

**TABLE OF CHANGES – FORM**  
**Form N-336, Request for a hearing on a Decision in Naturalization Proceedings Under**  
**Section 336**  
**OMB Number: 1615-0050**  
**Date 06/05/2020**

**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 N-336.

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 11/30/2021  
Edition Date 11/08/2019

Current Page Number and Section	Current Text	Proposed Text
<b>Page 1</b>	<p>[Page 1]</p> <p>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)</p>	<p>[Page 1]</p> <p>To be completed by an attorney or accredited <b>representative</b>.  Select this box if Form G-28 is attached.  Attorney State Bar <b>Number</b>  Attorney or Accredited Representative  USCIS Online Account <b>Number</b></p>
<b>Page 1-2, Part 1. Information About You, the Naturalization Applicant</b>	<p>[Page 1]</p> <p>...</p> <p>2. Other Names Used (if any)</p> <p>...</p> <p>4. USCIS Online Account Number (if any)</p> <p>...</p> <p>[Page 2]</p> <p>6. Mailing Address  In Care Of Name (if any)  Street Number and Name  Apt. Ste. Flr. Number  City or Town  County  State  ZIP Code  Province or Region  Postal Code</p>	<p>[Page 1]</p> <p>...</p> <p>2. Other Names <b>Used</b></p> <p>...</p> <p>4. USCIS Online Account <b>Number</b></p> <p>...</p> <p>[Page 2]</p> <p>6. Mailing Address  In Care Of <b>Name</b>  Street Number and Name  Apt. Ste. Flr. Number  City or Town  County  State  ZIP Code  Province or Region  Postal Code</p>

	Country ... A. Work Telephone Number (if any) ...	Country ... A. Work Telephone <b>Number</b> ...
<b>Page 7,  Part 8. Additional  Information</b>	<b>[Page 7]</b> ... If you need extra space to provide any additional information within this request, 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 request 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 <b>Page Number, Part Number, and Item Number</b> to which your answer refers; and sign and date each sheet. ... 2. A-Number (if any)	<b>[Page 7]</b> ... If you need extra space to provide any additional information within this request, 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 request or attach a separate sheet of paper. Type or print your name and <b>A-Number</b> at the top of each sheet; indicate the <b>Page Number, Part Number, and Item Number</b> to which your answer refers; and sign and date each sheet. ... 2. <b>A-Number</b>