



# Application to Register Permanent Residence or Adjust Status

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

USCIS  
Form I-485  
OMB No. 1615-0023  
Expires 10/31/2020

For USCIS Use Only		
Preference Category:	Receipt	Action Block
Country Chargeable:		
Priority Date:		
Date Form I-693 Received:		
<input type="checkbox"/> Applicant Interviewed <input type="checkbox"/> Interview Waived Date of Initial Interview: _____ Lawful Permanent Resident as of: _____	<b>Section of Law</b> <input type="checkbox"/> INA 209(a) <input type="checkbox"/> INA 249 <input type="checkbox"/> INA 209(b) <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> INA 245(a) <input type="checkbox"/> Cuban Adjustment Act <input type="checkbox"/> INA 245(i) <input type="checkbox"/> Other _____ <input type="checkbox"/> INA 245(m)	

To be completed by an attorney or accredited representative (if any).			
<input type="checkbox"/> Select this box if Form G-28 is attached.	<b>Volag Number</b> (if any) <input type="text"/>	<b>Attorney State Bar Number</b> (if applicable) <input type="text"/>	<b>Attorney or Accredited Representative USCIS Online Account Number</b> (if any) <input type="text"/>

▶ **START HERE - Type or print in black ink.**

A-Number ▶ A-

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may deny your application.

### Part 1. Information About You (individual applying for lawful permanent residence)

*Your Current Legal Name (do not provide a nickname)*

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

### Other Names You Have Used Since Birth (if applicable)

**NOTE:** Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

#### 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

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

### Other Information About You

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

**NOTE:** In addition to providing your actual date of birth, include any other dates of birth you have used in connection with any legal names or non-legal names in the space provided in **Part 14. Additional Information.**

6. Gender  Male  Female

7. City or Town of Birth

**Part 1. Information About You** (Person applying for lawful permanent residence) (continued)

- 8. Country of Birth
- 9. Country of Citizenship or Nationality
- 10. Alien Registration Number (A-Number) (if any)
  - ▶ A-
- NOTE:** If you have **EVER** used other A-Numbers, include the additional A-Numbers in the space provided in **Part 14. Additional Information.**
- 11. USCIS Online Account Number (if any)
  - ▶
- 12. U.S. Social Security Number (if any)
  - ▶

**U.S. Mailing Address**

- 13.a. In Care Of Name (if any)
  - 13.b. Street Number and Name
  - 13.c.  Apt.  Ste.  Flr.
  - 13.d. City or Town
  - 13.e. State  13.f. ZIP Code
- [\(USPS ZIP Code Lookup\)](#)

**Alternate and/or Safe Mailing Address**

If you are applying based on the Violence Against Women Act (VAWA) or as a special immigrant juvenile, human trafficking victim (T nonimmigrant), or victim of qualifying criminal activity (U nonimmigrant) and you do not want USCIS to send notices about this application to your home, you may provide an alternative and/or safe mailing address.

- 14.a. In Care Of Name (if any)
- 14.b. Street Number and Name
- 14.c.  Apt.  Ste.  Flr.
- 14.d. City or Town
- 14.e. State  14.f. ZIP Code

**Recent Immigration History**

Provide the information for **Item Numbers 15. - 19.** if you last entered the United States using a passport or travel document.

- 15. Passport Number Used at Last Arrival
  - 16. Travel Document Number Used at Last Arrival
  - 17. Expiration Date of this Passport or Travel Document (mm/dd/yyyy)
  - 18. Country that Issued this Passport or Travel Document
  - 19. Nonimmigrant Visa Number from this Passport (if any)
- Place of Last Arrival into the United States

- 20.a. City or Town
- 20.b. State
- 21. Date of Last Arrival (mm/dd/yyyy)

When I last arrived in the United States, I:

- 22.a.  Was inspected at a port of entry and admitted as (for example, exchange visitor; visitor, waived through; temporary worker; student):
- 22.b.  Was inspected at a port of entry and paroled as (for example, humanitarian parole, Cuban parole):
- 22.c.  Came into the United States without admission or parole.
- 22.d.  Other:

If you were issued a Form I-94 Arrival-Departure Record Number:

- 23.a. Form I-94 Arrival-Departure Record Number
  - ▶
- 23.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy)
- 23.c. Status on Form I-94 (for example, class of admission, or paroled, if paroled)



**Part 1. Information About You** (Person applying for lawful permanent residence) (continued)

24. What is your current immigration status (if it has changed since your arrival)?

Provide your name exactly as it appears on your Form I-94 (if any)

25.a. Family Name (Last Name)

25.b. Given Name (First Name)

25.c. Middle Name

**Part 2. Application Type or Filing Category**

1. I am filing this Form I-485 as a (select **only one** box):

- Principal applicant
- Derivative applicant

**NOTE:** Attach a copy of the Form I-797 receipt or approval notice for the underlying petition or application, as appropriate.

**I am applying** as a principal or derivative applicant to register lawful permanent residence or adjust status to that of a lawful permanent resident based on the following immigrant category (select **only one** category). (See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

**Family-based**

- 2.a.  Immediate relative spouse of a U.S. citizen, parent of a U.S. citizen if the U.S. citizen is 21 years of age or older, and unmarried child under 21 years of age of a U.S. citizen, Form I-130
- 2.b.  Other relative of a U.S. citizen or relative of a lawful permanent resident under the family-based preference categories, Form I-130
- 2.c.  Individual admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen, Form I-129F (K-1/K-2 Nonimmigrant)
- 2.d.  Widow or widower of a U.S. citizen, Form I-360
- 2.e.  VAWA self-petitioner, Form I-360
- 2.f.  Spouse, child, or parent of a deceased U.S. active duty service member in the armed forces under the National Defense Authorization Act (NDAA), Form I-130 or Form I-360

**Employment-based**

- 3.a.  Alien worker, Form I-140 (if you select this box, you must answer **Item Number 9.a.**)
- 3.b.  Alien entrepreneur, Form I-526

**Special Immigrant**

- 4.a.  Religious worker, Form I-360
- 4.b.  Special immigrant juvenile, Form I-360
- 4.c.  Certain Afghan or Iraqi national, Form I-360
- 4.d.  Certain international broadcaster, Form I-360
- 4.e.  Certain G-4 international organization or family member or NATO-6 employee or family member, Form I-360
- 4.f.  Certain U.S. armed forces members (also known as the Six and Six program), Form I-360
- 4.g.  Panama Canal Zone employees, Form I-360
- 4.h.  Certain Physicians, Form I-360
- 4.i.  Certain employee or former employee of the U.S. Government abroad, Form I-360

**Asylee or Refugee**

- 5.a.  Asylum status (INA section 208), Form I-589 or Form I-730
- 5.b.  Refugee status (INA section 207), Form I-590 or Form I-730

**Human Trafficking Victim or Victim of Qualifying Criminal Activity**

- 6.a.  Human trafficking victim (T Nonimmigrant), Form I-914 or derivative family member, Form I-914A
- 6.b.  Victim of Qualifying Criminal Activity (U Nonimmigrant), Form I-918, derivative family member, Form I-918A, or qualifying family member, Form I-929



**Part 2. Application Type or Filing Category**  
(continued)

**Special Programs Based on Certain Public Laws**

- 7.a.  Applicant adjusting under the Cuban Adjustment Act
- 7.b.  Applicant adjusting under the Cuban Adjustment Act for battered spouses and children
- 7.c.  Applicant adjusting based on dependent status under the Haitian Refugee Immigrant Fairness Act
- 7.d.  Applicant adjusting based on dependent status under the Haitian Refugee Immigrant Fairness Act for battered spouses and children
- 7.e.  Lautenberg Parolees
- 7.f.  Diplomats or high ranking officials unable to return home (Section 13 of the Act of September 11, 1957)
- 7.g.  Applicant adjusting under the Indochinese Parole Adjustment Act of 2000
- 7.h.  Applicant adjusting under the Amerasian Act (October 22, 1982), Form I-360

**Additional Options**

- 8.a.  Diversity Visa program
- 8.b.  Continuous residence in the United States since before January 1, 1972 ("Registry")
- 8.c.  Individual born in the United States under diplomatic status
- 8.d.  S nonimmigrants and qualifying family members (only law enforcement agencies can file Form I-485 for someone in this category.)
- 8.e.  Other eligibility (see the Form I-485 Instructions, **Who May Form I-485, Item Number 3. Other Immigrant Categories** for examples)

**Additional Alien Worker Information**

Answer **Item Number 9.a.** only if you selected **Item Number 3.a.** "Alien worker, Form I-140."

- 9.a. Did a relative file the associated Form I-140 for you or does a relative have a significant ownership interest (five percent or more) in the business that filed Form I-140 for you? (The relative must be your husband, wife, father, mother, child, adult son, adult daughter, brother, or sister.)  
 Yes  No

If you answered "Yes" to **Item Number 9.a.**, answer **Item Numbers 9.b. - 9.c.** If you answered "No," skip to **Item Number 10.**

- 9.b. How is your relative related to you?  
 Brother or sister  
 Husband, wife, father, mother, child, adult son, or adult daughter
- 9.c. This relative is a:  
 U.S. citizen  
 U.S. national  
 Lawful permanent resident  
 None of the above
- 10. Regardless of the immigrant category you are adjusting under, do you hold:  
VAWA self-petitioner status  Yes  No  
Victim of Qualifying Criminal Activity (U nonimmigrant) status  Yes  No  
Human trafficking victim (T nonimmigrant) status  Yes  No

**INA Section 245(i)**

- 11. Are you applying for adjustment based on the Immigration and Nationality Act (INA) section 245(i)?  
 Yes  No

**NOTE:** If you answered "Yes" to **Item Number 11.**, you must have selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 2.a. - 8.e.** as the basis for your application for adjustment of status. Fill out the rest of this application **AND** Supplement A to Form I-485, Adjustment of Status Under Section 245(i) (Supplement A). For detailed filing instructions, read the Form I-485 Instructions (including any **Additional Instructions** that relate to the immigrant category that you selected in **Item Numbers 2.a. - 8.e.**) and Supplement A Instructions.

**Information About Your Immigrant Category**

If you are the **principal applicant**, provide the following information.

- 12. Receipt Number of Underlying Petition (if any)
- 13. Priority Date from Underlying Petition (if any) (mm/dd/yyyy)



**Part 2. Application Type or Filing Category**  
(continued)

If you are a **derivative applicant** (the spouse or unmarried child under 21 years of age of a principal applicant), provide the following information for the **principal applicant**.

Principal Applicant's Name

**14.a.** Family Name (Last Name)

**14.b.** Given Name (First Name)

**14.c.** Middle Name

**15.** Principal Applicant's A-Number (if any)  
► A-

**16.** Principal Applicant's Date of Birth (mm/dd/yyyy)

**17.** Receipt Number of Principal's Underlying Petition (if any)  
►

**18.** Priority Date of Principal Applicant's Underlying Petition (if any) (mm/dd/yyyy)

**Part 3. Additional Information About You**

**1.** Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad?  Yes  No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2.a. - 4.** below. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

Location of U.S. Embassy or U.S. Consulate

**2.a.** City

**2.b.** Country

**3.** Decision (for example, approved, refused, denied, withdrawn)

**4.** Date of Decision (mm/dd/yyyy)

**Address History**

Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

Physical Address 1 (current address)

**5.a.** Street Number and Name

**5.b.**  Apt.  Ste.  Flr.

**5.c.** City or Town

**5.d.** State  **5.e.** ZIP Code

**5.f.** Province

**5.g.** Postal Code

**5.h.** Country

Dates of Residence

**6.a.** From (mm/dd/yyyy)

**6.b.** To (mm/dd/yyyy)

Physical Address 2

**7.a.** Street Number and Name

**7.b.**  Apt.  Ste.  Flr.

**7.c.** City or Town

**7.d.** State  **7.e.** ZIP Code

**7.f.** Province

**7.g.** Postal Code

**7.h.** Country



**Part 3. Additional Information About You**  
(continued)

Dates of Residence

8.a. From (mm/dd/yyyy)

8.b. To (mm/dd/yyyy)

Provide your most recent address outside the United States where you lived for more than one year (if not already listed above).

9.a. Street Number and Name

9.b.  Apt.  Ste.  Flr.

9.c. City or Town

9.d. State  9.e. ZIP Code

9.f. Province

9.g. Postal Code

9.h. Country

Dates of Residence

10.a. From (mm/dd/yyyy)

10.b. To (mm/dd/yyyy)

**Employment History**

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**.

Employer 1 (current or most recent)

11. Name of Employer or Company

Address of Employer or Company

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

13. Your Occupation

Dates of Employment

14.a. From (mm/dd/yyyy)

14.b. To (mm/dd/yyyy)

Employer 2

15. Name of Employer or Company

Address of Employer or Company

16.a. Street Number and Name

16.b.  Apt.  Ste.  Flr.

16.c. City or Town

16.d. State  16.e. ZIP Code

16.f. Province

16.g. Postal Code

16.h. Country

17. Your Occupation

Dates of Employment

18.a. From (mm/dd/yyyy)

18.b. To (mm/dd/yyyy)



**Part 3. Additional Information About You**  
(continued)

Provide your most recent employment outside of the United States (if not already listed above).

19. Name of Employer or Company

Address of Employer or Company

20.a. Street Number and Name

20.b.  Apt.  Ste.  Flr.

20.c. City or Town

20.d. State  20.e. ZIP Code

20.f. Province

20.g. Postal Code

20.h. Country

21. Your Occupation

Dates of Employment

22.a. From (mm/dd/yyyy)

22.b. To (mm/dd/yyyy)

**Part 4. Information About Your Parents**

**Information About Your Parent 1**

Parent 1's Legal Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Parent 1's Name at Birth (if different than above)

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

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

4. Gender  Male  Female

5. City or Town of Birth

6. Country of Birth

7. Current City or Town of Residence (if living)

8. Current Country of Residence (if living)

**Information About Your Parent 2**

Parent 2's Legal Name

9.a. Family Name (Last Name)

9.b. Given Name (First Name)

9.c. Middle Name

Parent 2's Name at Birth (if different than above)

10.a. Family Name (Last Name)

10.b. Given Name (First Name)

10.c. Middle Name

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

12. Gender  Male  Female

13. City or Town of Birth

14. Country of Birth

15. Current City or Town of Residence (if living)

16. Current Country of Residence (if living)





**Part 5. Information About Your Marital History**

- 1. What is your current marital status?  
 Single, Never Married    Married    Divorced  
 Widowed    Marriage Annulled  
 Legally Separated
- 2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard?  
 N/A    Yes    No
- 3. How many times have you been married (including annulled marriages and marriages to the same individual)?

**Information About Your Current Marriage**  
(including if you are legally separated)

If you are currently married, provide the following information about your current spouse.

Current Spouse's Legal Name

- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name
- 5. A-Number (if any) ► A-
- 6. Current Spouse's Date of Birth (mm/dd/yyyy)
- 7. Date of Marriage to Current Spouse (mm/dd/yyyy)

Current Spouse's Place of Birth

- 8.a. City or Town
- 8.b. State or Province
- 8.c. Country

Place of Marriage to Current Spouse

- 9.a. City or Town
- 9.b. State or Province
- 9.c. Country
- 10. Is your current spouse applying with you?  Yes    No

**Information About Prior Marriages (if any)**

If you have been married before, whether in the United States or in any other country, provide the following information about your prior spouse. If you have had more than one previous marriage, use the space provided in **Part 14. Additional Information** to provide the information below.

Prior Spouse's Legal Name (provide family name before marriage)

- 11.a. Family Name (Last Name)
- 11.b. Given Name (First Name)
- 11.c. Middle Name
- 12. Prior Spouse's Date of Birth (mm/dd/yyyy)
- 13. Date of Marriage to Prior Spouse (mm/dd/yyyy)

Place of Marriage to Prior Spouse

- 14.a. City or Town
- 14.b. State or Province
- 14.c. Country
- 15. Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)





**Part 5. Information About Your Marital History**  
(continued)

Place Where Marriage with Prior Spouse Legally Ended

16.a. City or Town

16.b. State or Province

16.c. Country

**Part 6. Information About Your Children**

1. Indicate the total number of ALL living children (including adult sons and daughters) that you have.

**NOTE:** The term “children” includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

Provide the following information for each of your children. If you have more than three children, use the space provided in **Part 14. Additional Information.**

Child 1

Current Legal Name

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3. A-Number (if any) ► A-

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

5. Country of Birth

6. Is this child applying with you?  Yes  No

Child 2

Current Legal Name

7.a. Family Name (Last Name)

7.b. Given Name (First Name)

7.c. Middle Name

8. A-Number (if any) ► A-

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

10. Country of Birth

11. Is this child applying with you?  Yes  No

Child 3

Current Legal Name

12.a. Family Name (Last Name)

12.b. Given Name (First Name)

12.c. Middle Name

13. A-Number (if any) ► A-

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

15. Country of Birth

16. Is this child applying with you?  Yes  No

**Part 7. 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



**Part 7. Biographic Information (continued)**

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 8. General Eligibility and Inadmissibility Grounds**

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world including any military service?  Yes  No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 13.b.** below. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.** If you answered "No," but are unsure of your answer, provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information.**

Organization 1

2. Name of Organization
- 3.a. City or Town
- 3.b. State or Province
- 3.c. Country
4. Nature of Group

Dates of Membership or Dates of Involvement

- 5.a. From (mm/dd/yyyy)
- 5.b. To (mm/dd/yyyy)

Organization 2

6. Name of Organization
- 7.a. City or Town
- 7.b. State or Province
- 7.c. Country
8. Nature of Group

Dates of Membership or Dates of Involvement

- 9.a. From (mm/dd/yyyy)
- 9.b. To (mm/dd/yyyy)

Organization 3

10. Name of Organization
- 11.a. City or Town
- 11.b. State or Province
- 11.c. Country
12. Nature of Group

Dates of Membership or Dates of Involvement

- 13.a. From (mm/dd/yyyy)
- 13.b. To (mm/dd/yyyy)

















**Part 8. General Eligibility and Inadmissibility Grounds (continued)**

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

**73.a.** Having been unlawfully present in the United States for more than one year in the aggregate?  Yes  No

**73.b.** Having been deported, excluded, or removed from the United States?  Yes  No

**Miscellaneous Conduct**

**74.** Do you plan to practice polygamy in the United States?  Yes  No

**75.** Are you accompanying another foreign national who requires your protection or guardianship but who is inadmissible after being certified by a medical officer as being helpless from sickness, physical or mental disability, or infancy, as described in INA section 232(c)?  Yes  No

**76.** Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a U.S. citizen who has been granted custody of the child?  Yes  No

**77.** Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States?  Yes  No

**78.** Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States?  Yes  No

Have you **EVER**:

**79.a.** Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are a foreign national?  Yes  No

**79.b.** Been relieved or discharged from such training or service on the ground that you are a foreign national?  Yes  No

**79.c.** Been convicted of desertion from the U.S. armed forces?  Yes  No

**80.a.** Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency?  Yes  No

**80.b.** If your answer to **Item Number 80.a.** is "Yes," what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

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**Part 9. Accommodations for Individuals With Disabilities and/or Impairments**

**NOTE:** Read the information in the Form I-485 Instructions before completing this part.

**1.** Are you requesting an accommodation because of your disabilities and/or impairments?  Yes  No

If you answered "Yes" to **Item Number 1.**, select any applicable box in **Item Numbers 2.a. - 2.c.** and provide an answer.

**2.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).):

--

**2.b.**  I am blind or have low vision and request the following accommodation:

--

**2.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 10. Applicant's Statement, Contact Information, Certification, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-485 Instructions before completing this part. You must file Form I-485 while in the United States.



**Part 10. Applicant's Statement, Contact Information, Certification, and Signature**  
(continued)

***Applicant'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 application and my answer to every question.
- 1.b.  The interpreter named in **Part 11.** read to me every question and instruction on this application 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 12.**, , prepared this application for me based only upon information I provided or authorized.

***Applicant's Contact Information***

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

***Applicant'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 understand that if I am a male who is 18 to 26 years of age, submitting this application will automatically register me with the Selective Service System as required by the Military Selective Service Act.

I furthermore authorize release of information contained in this application, 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 certify**, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

***Applicant's Signature***

- 6.a. Applicant's Signature (sign in ink)
- 6.b. Date of Signature (mm/dd/yyyy)

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

**Part 11. 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



**Part 11. Interpreter's Contact Information, Certification, and Signature (continued)**

**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 10., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

- 7.a. Interpreter's Signature (sign in ink)
- 7.b. Date of Signature (mm/dd/yyyy)

**Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**

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 application on behalf of the applicant and with the applicant's consent.
- 7.b.  I am an attorney or accredited representative and my representation of the applicant in this case  extends  does not extend beyond the preparation of this application.

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



**Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**  
(continued)

**Preparer's Certification**

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

**Preparer's Signature**

**8.a.** Preparer's Signature (sign in ink)

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

**NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.**

**Part 13. Signature at Interview**

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the corrections made to this application, **numbered**  **through** , are complete, true, and correct. All additional pages submitted by me with this Form I-485, **on numbered pages**  **through**  are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)

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05/15/2020



**Part 14. 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 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.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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