19.h. Country
	Current Address: Citizenship:	[delete]
Page 5, Part 7.	[Page 5]	[Page 8]
Information About Your Paren(s)	Part 7. Information About Your Parent(s)	Part 7. Information About Your Parents
	You do not need to provide information about your parents' assets and earnings unless you believe that your removal would result in extreme hardship to your parent or parents.	[delete]
		Information About Your Parent 1
	Name of Parent: (Family Name(s), First, Middle)	Parent 1's Legal Name 1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name

	2.c. Middle Name
	[Page 9]
A –Number	3. A-Number (if any)
Date of Birth: (mm/dd/yyyy)	4. Date of Birth (mm/dd/yyyy)
Place of Birth: (City and Country)	5. City or Town of Birth
Immigration Status	6. Country of Birth7. Immigration Status
Citizenship:	8. Country of Citizenship or Nationality
Father:	Current Address
	9.a. Street Number and Name
State, or Country)	9.b. Apt./Ste./Flr. Number 9.c. City or Town
	9.d. State
	9.e. ZIP Code
	9.f. Province
	9.g. Postal Code 9.h. Country
Estimated total assets: \$	10. Estimated Total Assets (U.S. dollars)
Weekly Earnings: \$	11. Weekly Earnings (U.S. dollars)
	Information About Your Parent 2
Mother:	Parent 2's Legal Name
	12.a. Family Name (Last Name)
	12.b. Given Name (First Name) 12.c. Middle Name
	Parent 2's Name at Birth (if different than
	above) 13.a. Family Name (Last Name)
	13.b. Given Name (First Name)
	13.c. Middle Name
	14. A-Number (if any)
	15. Date of Birth (mm/dd/yyyy)
	16. City or Town of Birth
	17. Country of Birth18. Immigration Status
Citizenship:	19. Country of Citizenship or Nationality
Current Address:	Current Address
(Number and Street, City, State, or Country)	20.a. Street Number and Name
	20.b. Apt./Ste./Flr. Number 20.c. City or Town
	20.c. City of Town 20.d. State
	20.e. ZIP Code 20.f. Province
	Date of Birth: (mm/dd/yyyy)Place of Birth: (City and Country)Immigration Status: Citizenship:Father: Current Address: (Number and Street, City, State, or Country)Estimated total assets: \$ Weekly Earnings: \$Mother:Citizenship: Current Address:

		20.g. Postal Code
		20.h. Country
	Estimated total assets: \$	21. Estimated Total Assets (U.S. dollars)
	Weekly Earnings: \$	22. Weekly Earnings (U.S. dollars)
New		[Page 9]
		Part 8. Biographic Information
		1. Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino
		2. Race (Select all applicable boxes) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
		3. Height Feet Inches
		4. Weight Pounds
		5. Eye Color (Select only one box) Black
		Blue
		Brown
		Gray
		Green
		Hazel
		Maroon
		Pink
		Unknown/Other
		6. Hair Color (Select only one box)
		Bald (No hair)
		Black
		Blond
		Brown
		Gray
		Red
		Sandy White
		White Unknown/Other
		UIRIUWI/UURI
Page 5, Part 8.	[Page 5]	[Page 10]
Miscellaneous Information	Part 8. Miscellaneous Information	Part 9. Miscellaneous Information
	Respond to the following questions. If you answer "Yes" to any of these questions, provide an explanation on an attached sheet of paper.	Respond to the following questions. If you answer "Yes" to any of the questions in Item Numbers 1 2.m. , use the space provided in Part 15. Additional Information to provide an explanation.
	1. Have you ever (either in the United States or in another country) been arrested, summoned into court as a defendant, convicted, fined,	[no change]

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, driving violations involving alcohol)? Y/N	
(If you answered "Yes," your explanation must include 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.)	If you answered "Yes," your explanation must include 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.
2. Have you ever been:	Have you EVER :
A habitual drunkard? Y/N	2.a. Been a habitual drunkard? Y/N
One who has derived income principally from illegal gambling? Y/N	2.b. Derived income principally from illegal gambling? Y/N
One who has given false testimony for the purpose of obtaining immigration benefits? Y/N	2.c. Given false testimony for the purpose of obtaining immigration benefits? Y/N
One who has engaged in prostitution or unlawful commercialized vice? Y/N	2.d. Engaged in prostitution or unlawful commercialized vice? Y/N
Involved in a serious criminal offense and asserted immunity from prosecution? Y/N	2.e. Been involved in a serious criminal offense and asserted immunity from prosecution? Y/N
One who has aided and/or abetted another to enter the United States illegally? Y/N	2.f. Aided and/or abetted another person to enter the United States illegally? Y/N
A trafficker of a controlled substance, or one who knowingly assisted, abetted, conspired, or colluded with others in any such trafficking (not including a single offense of simple possession of 30 grams or less of marijuana)? Y/N	2.g. Trafficked a controlled substance, or knowingly assisted, abetted, conspired, or colluded with others in any such trafficking (not including a single offense of simple possession of 30 grams or less of marijuana)? Y/N
A practicing polygamist? Y/N	2.h. Been a practicing polygamist? Y/N
Admitted into the United States as a crewman after June 30, 1964? Y/N	2.i. Been admitted into the United States as a crewman after June 30, 1964? Y/N
Admitted into the United States as, or after arrival acquired the status of, an exchange visitor? Y/N	2.j. Been admitted into the United States as an exchange visitor or acquired such status after arriving in the U.S.? Y/N
Inadmissible or deportable on security related grounds under sections 212(a)(3) or 237(a)(4) (for cancellation applicants), or under pre- IIRIRA section 241(a)(4) (for suspension applicants) of the Immigration and Nationality Act (INA)? Y/N	2.k. Been inadmissible or deportable on security-related grounds under the Immigration and Nationality Act (INA) sections 212(a)(3) or 237(a)(4) (for cancellation applicants), or under pre-IIRIRA INA section 241(a)(4) (for suspension applicants)? Y/N
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? Y/N	2.1. 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? Y/N
A person previously granted relief under section 212(c) (waiver for certain grounds of 17	2.m. Been previously granted relief under INA sections 212(c) (waiver for certain grounds of

	inadmissibility) or 244(a) (suspension of deportation) of the INA or whose removal has previously been canceled under section 240A (cancellation of removal) of the INA? Y/N	inadmissibility) or 244(a) (suspension of deportation) or was your removal cancelled under INA section 240A (cancellation of removal)? Y/N
Page 6, Part 9.	[Page 6]	[Page 10]
Information About Hardship You and	Part 9. Information About Hardship You and/or Your Family Will Face If You Are Deported or Removed from the United States	Part 10. Information About Hardship You and/or Your Family Will Face If You Are Deported or Removed from the United States
	Your responses in this Part should be about you and/or your qualifying family member(s), except for your response to Question 11. A qualifying family member is a parent, spouse, or child who is a U.S. Citizen (USC) or lawful permanent resident (LPR) of the United States. When providing responses about a family member, provide the family member's name and his or her relationship to you. Attach any documents you have to support the responses you give below. (See the instructions for types of documents that you may wish to submit.	Your responses in this part should be about you and/or your qualifying family members, except for your response to Item Number 11 . A qualifying family member is a parent, spouse, or child who is a U.S. citizen (USC) or a lawful permanent resident (LPR) of the United States. When providing responses about a family member, provide the family member's name and his or her relationship to you. Where required, provide an explanation of your answer in the space provided in Part 15 . Additional Information and reference the Item Number for which you are providing an explanation. Attach any documents you have to support the responses you provide below. (See the Instructions for types of documents that you may wish to submit.) [Page 11] [delete]
	of paper. You should reference the number of each question for which you are providing an explanation.	
	IMPORTANT: If you meet the eligibility requirements for NACARA suspension of deportation or special rule cancellation of removal listed in (a) or (b), under Part 2, Application on Page 1 of this form and you complete this form, you will be presumed to meet the extreme hardship requirement, unless evidence in the record establishes that neither you nor your qualified relative are likely to experience extreme hardship if you are deported or removed from the United States. If you qualify for a presumption of extreme hardship, you do not need to submit documents that support your answers below regarding your claim to extreme hardship; but you need to provide explanations to your answers below, where required.	NOTE: If you meet the eligibility requirements listed under Part 2. Application Type and you complete this application, you will be presumed to meet the extreme hardship requirement unless the evidence in your case record establishes that neither you nor your qualified relative are likely to experience extreme hardship if you are deported or removed from the United States. If you qualify for a presumption of extreme hardship, you do not need to submit documents that support your answers below regarding your claim to extreme hardship, but you need to provide explanations to your answers below.
	1. If you have (USC/LPR) children, do your children speak, read, and write English? Y/N/Not applicable	1. If your children are American citizens or lawful permanent residents, do your children speak, read, and write English? Y/N/Not

	applicable
2. If you have (USC/LPR) children, do your children speak, read and write the native language of the country you would be returned to if deported or removed? Y/N/Not applicable	2. If your children are American citizens or lawful permanent residents, do your children speak, read, and write the native language of the country you would be returned to if deported or removed? Y/N/Not applicable
3. Do you or any of your qualified family members suffer or have suffered from any illness, health problem, or disability that requires or required medical attention? If "Yes," provide information about the health problem, include whether you or your qualified family member suffer(s) or suffered from it, and any care you or the person receives in the United States that would not be available in the country to which you would be deported or removed. Y/N	 3. Do you or any of your qualified family members suffer from or have previously suffered from any illness, health problem, or disability that requires or required medical attention? Y/N If you answered "Yes," provide information about the health problem and whether you or your qualified family member suffer or have suffered from it. Also include any care you or the person receives in the United States that would not be available in the country to which you would be deported or removed.
4. Would you be able to obtain employment in	[no change]
the country to which you would be deported or removed? If "Yes," explain the type of employment you would be able to obtain. If "No," explain why you would be unable to find employment. Y/N	If you answered "Yes," explain the type of employment you would be able to obtain. If you answered "No," explain why you would be unable to find employment.
5. If you or a qualified family member are currently pursuing educational opportunities in the United States, would you or the qualified family member continue to pursue the educational opportunities if deported or removed from the United States? If "No," explain why not. Y/N/Not applicable	5. If you or a qualified family member are currently pursuing educational opportunities in the United States, would you or the qualified family member continue to pursue the educational opportunities if deported or removed from the United States? Y/N/Not applicable
	If you answered "No," explain why not.
6. If you are deported or removed from the United States, would all qualified family member(s) accompany you? If "No," list which qualified family member(s) would not	6. If you are deported or removed from the United States, would all qualified family members accompany you? Y/N/Not applicable
accompany you. Also, explain why the qualified family member(s) would not accompany you and how that affects you and your family member(s). Y/N/Not applicable	If you answered "No," list which qualified family members would not accompany you, why the qualified family members would not accompany you, and how that affects you and your family members.
7. Would you or qualified members of your family experience any emotional or psychological impact if you were deported or removed from the United States? If "Yes," explain. Y/N	7. Would you or your qualified family members experience any emotional or psychological impact if you were deported or removed from the United States? Y/N/Not applicable
8. Would the current conditions in the country to which you would be deported or removed cause you or your qualified family members extreme hardship if you are deported or removed? If "Yes," explain. Y/N	8. Would the current conditions in the country to which you would be deported or removed cause you or your qualified family members extreme hardship if you are deported or removed? Y/N

	 9. Do you presently have any other way, besides this application for suspension of deportation or special rule cancellation of removal, to adjust status to that of a lawful permanent resident in the United States? If "Yes," explain. Y/N 10. If you belong to any civic, political, religious, community, or social organization, association, foundation, club, or similar group or participate in volunteer activities, would your separation from these community ties and activities affect you if you are deported or removed from the United States? If "Yes," explain. Y/N/Not applicable 11. Is there any other type of hardship that you or your family would face if you are deported or removed from the United States? Include any hardship to your non USC/LPR children, spouse or parents and any hardship to brothers, sisters, grandparents or other extended family members. If "Yes," explain. Y/N 	 9. Do you currently have any other way, besides this application, for suspension of deportation or special rule cancellation of removal, to adjust status to that of lawful permanent resident in the United States? Y/N 10. If you belong to any civic, political, religious, community, or social organization, association, foundation, club, or similar group or participate in volunteer activities, would separating from these community ties and activities affect you if you are deported or removed from the United States? Y/N/Not applicable 11. Is there any other types of hardship that you or your family would face if you are deported or removed from the United States? (Include any hardship to your children, spouse, parents who are not American citizens or lawful permanent residents, and to your brothers, sisters, grandparents, or other extended family members.) Y/N/Not applicable
Page 7, Part 10.	[Page 7]	[Page 12]
Signature	Part 10. Signature	Part 11. Applicant's Statement, Contact Information, Certification, and Signature
	 After reading the information on penalties in the instructions, complete and sign below. If someone helped you prepare this application, he or she must complete Part 11. I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. Title 18, United States Code, Section 1546, provides in part: "Whoever knowingly makes under oath, or as permitted under penalty of perjury under Section 1746 of Title 28, United States Code, knowingly subscribes as true, any false statement with respect to a material fact in any application, affidavit, or other document required by the immigration laws or regulations prescribed thereunder, or knowingly presents any such application, affidavit, or other document which contains any such false statements or which fails to contain any reasonable basis in law or fact" shall be fined in accordance with this title or imprisoned not more than ten years, or both. 	[delete]
	from my record that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.	
	Staple your photographs here	
	20	

WARNING: Applicants who are in the United States illegally are subject to deportation or removal if their applications are not granted by an asylum officer or an immigration judge. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, deportation or removal proceedings, even if the application is later withdrawn. Applicants and eligible dependents in removal proceedings who fail to provide DHS with their biometrics or other biographical information as required within the time allowed, except for good cause, may have their applications found abandoned by the immigration judge. If filing with USCIS, unexcused failure to appear for an appointment to provide biometrics and other biographical information within the time allowed may result in the dismissal or referral of your application to an Immigration Judge.

NOTE: Read the **Penalties** section of the Form I-881 Instructions before completing this section. You must file Form I-881 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. The interpreter named in **Part 12.** read to me every question and instruction on this application and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.

2. At my request, the preparer named in **Part 13.**, [Fillable field], prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number**4.** Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to

		 USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek. I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law. I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that: 1) I reviewed and provided or authorized all of the information in my application; and 3) All of this information was complete, true,
		and correct at the time of filing. I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.
	Signature of Applicant (sign in ink): Date: (mm/dd/yyyy)	<i>Applicant's Signature</i>6.a. Applicant's Signature6.b. Date of Signature (mm/dd/yyyy)
	Print Name:	[delete]
	Write your name in your native alphabet:	
		NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.
New		[Page 12]
		Part 12. Interpreter's Contact Information, Certification, and Signature
		Provide the following information about the interpreter.
	22	<i>Interpreter's Full Name</i> 1.a. Interpreter's Family Name (Last Name) 1.b. Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any)

		 Interpreter's Mailing Address 3.a. Street Number and Name 3.b. Apt./Ste./Flr. Number 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country Interpreter's Contact Information Interpreter's Contact Information Interpreter's Daytime Telephone Number Interpreter's Mobile Telephone Number (if any) Interpreter's Certification I certify, under penalty of perjury, that: I am fluent in English and [Fillable Field], which is the same language specified in Part 11., Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Certification, and has verified the accuracy of every answer.
		7.b. Date of Signature (mm/dd/yyyy)
Page 7, Part 11. Signature of Person Preparing Form, If Other Than Above	[Page 7] Part 11. Signature of Person Preparing Form, If Other Than Above (Read the following information and sign below.) I declare that I have prepared this application at the request of the person named in Part 10, 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 I-881 may subject me to civil penalties under 8 U.S.C. 1324c.	[Page 13] Part 13. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant [delete]
		 Provide the following information about the preparer. Preparer's Full Name 1.a. Preparer's Family Name (Last Name) 1.b. Preparer's Given Name (First Name)

	Hearing You will be asked to complete this Part when you are before an Asylum Officer of U.S. 24	Hearing You will be asked to complete Part 14. when you are before an asylum officer or an
Page 7, Part 12. To Be Completed at Interview or Hearing	Part 12. To Be Completed at Interview or	Part 14. To Be Completed at Interview or
Dago 7 Dave 10 Ta Da	Date: (mm/dd/yyyy) [Page 7]	8.b. Date of Signature (mm/dd/yyyy) [Page 14]
	Signature of Preparer: Print Name:	<i>Preparer's Signature</i> 8.a. Preparer's Signature
		perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant's Certification , and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.
		NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application. <i>Preparer's Certification</i> By my signature, I certify, under penalty of
		7.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.
		Preparer's Statement 7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
	Daytime Telephone Number:	 <i>Preparer's Contact Information</i> 4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any) 6. Preparer's Email Address (if any)
	Address of Preparer: (Street Number and Name, City or Town, State, ZIP Code)	 Preparer's Mailing Address 3.a. Street Number and Name 3.b. Apt./Ste./Flr. Number 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country
		2. Preparer's Business or Organization Name (if any)

	Citizenship and Immigration Services or an immigration judge of the Executive Office for Immigration Review (EOIR) for examination.	immigration judge for examination.
	I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, are all true or not all true to the best of my knowledge and that the corrections numbered [] to []were made by me or at my request.	1. I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, are [] all true or [] not all true to the best of my knowledge and that the corrections numbered to were made by me or at my request.
	Signature of Applicant	2.a. Applicant's Signature2.b. Date of Signature
	Write your name in your native alphabet	3. Print your name in your native alphabet.
	Signed and sworn to before me by the above- named applicant on: Date (mm/dd/yyyy)	4. Signed and sworn before me by the above- named applicant on: Date (mm/dd/yyyy)
	Signature of Asylum Officer or Immigration Judge	5.a. Asylum Officer or Immigration Judge's Signature
	[Page 8]	5.b. Date of Signature (mm/dd/yyyy)
	NOTE: Use this blank sheet to supplement any information requested. Please copy this page and submit additional information as needed.	[delete]
	A-Number: Print Name: Signature of Applicant: Date: (mm/dd/yyyy)	
	Part: Question:	
	Supplemental Data/Clarifications	
New		[Page 15]
		Part 15. Additional Information
		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. 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.a. Family Name (Last Name) [Auto-populated field]1.b. Given Name (First Name) [Auto-populated

field]
1.c. Middle Name [Auto-populated field]
2. A-Number (if any) [Auto-populated field]
3.a. Page Number
3.b. Part Number
3.c. Item Number
3.d. [Fillable field]
4.a. Page Number
4.b. Part Number
4.c. Item Number
4.d. [Fillable field]
5.a. Page Number
5.b. Part Number
5.c. Item Number
5.d. [Fillable field]
6.a. Page Number
6.b. Part Number
6.c. Item Number
6.d. [Fillable field]
7.a. Page Number
7.b. Part Number
7.c. Item Number
7.d. [Fillable field]