**TABLE OF CHANGES – FORM**

**Form I-817, Application for Family Union Benefits**

**OMB Number: 1615-0005**

**Date 06/24/2020**

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| **Reason for Revision: Fee Rule**  **Project Phase: Post G-1056**   * Please note – all instances of “if any” and “if applicable” have been removed from Form I-817.   Legend for Proposed Text:   * Black font = Current text * Red font = Changes   Expires 11/30/2021  Edition Date 12/02/2019 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 1** | **[Page 1]**  **To be completed by an attorney or BIA-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)  **…** | **[Page 1]**  **To be completed by an attorney or BIA-accredited representative.**  **Select this box if Form G-28 is attached.**  **Attorney State Bar Number**  **Attorney or Accredited Representative USCIS Online Account Number**  **…** |
| **Page 1-2,**  **Part 1. Information About You** (Person Requesting Family Unity Benefits) | **[Page 1]**  **…**  **1.** Alien Registration Number (A-Number) (if any)  **…**  **6.**U.S. Social Security Number (if any)  **7.**USCIS Online Account Number (if any)  **…**  **11.a.**In Care Of Name (if any)  **11.b.** Street Number and Name  **11.c.**Apt.Ste.Flr.  **11.d**City or Town  **11.e.**State  **11.f.**ZIP Code  **…** | **[Page 1]**  **…**  **1.** Alien Registration Number (A-Number)    **…**  **6.**U.S. Social Security Number  **7.**USCIS Online Account Number  **…**  **11.a.**In Care Of Name  **11.b.** Street Number and Name  **11.c.**Apt.Ste.Flr.  **11.d**City or Town  **11.e.**State  **11.f.**ZIP Code  **…** |
| **Page 3-5,**  **Part 4. Information About Your Relationship** | **[Page 3]**  **…**  **5.** A-Number (if any)  **6.** USCIS Online Account Number (if any)  **7.** U.S. Social Security Number (if any)  **…**  **10.a.**Street Number and Name  **10.b.**Apt.Ste.Flr.  **10.c.**City or Town  **10.d.**State  **10.e.**ZIP Code  **11.**Daytime Telephone Number (if any)  **12.**Email Address (if any)  **…**  **[Page 4]**  Provide the following information about your prior marriages (if any).  **…**  **17.a.**Date of Marriage (if any) (mm/dd/yyyy)  **…**  Provide the following information about your current spouse's prior marriages (if any).  **…**  **19.a.**Date of Marriage (if any) (mm/dd/yyyy)  **…**  **20.**I have completed **Part 4.**, **Item Numbers 13. - 19.k.**, information about my prior marriages (if any).  **…** | **[Page 3]**  **…**  **5.** A-Number  **6.** USCIS Online Account Number  **7.** U.S. Social Security Number  **…**  **10.a.**Street Number and Name  **10.b.**Apt.Ste.Flr.  **10.c.**City or Town  **10.d.**State  **10.e.**ZIP Code  **11.**Daytime Telephone Number  **12.**Email Address  **…**  **[Page 4]**  Provide the following information about your prior marriages.  **…**  **17.a.**Date of Marriage (mm/dd/yyyy)  **…**  Provide the following information about your current spouse's prior marriages.  **…**  **19.a.**Date of Marriage (mm/dd/yyyy)  **…**  **20.**I have completed **Part 4.**, **Item Numbers 13. - 19.k.**, information about my prior marriages.  **…** |
| **Page 5-9,**  **Part 5. Other Information** | **[Page 6]**  **…**  **5.d.** A-Number (if any)  **5.e.** Relationship to Applicant  **…**  **6.d.** A-Number(if any)  **6.e.** Relationship to Applicant  **…**  **7.d.** A-Number(if any)  **7.e.** Relationship to Applicant  **…**  **8.d.** A-Number (if any)  **8.e.** Relationship to Applicant  **…**  **9.d.** A-Number(if any)  **9.e.** Relationship to Applicant  **…**  **10.d.** A-Number(if any)  **10.e.** Relationship to Applicant  **…** | **[Page 6]**  **…**  **5.d.** A-Number  **5.e.** Relationship to Applicant  **…**  **6.d.** A-Number  **6.e.** Relationship to Applicant  **…**  **7.d.** A-Number  **7.e.** Relationship to Applicant  **…**  **8.d.** A-Number  **8.e.** Relationship to Applicant  **…**  **9.d.** A-Number  **9.e.** Relationship to Applicant  **…**  **10.d.** A-Number  **10.e.** Relationship to Applicant  **…** |
| **Page 12,**  **Part 10. Additional Information** | **[Page 12]**  **…**  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.  **…**  **2.** A-Number (if any)  **…** | **[Page 12]**  **…**  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 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.  **…**  **2.** A-Number  **…** |