



Application to Adjust Status From Temporary to Permanent Resident (Under Section 245A of the INA)

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

USCIS
Form I-698
OMB No. 1615-0035
Expires 04/30/2021

For USCIS Use Only	Applicant Interviewed	Receipt	Action Block
	Date: _____		
	Date of Adjustment		
	Date: _____	Remarks	

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

Part 1. Information About You

1. Full Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

2. Name as it Appears on Your Employment Authorization Document (Form I-766)

A. Family Name (Last Name)	Given Name (First Name)	Middle Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

B. Provide the reason for a difference in the names, if any (marriage, divorce, etc.)

3. Any Other Names Used

A. Family Name (Last Name)	Given Name (First Name)	Middle Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

B. Family Name (Last Name)	Given Name (First Name)	Middle Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

4. A. If your native alphabet does not use Roman letters, type or print your name in your native alphabet.

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

B. Language of Your Native Alphabet

5. U.S. Mailing Address [\(USPS ZIP Code Lookup\)](#)

In Care Of Name

Street Number and Name	Apt.	Ste.	Flr.	Number
<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>

City or Town	State	ZIP Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

6. Is your current U.S. mailing address the same as your U.S. physical address? Yes No

If you answered "No," provide your U.S. physical address in **Item Number 7.**

Part 1. Information About You (continued)

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7. U.S. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

8. Alien Registration Number (A-Number) (if any) 9. U.S. Social Security Number (if any)

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

11. Gender

Male Female

12. Place of Birth

City or Town

Province or Foreign State

Country

13. Country of Citizenship or Nationality

14. Mother's First Name

15. Father's First Name

16. Marital Status Single (Never Married) Married Divorced or Separated Widowed

17. List absences from the United States since becoming a temporary resident. List the most recent absence first. If you have a single absence that exceeded **30 days** or if the total of all of your absences exceeds **90 days**, explain using the space provided in **Part 8. Additional Information** or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of the sheet; indicate the **Page Number, Part Number, and Item Number** to which your answer refers; and sign and date each sheet.

Country	Purpose of Trip	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Total Days Absent

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. Eligibility Standards

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1. You are required to have a minimal understanding of standard English and a knowledge and understanding of the history and Government of the United States. Select the appropriate box in **Item A.** or **B.** below.
- A.** I will satisfy these requirements through:
- An examination at the time of interview for lawful permanent residence; or
 - Satisfactory pursuit of a course of study recognized by the Secretary of Homeland Security (Secretary).
- B.** I have satisfied these requirements by:
- Satisfactory pursuit of a course of study recognized by the Secretary (attach appropriate documentation); or
 - An exemption because I am 65 years of age or older, under 16 years of age, or I am physically unable to comply. (If you are physically unable to comply, explain and attach relevant documentation.)

Answer **Item Numbers 2. - 29.** If you answer "Yes" to any of the questions, provide a complete explanation using the space provided in **Part 8. Additional Information** 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. Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for lawful permanent residence.

2. Have you **EVER** assisted in the persecution of any person or persons on account of race, religion, political opinion, nationality, or membership in a particular social group? Yes No
3. Have you **EVER** been treated for a mental disorder, drug addiction, or alcoholism? Yes No
4. Have you **EVER** committed a crime or offense for which you were **not** arrested? Yes No
5. Have you **EVER** been arrested, cited, or detained by any law enforcement officer (including Immigration and Customs Enforcement (ICE), Customs and Border Protection (CBP), former Immigration and Naturalization Service (INS), and/or military officers) for any reason? Yes No
6. Have you **EVER** been charged with committing any crime or offense? Yes No
7. Have you **EVER** been convicted of a crime or offense? Yes No
8. Have you **EVER** been in jail or prison? Yes No
9. Have you **EVER** been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)? Yes No
10. Have you **EVER** received a suspended sentence, been placed on probation, or been paroled? Yes No
11. **A.** Have you, or a dependent member of your immediate family, **EVER** received public assistance from any source, including, but not limited to, the U.S. Government, any state, county, city, or municipality? Yes No
- B.** If "Yes," provide the names of the recipients and their U.S. Social Security Numbers below.

Full Name of Recipient (Family Name, Given Name, Middle Name)	U.S. Social Security Number																				
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12. Have you **EVER**:
- A.** Within the past 10 years been a prostitute, procured anyone for prostitution, or intend to engage in such activities in the future? Yes No
- B.** Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes No
- C.** Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes No
- D.** Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes No

Part 3. Eligibility Standards (continued)

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13. Have you **EVER** engaged in, conspired to engage in, do you intend to engage in, or have you **EVER** solicited membership or funds for, or have you **EVER** through any means assisted or provided any type of material support to any person or organization that has **EVER** engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity? Yes No
14. Do you intend to engage in the United States in:
- A. Espionage? Yes No
 - B. Any activity, a purpose of which, is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means? Yes No
 - C. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes No
15. Have you **EVER** been a member of, or in any way affiliated with, a Communist Party or any other totalitarian party? Yes No
16. Did you **EVER**, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion? Yes No
17. Have you **EVER** claimed to be a United States citizen in writing or any other way? Yes No
18. Have you **EVER** been deported from the United States, removed from the United States at government expense, excluded within the past year, or are you **NOW**, or have you **EVER** been in exclusion, deportation, removal, or rescission proceedings? Yes No
19. Are you **NOW** under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act (INA) for use of fraudulent documents or have you **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa, other documentation, entry into the United States, or any immigration benefit? Yes No
20. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces? Yes No
21. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? Yes No
22. Are you **NOW** withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? Yes No
23. Do you plan to practice polygamy in the United States? Yes No
24. Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- A. Acts involving torture or genocide? Yes No
 - B. Killing any person? Yes No
 - C. Intentionally and severely injuring any person? Yes No
 - D. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes No
 - E. Limiting or denying any person's ability to exercise religious beliefs? Yes No
25. Have you **EVER**:
- A. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? Yes No
 - B. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No

Part 3. Eligibility Standards (continued)

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- 26. Have you **EVER** been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes No
- 27. Have you **EVER** assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person? Yes No
- 28. Have you **EVER** received any type of military, paramilitary or weapons training? Yes No
- 29. Have you **EVER**:
 - A. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? Yes No
 - B. Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat? Yes No

Part 4. Accommodations for Individuals With Disabilities and Impairments (Read the information in the Form I-698 instructions before completing this part.)

- 1. Are you requesting an accommodation because of your disabilities and/or impairments? Yes No
If you answered "Yes," Select all applicable boxes.
 - A. I am deaf or hard of hearing and request the following accommodations (if you are requesting a sign-language interpreter, indicate for which language (e.g., American Sign Language)):

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 - B. I am blind or have low vision and request the following accommodations:

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 - C. I have another type of disability and/or impairment (describe the nature of your disabilities and/or impairments and the accommodations you are requesting):

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Part 5. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-698 Instructions before completing this section.

Applicant's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, **select** the box for **Item Number 2.**

- 1. Applicant's Statement Regarding the Interpreter
 - 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.
 - B. The interpreter named in **Part 6.** **read** to me every question and instruction on this **application and** my answer to every question, in

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, a language in which I am **fluent, and I understood everything.**
- 2. Applicant's Statement Regarding the Preparer
 - At my request, the preparer named in Part 7.,**

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, prepared this application for me based only upon information I provided or authorized.

Part 5. Applicant's Statement, Contact Information, ASC Acknowledgement, Certification, and Signature (continued)

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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 I seek.

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 I provided or authorized all of the information in my application, I 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. Applicant's Signature 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 6. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

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

Interpreter's Mailing Address

- 3. Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province Postal Code Country

Part 6. Interpreter's Contact Information, Certification, and Signature
(continued)

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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 5., Item B. in Item Number 1.; 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. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 7. 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. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2. Preparer's Business or Organization (if any)

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province Postal Code Country

Part 8. 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. Include 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. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number (if any) ▶ A-

3. A. Page Number B. Part Number C. Item Number

D.

4. A. Page Number B. Part Number C. Item Number

D.

5. A. Page Number B. Part Number C. Item Number

D.

6. A. Page Number B. Part Number C. Item Number

D.

