**TABLE OF CHANGES –FORM**

**Form I-589, Application for Asylum and for Withholding of Removal**

**OMB Number: 1615-0067**

**05/18/2020**

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| **Reason for Revision:** Biometrics Revision**Project Phase:** NPRMLegend for Proposed Text:* Black font = Current text
* Red font = Changes

Expires 05/31/2019Edition Date 5/16/2017 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **New** |  | **[page 2]****Part A.II. Biographic Information****1.**  Ethnicity (Select **only one** box)Hispanic or LatinoNot Hispanic or Latino**2.**  Race (Select **all applicable** boxes)American Indian or Alaska NativeAsianBlack or African AmericanNative Hawaiian or Other Pacific IslanderWhite**3.**  Height  Feet\_\_ Inches \_\_**4.**  Weight    Pounds \_ ­\_ \_**5.**  Eye Color (Select **only one** box)BlackBlueBrownGrayGreenHazelMaroonPinkUnknown/Other**6.**  Hair Color (Select **only one** box)Bald (No hair)BlackBlondBrownGrayRedSandyWhiteUnknown/Other |
| **Pages 2-3,****Part A.II. Information About Your Spouse and Children** | **[page 2]****Part A.II. Information About Your Spouse and Children****…****24.** If in the U.S., is your spouse to be included in this application? *(Check the appropriate box.)*Yes *(Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)*No**Your Children.** List **all** of your children, regardless of age, location, or marital status.I do not have any children. *(Skip to Part A.III.,* ***Information about your background.****)*I have children. Total number of children: ­­**…****21.** If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*Yes *(Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)*No**…****[Page 3]****21.** If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*Yes *(Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)*No**…****21.** If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*Yes *(Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)*No**…****21.** If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*Yes *(Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)*No | **[page 2]****Part A.III. Information About Your Spouse and Children****…****24.** If in the U.S., is your spouse to be included in this application? *(Check the appropriate box.)*Yes *(Attach one photograph of your spouse in the upper right corner of Page 11 on the extra copy of the application submitted for this person, and provide the information requested in Item Numbers 25. to 30.)*No**Your Spouse’s Biographic Information** (Provide this information if you answered “Yes” to Item Number 24.)**25.**  Ethnicity (Select **only one** box)Hispanic or LatinoNot Hispanic or Latino**26.**  Race (Select **all applicable** boxes)American Indian or Alaska NativeAsianBlack or African AmericanNative Hawaiian or Other Pacific IslanderWhite**27.**  Height  Feet\_\_ Inches \_\_**28.**  Weight    Pounds \_ ­\_ \_**29.**  Eye Color (Select **only one** box)BlackBlueBrownGrayGreenHazelMaroonPinkUnknown/Other**30.**  Hair Color (Select **only one** box)Bald (No hair)BlackBlondBrownGrayRedSandyWhiteUnknown/Other**Your Children.** List **all** of your children, regardless of age, location, or marital status.I do not have any children. *(Skip to Part A.VI.,* ***Information about your background.****)*I have children. Total number of children:**…****[Page 3]****21.** If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*Yes *(Attach one photograph of your child in the upper right corner of Page 11 on the extra copy of the application submitted for this person, and provide the information requested in Item Numbers 22. to 27.)*No…**Your Child’s Biographic Information** (Provide this information if you answered “Yes” to Item Number 21.)**22.**  Ethnicity (Select **only one** box)Hispanic or LatinoNot Hispanic or Latino**23.**  Race (Select **all applicable** boxes)American Indian or Alaska NativeAsianBlack or African AmericanNative Hawaiian or Other Pacific IslanderWhite**24.**  Height  Feet\_\_ Inches \_\_**25.**  Weight    Pounds \_ ­\_ \_**26.**  Eye Color (Select **only one** box)BlackBlueBrownGrayGreenHazelMaroonPinkUnknown/Other**27.**  Hair Color (Select **only one** box)Bald (No hair)BlackBlondBrownGrayRedSandyWhiteUnknown/Other**[Page 4]****21.** If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*Yes *(Attach one photograph of your child in the upper right corner of Page 11 on the extra copy of the application submitted for this person, and provide the information requested in Item Numbers 22. to 27.)*No**Your Child’s Biographic Information** (Provide this information if you answered “Yes” to Item Number 21.)**22.**  Ethnicity (Select **only one** box)Hispanic or LatinoNot Hispanic or Latino**23.**  Race (Select **all applicable** boxes)American Indian or Alaska NativeAsianBlack or African AmericanNative Hawaiian or Other Pacific IslanderWhite**24.**  Height  Feet\_\_ Inches \_\_**25.**  Weight    Pounds \_ ­\_ \_**26.**  Eye Color (Select **only one** box)BlackBlueBrownGrayGreenHazelMaroonPinkUnknown/Other**27.**  Hair Color (Select **only one** box)Bald (No hair)BlackBlondBrownGrayRedSandyWhiteUnknown/Other**…****21.** If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*Yes *(Attach one photograph of your child in the upper right corner of Page 11 on the extra copy of the application submitted for this person, and provide the information requested in Item Numbers 22. to 27.)*No**Your Child’s Biographic Information** (Provide this information if you answered “Yes” to Item Number 21.)**22.**  Ethnicity (Select **only one** box)Hispanic or LatinoNot Hispanic or Latino**23.**  Race (Select **all applicable** boxes)American Indian or Alaska NativeAsianBlack or African AmericanNative Hawaiian or Other Pacific IslanderWhite**24.**  Height  Feet\_\_ Inches \_\_**25.**  Weight    Pounds \_ ­\_ \_**26.**  Eye Color (Select **only one** box)BlackBlueBrownGrayGreenHazelMaroonPinkUnknown/Other**27.**  Hair Color (Select **only one** box)Bald (No hair)BlackBlondBrownGrayRedSandyWhiteUnknown/Other**…****[Page 5]****21.** If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*Yes *(Attach one photograph of your child in the upper right corner of Page 11 on the extra copy of the application submitted for this person, and provide the information requested in Item Numbers 22. to 27.)*No**Your Child’s Biographic Information** (Provide this information if you answered “Yes” to Item Number 21.)**22.**  Ethnicity (Select **only one** box)Hispanic or LatinoNot Hispanic or Latino**23.**  Race (Select **all applicable** boxes)American Indian or Alaska NativeAsianBlack or African AmericanNative Hawaiian or Other Pacific IslanderWhite**24.**  Height  Feet\_\_ Inches \_\_**25.**  Weight    Pounds \_ ­\_ \_**26.**  Eye Color (Select **only one** box)BlackBlueBrownGrayGreenHazelMaroonPinkUnknown/Other**27.**  Hair Color (Select **only one** box)Bald (No hair)BlackBlondBrownGrayRedSandyWhiteUnknown/Other  |
| **Page 4,****Part A.III. Information About Your Background** | **[page 4]****Part A.III. Information About Your Background****…** | **[page 5]****Part A.IV. Information About Your Background****…** |
| **Page 9,****Part D. Your Signature** | **[page 9]****…*****WARNING:* Applicants who are in the United States unlawfully are subject to removal if their asylum or withholding claims are not granted by an asylum officer or an immigration judge. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, removal proceedings even if the application is later withdrawn. Applicants determined to have knowingly made a frivolous application for asylum will be permanently ineligible for any benefits under the Immigration and Nationality Act. You may not avoid a frivolous finding simply because someone advised you to provide false information in your asylum application. If filing with USCIS, unexcused failure to appear for an appointment to provide biometrics (such as fingerprints) and your biographical information within the time allowed may result in an asylum officer dismissing your asylum application or referring it to an immigration judge. Failure without good cause to provide DHS with biometrics or other biographical information while in removal proceedings may result in your application being found abandoned by the immigration judge. See sections 208(d)(5)(A) and 208(d)(6) of the INA and 8 CFR sections 208.10, 1208.10, 208.20, 1003.47(d) and 1208.20.****…** | **[page 11]****…*****WARNING:* Applicants who are in the United States unlawfully are subject to removal if their asylum or withholding claims are not granted by an asylum officer or an immigration judge. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, removal proceedings even if the application is later withdrawn. Applicants determined to have knowingly made a frivolous application for asylum will be permanently ineligible for any benefits under the Immigration and Nationality Act. You may not avoid a frivolous finding simply because someone advised you to provide false information in your asylum application. If filing with USCIS, unexcused failure to appear for an appointment to provide biometrics and your biographical information within the time allowed may result in an asylum officer dismissing your asylum application or referring it to an immigration judge. Failure without good cause to provide DHS with biometrics or other biographical information while in removal proceedings may result in your application being found abandoned by the immigration judge. See sections 208(d)(5)(A) and 208(d)(6) of the INA and 8 CFR sections 208.10, 1208.10, 208.20, 1003.47(d) and 1208.20.****…** |
| **Page 11,****Supplement A, List All of Your Children, Regardless of Age or Marital Status** | **[Page 11]****List All of Your Children, Regardless of Age or Marital Status**…**21.** If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*Yes *(Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)*No**…****21.** If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*Yes *(Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)*No | **[Page 13]****List All of Your Children, Regardless of Age or Marital Status**…**21.** If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*Yes *(Attach one photograph of your child in the upper right corner of Page 11 on the extra copy of the application submitted for this person, and provide the information requested in Item Numbers 22. to 27.)*No**Your Child’s Biographic Information** (Provide this information if you answered “Yes” to Item Number 21.)**22.**  Ethnicity (Select **only one** box)Hispanic or LatinoNot Hispanic or Latino**23.**  Race (Select **all applicable** boxes)American Indian or Alaska NativeAsianBlack or African AmericanNative Hawaiian or Other Pacific IslanderWhite**24.**  Height  Feet\_\_ Inches \_\_**25.**  Weight    Pounds \_ ­\_ \_**26.**  Eye Color (Select **only one** box)BlackBlueBrownGrayGreenHazelMaroonPinkUnknown/Other**27.**  Hair Color (Select **only one** box)Bald (No hair)BlackBlondBrownGrayRedSandyWhiteUnknown/Other**…****21.** If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*Yes *(Attach one photograph of your child in the upper right corner of Page 11 on the extra copy of the application submitted for this person, and provide the information requested in Item Numbers 22. to 27.)*No**Your Child’s Biographic Information** (Provide this information if you answered “Yes” to Item Number 21.)**22.**  Ethnicity (Select **only one** box)Hispanic or LatinoNot Hispanic or Latino**23.**  Race (Select **all applicable** boxes)American Indian or Alaska NativeAsianBlack or African AmericanNative Hawaiian or Other Pacific IslanderWhite**24.**  Height  Feet\_\_ Inches \_\_**25.**  Weight    Pounds \_ ­\_ \_**26.**  Eye Color (Select **only one** box)BlackBlueBrownGrayGreenHazelMaroonPinkUnknown/Other**27.**  Hair Color (Select **only one** box)Bald (No hair)BlackBlondBrownGrayRedSandyWhiteUnknown/Other |