**TABLE OF CHANGES – FORM**

**Form** **I-191, Application for Relief Under Former Section 212(c) of the Immigration and Nationality Act (INA)**

**OMB Number: 1615-0016**

**Date 06/10/2020**

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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-191.   Legend for Proposed Text:   * Black font = Current text * Red font = Changes   Expires 02/28/2021  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 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.** | **[Page 1]**  **To be completed by an attorney or accredited representative.**  **Select this box if Form G-28 is attached. Attorney State Bar Number**  **Attorney or Accredited Representative USCIS Online Account Number**  **START HERE - Type or print in black ink.** |
| **Page 1-3,**  **Information About You** | **[Page 1]**  **…**  **4.** Alien Registration Number (A-Number) (if any)  **5.** USCIS Online Account Number (if any)  **…**    **[Page 2]**  **8.** Mailing Address  In Care Of Name (if any)  Street Number and Name  Apt. Ste. Flr. Number  City or Town  State  ZIP Code  Province  Postal Code  Country | **[Page 1]**  **…**  **4.** Alien Registration Number (A-Number)    **5.** USCIS Online Account Number  **…**    **[Page 2]**  **8.** Mailing Address  In Care Of Name  Street Number and Name  Apt. Ste. Flr. Number  City or Town  State  ZIP Code  Province  Postal Code  Country |
| **Page 16,**  **Additional Information** | **[Page 16]**  **…**  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. Family Name (Last Name)   Given Name (First Name)  Middle Name   1. A-Number (if any)   **…** | **[Page 16]**  **…**  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.  **1.** Family Name (Last Name)  Given Name (First Name)  Middle Name  **2.** A-Number  **…** |