TABLE OF CHANGES – FORM

Form I-881Application for Suspension of Deportation or Special Rule Cancellation of Removal (Pursuant to Section 203 of Public Law 105-100, NACARA) OMB Number: 1615-0072 06/09/2020

Reason for Revision: Final Fee Rule

Project Phase: G-1056.

Legend for Proposed Text:

• Black font = Current text

• Red font = Changes

Please note – all instances of "if any" and "if applicable" have been removed from Form I-881.

Expires 11/30/2021 Edition Date 12/02/2019

| Current Page Number and Section | Current Text | Proposed Text |
|---|--|--|
| Page 1, | [page 1] | [page 1] |
| To be completed by an Attorney or Accredited Representative (if any). | 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) | 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 |
| Pages 1-2, | [page 1] | [page 1] |
| Part 1. Information About You | | |
| | Other Names You Have Used Since Birth (if applicable) | Other Names You Have Used Since Birth |
| | | |
| | 4.a. In Care Of Name (if any) 4.b. Street Number and Name 4.c. Apt./Ste./Flr. 4.d. City or Town 4.e. State 4.f. ZIP Code | 4.a. In Care Of Name 4.b. Street Number and Name 4.c. Apt./Ste./Flr. 4.d. City or Town 4.e. State 4.f. ZIP Code |
| | | |
| | 10. Alien Registration Number (A-Number/USCIS Number) (if any) | 10. Alien Registration Number (A-Number/USCIS Number) |
| | 11. USCIS Online Account Number (if any) | 11. USCIS Online Account Number |
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| | 12. U.S. Social Security Number (if any) | 12. U.S. Social Security Number |
|---|--|--|
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| Part 2. Application Type | | |
| Турс | 6. A-Number (if any) | 6. A-Number |
| | | |
| D 45 D 44 | | |
| Pages 4-5, Part 4. Information About Your | [Page 5] | [Page 5] |
| Employment and | | |
| Financial Status | Spouse (if applicable) | Spouse |
| | | |
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| Status and Spouse | 3. A-Number (if any) | 3. A-Number |
| | | |
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| | [page 7] | [page 7] |
| | Information About Your Previous Marriage (if applicable) | Information About Your Previous Marriage |
| | | |
| Pages 7-8, Part 6. Information | [page 7] | [page 7] |
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| | 3. A-Number (if any) | 3. A-Number |
| | | |
| | [page 8] | [page 8] |
| | 9. A-Number (if any) | 9. A-Number |
| | , , , , | |
| | 15 A Number (if ann) | 15 A Number |
| | 15. A-Number (if any) | 15. A-Number |
| | | |
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| | 3. A-Number (if any) | 3. A-Number |
| | | |
| | 14. A-Number (if any) | 14. A-Number |
| | ` ', | |

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|---------------------------------|--|--|
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| 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 the beneficiary's 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. Beneficiary's A-Number (if any) | 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 the beneficiary's 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. Beneficiary's A-Number |