



Petition to Remove Conditions on Residence

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-751
OMB No. 1615-0038
Expires 12/31/2019

For USCIS Use Only	Receipt		Action Block	Remarks
	Reloc Sent	Reloc Received		
	Date (mm/dd/yyyy) ____/____/____	Date (mm/dd/yyyy) ____/____/____		
	Date (mm/dd/yyyy) ____/____/____	Date (mm/dd/yyyy) ____/____/____		
<input type="checkbox"/> Petitioner interviewed on (mm/dd/yyyy) ____/____/____		<input type="checkbox"/> Approved under INA 216(c)(4)(C) Battered Spouse/Child		

To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <input type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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► **START HERE - Type or print in black ink.**

Part 1. Information About You, the Conditional Resident

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Other Names Used

List all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 11**.

Additional Information.

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

Other Information

4. Date of Birth (mm/dd/yyyy)

5. Country of Birth

6. Country of Citizenship or Nationality (provide all that apply)

7. Alien Registration Number (A-Number) (if any)
► A-

8. U.S. Social Security Number (if any)
►

9. USCIS Online Account Number (if any)
►

Marital Status

10. Marital Status
 Single Married Divorced Widowed

11. Date of Marriage (mm/dd/yyyy)

12. Place of Marriage

13. If the marriage through which you gained conditional residence has ended, provide the date it ended (date of divorce or date of death) (mm/dd/yyyy)

14. Conditional Residence Expires On (mm/dd/yyyy)

Part 1. Information About You, the Conditional Resident (continued)

Mailing Address

15.a. In Care Of Name

15.b. Street Number and Name

15.c. Apt. Ste. Flr.

15.d. City or Town

15.e. State

15.f. ZIP Code

16. Is your physical address different than your mailing address?

Yes No

If you answered "Yes" to **Item Number 16.**, provide your physical address below.

Physical Address

17.a. In Care Of Name

17.b. Street Number and Name

17.c. Apt. Ste. Flr.

17.d. City or Town

17.e. State

17.f. ZIP Code

Additional Information About You

18. Are you in removal, deportation, or rescission proceedings?

Yes No

19. Was a fee paid to anyone other than an attorney in connection with this petition?

Yes No

20. Have you ever been arrested, detained, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance (excluding traffic regulations), or committed any crime which you were not arrested in the United States or abroad?

Yes No

If you answered "Yes" to **Item Number 20.**, provide a detailed explanation in **Part 11. Additional Information** or on a separate sheet of paper, and refer to the **What Initial Evidence Is Required** section of the Form I-751 instructions to determine what criminal history document to include with your petition.

21. If you are married, is this a different marriage than the one through which you gained conditional resident status?

Yes No

22. Have you resided at any other address since you became a permanent resident?

Yes No

If you answered "Yes" to **Item Number 22.**, provide a list of all addresses where you have resided since becoming a permanent resident and the dates you resided at those locations in the space provided in **Part 11. Additional Information**.

23. Is your spouse or parent's spouse currently serving with or employed by the U.S. Government and serving outside the United States?

Yes No

Part 2. Biographic Information

1. Ethnicity (Select **only one** box)

Hispanic or Latino

Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

White

Asian

Black or African American

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

3. Height

Feet

Inches

4. Weight

Pounds

5. Eye Color (Select **only one** box)

Black

Blue

Brown

Gray

Green

Hazel

Maroon

Pink

Unknown/Other

6. Hair Color (Select **only one** box)

Bald (No hair)

Black

Blond

Brown

Gray

Red

Sandy

White

Unknown/Other

Part 3. Basis for Petition

Joint Filing

My conditional residence is based on my marriage or my parent's marriage to a U.S. citizen or lawful permanent resident, and I am filing this joint petition together with (Select **only one** box):

- 1.a. My spouse.
- 1.b. My parent's spouse because I am unable to be included in a joint petition filed by my parent and my parent's spouse.

OR (Select **all** applicable boxes in the next section.)

Waiver or Individual Filing Request

My conditional residence is based on my marriage or my parent's marriage to a U.S. citizen or lawful permanent resident, I am unable to file a joint petition with my spouse or my parent's spouse, because:

- 1.c. My spouse is deceased.
- 1.d. My marriage was entered in good faith, but the marriage was terminated through divorce or annulment.
- 1.e. I entered the marriage in good faith, and, during the marriage, I was battered, or was the subject of extreme cruelty, by my U.S. citizen or lawful permanent resident spouse.
- 1.f. My parent entered the marriage in good faith, and, during the marriage, I was battered, or was subjected to extreme cruelty, by my parent's U.S. citizen or lawful permanent resident spouse or by my conditional resident parent.
- 1.g. The termination of my status and removal from the United States would result in an extreme hardship.

Part 4. Information About the U.S. Citizen or Lawful Permanent Resident Spouse. If Filing as a Child Separately, Information About the U.S. Citizen or Lawful Permanent Resident Stepparent Through Whom You Gained Your Conditional Residence.

Relationship

- 1.a. Spouse or Former Spouse
- 1.b. Parent's Spouse or Former Spouse

Other Information

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 3. Date of Birth (mm/dd/yyyy)
- 4. U.S. Social Security Number (if any)
- 5. A-Number (if any)

Physical Address

- 6.a. Street Number and Name
- 6.b. Apt. Ste. Flr.
- 6.c. City or Town
- 6.d. State
- 6.e. ZIP Code
- 6.f. Province
- 6.g. Postal Code
- 6.h. Country

Part 5. Information About Your Children

Provide information on all of your children. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

Child 1

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name
- 2. Date of Birth (mm/dd/yyyy)
- 3. A-Number (if any)
- 4. Is this child living with you? Yes No
- 5. Is this child applying with you? Yes No

Part 5. Information About Your Children
(continued)

Physical Address

6.a. Street Number and Name

6.b. Apt. Ste. Flr.

6.c. City or Town

6.d. State 6.e. ZIP Code

6.f. Province

6.g. Postal Code

6.h. Country

Child 2

7.a. Family Name (Last Name)

7.b. Given Name (First Name)

7.c. Middle Name

8. Date of Birth (mm/dd/yyyy)

9. A-Number (if any) A-

10. Is this child living with you? Yes No

11. Is this child applying with you? Yes No

Physical Address

12.a. Street Number and Name

12.b. Apt. Ste. Flr.

12.c. City or Town

12.d. State 12.e. ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

Child 3

13.a. Family Name (Last Name)

13.b. Given Name (First Name)

13.c. Middle Name

14. Date of Birth (mm/dd/yyyy)

15. A-Number (if any) A-

16. Is this child living with you? Yes No

17. Is this child applying with you? Yes No

Physical Address

18.a. Street Number and Name

18.b. Apt. Ste. Flr.

18.c. City or Town

18.d. State 18.e. ZIP Code

18.f. Province

18.g. Postal Code

18.h. Country

Child 4

19.a. Family Name (Last Name)

19.b. Given Name (First Name)

19.c. Middle Name

20. Date of Birth (mm/dd/yyyy)

21. A-Number (if any) A-

22. Is this child living with you? Yes No

23. Is this child applying with you? Yes No

Part 5. Information About Your Children
(continued)

Physical Address

24.a. Street Number and Name

24.b. Apt. Ste. Flr.

24.c. City or Town

24.d. State 24.e. ZIP Code

24.f. Province

24.g. Postal Code

24.h. Country

Child 5

25.a. Family Name (Last Name)

25.b. Given Name (First Name)

25.c. Middle Name

26. Date of Birth (mm/dd/yyyy)

27. A-Number (if any) A-

28. Is this child living with you? Yes No

29. Is this child applying with you? Yes No

Physical Address

30.a. Street Number and Name

30.b. Apt. Ste. Flr.

30.c. City or Town

30.d. State 30.e. ZIP Code

30.f. Province

30.g. Postal Code

30.h. Country

Part 6. Accommodations for Individuals With Disabilities and/or Impairments

NOTE: Read the information in the Form I-751 Instructions before completing this part.

1. Are you requesting an accommodation because of your disabilities and/or impairments? Yes No
2. Are you requesting an accommodation because of your spouse's disabilities and/or impairments? Yes No
3. Are you requesting an accommodation because of your included children's disabilities and/or impairments? Yes No

If you answered "Yes" to **Item Numbers 1. - 3.**, select any applicable box for **Item Numbers 4.a. - 4.c.** Provide information on the disabilities and/or impairments for each person.

- 4.a. I am deaf or hard of hearing and request the following accommodation. (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).):
- 4.b. I am blind or have low vision and request the following accommodation:
- 4.c. I have another type of disability and/or impairment. (Describe the nature of your disability and/or impairment and the accommodation you are requesting.):

Part 7. Petitioner's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-751 Instructions before completing this **section**. You must file Form I-751 while in the United **States**.

Petitioner's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, **and I have** read and understand every question and instruction on this **petition and my** answer to every **question**.
- 1.b. The interpreter named in **Part 9**, read to me every question and instruction on this petition and my answer to every question in , a language in which I am **fluent, and I understood everything**.
- 2. **At my request, the preparer named in Part 10,** , prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

- 3. Petitioner's Daytime Telephone Number
- 4. Petitioner's Mobile Telephone Number (if any)
- 5. Petitioner's Email Address (if any)

Petitioner's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, **that I provided or authorized all of the information in my petition, I understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.**

Petitioner's Signature

- 6.a. Petitioner's Signature
- 6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your **petition**.

Part 8. Spouse's or Individual Listed in Part 4.'s Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-751 Instructions before completing this section. **You must file Form I-751 while in the United States.**

Spouse's or Individual's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, **and I have** read and understand every question and instruction on this **petition and** the petitioner's answer to every question.
- 1.b. The interpreter named in **Part 9**, read to me every question and instruction on this **petition and** the petitioner's answer to every **question in** , a language in which I am **fluent, and I understood everything**.
- 2. **At my request, the preparer named in Part 10,** , prepared this petition for me based only upon information I provided or authorized.

Spouse's or Individual's Contact Information

- 3. Spouse's or Individual's Daytime Telephone Number
- 4. Spouse's or Individual's Mobile Telephone Number (if any)
- 5. Spouse's or Individual's Email Address (if any)

Part 8. Spouse's or Individual Listed in Part 4.'s Statement, Contact Information, Certification, and Signature (continued)

Spouse's or Individual's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this petition, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my petition;
- 2) I understood all of the information contained in, and submitted with, my petition; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my petition, I understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Spouse's or Individual's Signature

6.a. Spouse's or Individual's Signature

6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL SPOUSES OR INDIVIDUALS: If you do not completely fill out this petition or fail to submit required documents listed in the instructions, USCIS may deny your petition.

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 7., Item Number 1.b.,** and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Certification,** and has verified the accuracy of every answer.

Part 9. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's **Mobile Telephone** Number (if any)

6. Preparer's Email Address (if any)

Preparer's Statement

7.a. I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.

7.b. I am an attorney or accredited representative and my representation of the petitioner in this case
 extends does not extend beyond the preparation of this petition.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Preparer's Certification

By my signature, I **certify, under** penalty of perjury, that I prepared this **petition at the request of the petitioner. The petitioner then reviewed this completed petition and informed me that he or she understands all of the information contained in, and submitted with, his or her petition, including the Petitioner's Certification, and that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner provided to me or authorized me to obtain or use.**

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

Part 11. Additional Information

If you need extra space to provide any additional information within this petition, 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 petition 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.

Your Full Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any)
A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. _____

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. _____

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d. _____

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