

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

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

**NOTE:**  Check this box if you also want to apply for withholding of removal under the Convention Against Torture (CAT) regulations. Refer to Instructions, **Part 1: Filing Instructions, Section II, Basis of Eligibility, Part B** for more information.

<b>Part A.I. Information About You</b>			
1. Alien Registration Number(s) (A-Number) (if any)	2. U.S. Social Security Number (if any)	3. USCIS Online Account Number (if any)	
4. Complete Last Name		5. First Name	6. Middle Name
7. What other names have you used (include maiden name and aliases)?			
8. Residence in the U.S. (where you physically reside)			
Street Number and Name		Apt. Number	
City	State	Zip Code	Telephone Number ( )
9. Mailing Address in the U.S. (if different than the address in Item Number 8)			
In Care Of (if applicable):		Telephone Number ( )	
Street Number and Name		Apt. Number	
City	State	Zip Code	
10. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	11. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
12. Date of Birth (mm/dd/yyyy)	13. City and Country of Birth		
14. Present Nationality (Citizenship)	15. Nationality at Birth	16. Race, Ethnic, or Tribal Group	17. Religion
18. Check the box, a through c, that applies: a. <input type="checkbox"/> I have never been in Immigration Court proceedings. b. <input type="checkbox"/> I am now in Immigration Court proceedings. c. <input type="checkbox"/> I am <b>not</b> now in Immigration Court proceedings, but I have been in the past.			
19. Complete 19 a through c. a. When did you last leave your country? (mm/dd/yyyy) _____ b. What is your current I-94 Number, if any? _____ c. List each entry into the U.S. beginning with your most recent entry. List date (mm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.)			
Date _____	Place _____	Status _____	Date Status Expires _____
Date _____	Place _____	Status _____	
Date _____	Place _____	Status _____	

<b>For EOIR use only.</b>	<b>For USCIS use only.</b>	<b>Action:</b> Interview Date: _____ Asylum Officer ID No.: _____	<b>Decision:</b> Approval Date: _____ Denial Date: _____ Referral Date: _____
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**Part A.I. Information About You (continued)**

20. What country issued your last passport or travel document?	21. Passport Number	22. Expiration Date (mm/dd/yyyy)
	Travel Document Number	
23. What is your native language (include dialect, if applicable)?	24. Are you fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No	25. What other languages do you speak fluently?

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

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

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

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

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

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

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

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

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

21. If in the U.S., is this child to be included in this application? (Check the appropriate box.)  
 Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)  
 No

1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (If any)	17. Status when last admitted (Visa type, if any)

18. What is your child's current status? \_\_\_\_\_

19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) \_\_\_\_\_

20. Is your child in Immigration Court proceedings?  
 Yes  No

21. If in the U.S., is this child to be included in this application? (Check the appropriate box.)  
 Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)  
 No

1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (If any)	17. Status when last admitted (Visa type, if any)

18. What is your child's current status? \_\_\_\_\_

19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) \_\_\_\_\_

20. Is your child in Immigration Court proceedings?  
 Yes  No

21. If in the U.S., is this child to be included in this application? (Check the appropriate box.)  
 Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)  
 No

1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (If any)	17. Status when last admitted (Visa type, if any)

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

<b>18.</b> What is your child's current status?	<b>19.</b> What is the expiration date of his/her authorized stay, if any? ( <i>mm/dd/yyyy</i> )	<b>20.</b> Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>21.</b> If in the U.S., is this child to be included in this application? ( <i>Check the appropriate box.</i> ) <input type="checkbox"/> Yes ( <i>Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.</i> ) <input type="checkbox"/> No		

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

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

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

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

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

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

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

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

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

**Part A.III. Information About Your Background (continued)**

5. Provide the following information about your parents and siblings (brothers and sisters). Check the box if the person is deceased.

(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

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

**Part B. Information About Your Application**

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

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

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

1. Why are you applying for asylum and for statutory withholding of removal, or for withholding of removal under the CAT regulations? Check the appropriate box(es) below and then provide detailed answers to the questions below.

I am seeking asylum or withholding of removal based on:

- Race
- Political opinion
- Religion
- Membership in a particular social group
- Nationality
- Torture Convention

If you are claiming membership in a particular social group(s), identify the particular social group(s):

A. Have you, your family, friends, colleagues, or other similarly situated persons ever experienced harm, mistreatment, or threats in the past by anyone?

- No
- Yes

If "Yes," explain in detail:

1. What happened.

2. When the harm, mistreatment, or threats occurred.

3. Who caused the harm, mistreatment, or threats.

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

If the entity or person(s) who caused the harm, mistreatment, or threats is not the government or a government actor, you must explain whether the government was unable or unwilling to control the entity or persons that caused the harm, mistreatment, or threats. Explain whether you ever reported the harm, mistreatment, or threats to the government or a government actor. If so, describe what you reported, to whom, and any outcome of the report. If you did not report the harm, mistreatment, or threats to the government or a government actor, explain why not.

4. Why you believe the harm, mistreatment, or threats occurred. If you are seeking asylum or statutory withholding of removal based on one or more of the protected grounds listed above (race, religion, nationality, political opinion, or membership in a particular social group), you must explain why you believe the harm, mistreatment, or threats you experienced were on account of one or more of the protected grounds.

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

- No       Yes

1. What harm or mistreatment you fear.

2. Who you believe would harm or mistreat you.

If the entity or person(s) who you believe would harm or mistreat you is not the government or a government actor, you must explain whether the government would be unable or unwilling to control the entity or person(s) that caused the harm or mistreatment. Explain whether you believe the government or a government actor would be able and willing to protect you against the harm or mistreatment you fear, and why or why not.

3. Why you believe you would or could be harmed or mistreated. If you are seeking asylum or statutory withholding of removal based on one or more of the protected grounds listed above (race, religion, nationality, political opinion, or membership in a particular social group), you must explain why you believe the harm or mistreatment you fear are on account of one or more of the protected grounds.

**C. Have you, your family, friends, colleagues, or other similarly situated persons ever been subjected to torture in the past?**

- No       Yes

If "Yes," explain in detail:

1. What happened.

2. When the torture occurred.

3. Who caused the harm, which, along with other factors, amounted to torture.

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

If the entity or person(s) who caused the harm was not the government or a public official acting in an official capacity or other person acting in an official capacity, you must explain whether the harm was inflicted by or at the instigation of, or with the consent or acquiescence of, a public official acting in an official capacity or other person acting in an official capacity.

If the entity or person(s) who caused the harm was not the government or a government actor, explain whether the government or a public official acting in an official capacity or other person acting in an official capacity had awareness of the harm, how the government or a public official acting in an official capacity or other person acting in an official capacity became aware of the harm, and whether the government or a public official acting in an official capacity or other person acting in an official capacity acted to prevent such harm.

If the entity or person(s) who caused the harm was not the government or a public official acting in an official capacity or other person acting in an official capacity, explain whether there is a connection between the government or a public official acting in an official capacity or other person acting in an official capacity and the entity or person(s) who caused the harm, and if so, describe the how they are connected.

**4. Why you believe the torture occurred.**

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

- No       Yes

If "Yes," explain in detail:

**1. The nature of the harm you fear.**

**2. Who would harm you.**

If the entity or person(s) you believe would harm you is not the government or a public official acting in an official capacity or other person acting in an official capacity, you must explain whether the harm would or could be inflicted by or at the instigation of, or with the consent or acquiescence of, a public official acting in an official capacity or other person acting in an official capacity.

If the entity or person(s) you fear is not the government or a public official acting in an official capacity or other person acting in an official capacity, explain whether the government or a public official acting in an official capacity or other person acting in an official capacity would become aware of the torture, how the government or a public official acting in an official capacity or other person acting in an official capacity would become aware of the torture, and how the government or a public official acting in an official capacity or other person acting in an official capacity would respond.

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

If the entity or person(s) you fear is not the government or a public official acting in an official capacity or other person acting in an official capacity, explain whether there is a connection between the government or a public official acting in an official capacity or other person acting in an official capacity and the entity or person(s) you fear, and if so, describe the how they are connected.

**3. Why you believe you would be tortured.**

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

- No                       Yes

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

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

- No                       Yes

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

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

- No                       Yes

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



## Part C. Additional Information About Your Application

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

1. Have you ever applied to the U.S. Government for refugee status or for asylum and withholding of removal?

No  Yes

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

No  Yes

3. Have you ever been included as a dependent in a spouse's or parent's application to the U.S. Government for refugee status or for asylum and withholding of removal?

No  Yes

If you answered "Yes" to **Item Number 1.**, **Item Number 2.** and/or **Item Number 3.**, explain the decision and what happened to any status you, your spouse, your child(ren), your parents, or your siblings received as a result of that decision.

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If you answered "Yes" to **Item Number 1.**, **Item Number 2.** and/or **Item Number 3.**, also provide your relative's name, date of birth, and A-Number, if available.

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Family Name (Last Name)

Given Name (First Name)

Middle Name

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Date of birth (mm/dd/yyyy)

Alien Registration Number (A-Number)

	▶	A-							
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If you have ever been denied asylum by an immigration judge or the Board of Immigration Appeals, you must describe in this application any change(s) in conditions in your country or your own personal circumstances since the date of the denial that may affect your eligibility for asylum. For guidance in answering this question, see Instructions, **Part 1: Filing Instructions, Section I. Who May Apply and Filing Deadlines** and **Part 1: Filing Instructions, Section V. Completing the Form, Part C.**

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4.A. After leaving the country from which you are claiming asylum, did you, your spouse, child(ren), or other family members, such as your parents or siblings, who are now in the United States travel through or reside in any other country before entering the United States?

No  Yes

4.B. Have you, your spouse, your child(ren), or other family members, such as your parents or siblings, ever apply for, receive, or could have applied for, but did not, any lawful status in any country other than the one from which you are now claiming asylum?

No  Yes

If "Yes" to either or both questions (**Item Number 4.A.** and/or **Item Number 4.B.**), provide for each person the following: the name of every country you, your spouse, your child(ren), or other family members, such as your parents or siblings, traveled through or resided in, the dates you traveled through or resided in those countries, the length of stay, the person's status while there, and the reasons for leaving.

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

Indicate whether you, your spouse, your child(ren), or other family members, such as your parents or siblings, ever applied for protection from persecution or torture, including refugee status or asylum, while in any countries, and if not, why you or he or she did not do so. If you, your spouse, your child(ren), or your family members, such as your parents or siblings, ever applied for any lawful status, including refugee status or asylum, in any country other than the one from which you are now claiming asylum, explain the outcome of the application.

Indicate whether you, your spouse, your child(ren), or other family members, such as your parents or siblings, applied to, were offered the opportunity to apply to, or had the opportunity available to reside in any country, in any permanent legal immigration status or any non-permanent, potentially indefinitely renewable legal immigration status (including asylee, refugee, or similar status, but excluding status such as of a tourist) in any country through which you traveled prior to arriving in or entering the United States.

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

No  Yes

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

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

No  Yes

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

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

No  Yes

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

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

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

No  Yes

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

DRAFT

The following questions focus on adverse discretionary factors related to asylum eligibility. You must answer **Item Numbers 9.A. - 10.I.** as it relates to you and any member of your family included in the application. For guidance in answering these questions, *see* Instructions, **Part 1: Filing Instructions, Section V. Completing the Form, Part C. Additional Information about your Application.**

**9.A.** Have you or any member of your family included in the application ever unlawfully entered or unlawfully attempted to enter into the United States?

No  Yes

**9.B.** Did you or any member of your family included in the application fail to seek protection from persecution or torture, including refugee status or asylum, in any country through which you transited before entering the United States?

No  Yes

**9.C.** Have you or any member of your family included in the application used fraudulent documents to enter the United States?

No  Yes

If "Yes", specify in your response: what occurred, the circumstances, dates, and the reason(s) for the circumstances.

06/11/2020

If you answered "Yes" to **Item Numbers 9.A., 9.B., and/or 9.C.**, do any of the corresponding exceptions (for example, entry or attempted entry was made in immediate flight from persecution or satisfying the definition of victim of a severe form of trafficking in persons) apply to you or any member of your family included in the application?

No  Yes

If "Yes", please specify in your response: why you believe you or any member of your family included in the application meet one of the exceptions, what occurred, the circumstances, dates, and the reason(s) for the circumstances.

**10.A.** Did you or any member of your family included in the application, immediately prior to arriving in the United States or en route to the United States from your or their country of citizenship, nationality, or last lawful habitual residence, spend more than 14 days in any one country?

No  Yes

**10.B.** Do you or any member of your family included in the application have a conviction or sentence that was reversed, vacated, expunged, or modified?

No  Yes

**10.C.** Did you or any member of your family included in the application transit through more than one country between your or their country of citizenship, nationality, or last habitual residence and the United States?

No  Yes

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

**10.D.** Did you or any member of your family included in the application accrue more than one year of unlawful presence in the United States prior to filing an asylum application?

No  Yes

**10.E.** At the time this application is filed, have you failed to timely file any required federal, state, or local income taxes, or timely file a request for an extension of time to file?

No  Yes

**10.F.** At the time this application is filed, have you failed to satisfy any outstanding federal, state, or local income tax obligations?

No  Yes

**10.G.** At the time this application is filed, do you have income that would result in tax liability that has not been reported to the Internal Revenue Service?

No  Yes

**10.H.** Have you or any member of your family included in the application had two or more prior asylum applications denied for any reason?

No  Yes

**10.I.** Have you or any member of your family included in the application withdrawn a prior asylum application, been found to have abandoned a prior asylum application, failed to attend an interview regarding an asylum application, or were subject to a final order of removal, deportation, or exclusion, and did not file a motion to reopen?

No  Yes

If you answered "Yes" to any of the questions in **Item Numbers 10.A. - 10.I.**, please specify in your response: what occurred, details regarding the circumstances, and dates.

If you answered "Yes" to any of the questions in **Item Numbers 10.A. - 10.I.**, do any of the corresponding exceptions (for example, applying for protection from persecution or torture in another country or satisfying the definition of victim of a severe form of trafficking in persons) apply to you or any member of your family included in the application?

No  Yes

If you answered "Yes", please specify in your response: why you believe you or any member of your family included in the application meet one of the exceptions, what occurred, the circumstances, dates, and the reason(s) for the circumstances.

If you answered "Yes" to any of the questions in **Item Numbers 10.A. - 10.I.**, if applicable, provide any information related to extraordinary circumstances that would warrant a favorable exercise of discretion, and explain any exceptional or extremely unusual hardship that would result from a denial of your asylum application.

## Part D. Your Signature

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(a), 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 containing any such false statement or which fails to contain any reasonable basis in law or fact - shall be fined in accordance with this title or imprisoned for up to 25 years. I authorize the release of any information from my immigration record that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

Staple your photograph here or the photograph of the family member to be included on the extra copy of the application submitted for that person.

**WARNING: Applicants who are in the United States unlawfully are subject to removal if their asylum or withholding claims 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, removal proceedings even if the application is later withdrawn.**

**If an asylum officer determines that you have knowingly made a frivolous application for asylum, that determination may be used as a basis for the institution of, or as evidence in, removal proceedings. If, pursuant to a final administrative order, an immigration judge or the Board of Immigration Appeals determines that you have knowingly made a frivolous application for asylum, you will be permanently ineligible for any benefits under the Immigration and Nationality Act. You may not avoid a frivolous finding simply because someone advised you to provide false information in your asylum application.**

**If filing with USCIS, unexcused failure to appear for an appointment to provide biometrics (such as fingerprints) and your biographical information within the time allowed or unexcused failure to appear for an asylum interview may result in an asylum officer dismissing your asylum application or referring it to an immigration judge. Failure without good cause to provide DHS with biometrics or other biographical information while in removal proceedings may result in your application being found abandoned by the immigration judge. See sections 208(d)(5)(A) and 208(d)(6) of the INA and 8 CFR sections 208.10, 1208.10, 208.20, 1003.47(d) and 1208.20.**

Print your complete name.

Write your name in your native alphabet.

Did your spouse, parent, or child(ren) assist you in completing this application?  No  Yes (If "Yes," list the name and relationship.)

(Name)

(Relationship)

(Name)

(Relationship)

Did someone other than your spouse, parent, or child(ren) prepare this application?  No  Yes (If "Yes," complete Part E.)

Asylum applicants may be represented by counsel. Have you been provided with a list of persons who may be available to assist you, at little or no cost, with your asylum claim?  No  Yes

Signature of Applicant (The person in Part A.I.)

➔ [ \_\_\_\_\_ ]

Sign your name so it all appears within the brackets

\_\_\_\_\_ Date (mm/dd/yyyy)

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)

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**Part E. Declaration of Person Preparing Form, if Other Than Applicant, Spouse, Parent, or Child**

I declare that I have prepared this application at the request of the person named in Part D, 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 his or her native language or a language he or she understands 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-589 may also subject me to civil penalties under 8 U.S.C. 1324c and/or criminal penalties under 18 U.S.C. 1546(a).

Signature of Preparer		Print Complete Name of Preparer	
Daytime Telephone Number (     )	Address of Preparer: Street Number and Name		
Apt. Number	City	State	Zip Code

**Part F. To Be Completed at Asylum Interview, if Applicable**

**NOTE:** You will be asked to complete this part when you appear for examination before an asylum officer of the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS).

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are  all true or  not all true to the best of my knowledge and that correction(s) numbered \_\_\_ to \_\_\_ were made by me or at my request.

I am aware that if an asylum officer determines that I knowingly made a frivolous application for asylum, such determination may be used as a basis for the institution of, or as evidence in, removal proceedings. Furthermore, I am aware that if, pursuant to a final administrative order, an immigration judge or the Board of Immigration Appeals determines that I have knowingly made a frivolous application for asylum, I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

_____	_____
Signature of Applicant	Date (mm/dd/yyyy)
_____	_____
Write Your Name in Your Native Alphabet	Signature of Asylum Officer

**Part G. To Be Completed at Removal Hearing, if Applicable**

**NOTE:** You will be asked to complete this Part when you appear before an immigration judge of the U.S. Department of Justice, Executive Office for Immigration Review (EOIR), for a hearing

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are  all true or  not all true to the best of my knowledge and that correction(s) numbered \_\_\_ to \_\_\_ were made by me or at my request.

Furthermore, I am aware that if, pursuant to a final administrative order, an immigration judge or the Board of Immigration Appeals determines that I have knowingly made a frivolous application for asylum, I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

_____	_____
Signature of Applicant	Date (mm/dd/yyyy)
_____	_____
Write Your Name in Your Native Alphabet	Signature of Immigration Judge

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

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

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

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

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

**Additional Information About Your Claim to Asylum**

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

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

Part \_\_\_\_\_  
Question \_\_\_\_\_

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