



Application for Relief Under Former Section 212(c) of the Immigration and Nationality Act (INA)

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

USCIS
Form I-191
OMB No. 1615-0016
Expires 02/28/2021

For USCIS Use Only	Date		Fee Stamp		Action Block		
	RECEIVED	TRANS IN	RETD/TRANS OUT	COMPLETED			

To be completed by an Attorney or Accredited Representative.	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number <input style="width: 100%;" type="text"/>	Attorney or Accredited Representative USCIS Online Account Number <input style="width: 100%; height: 20px;" type="text"/>
---	--	---	---

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

Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have?" or "How many times have you departed the United States?"), type or print "None" unless otherwise directed.

Part 1. Information About You

The individual applying for relief under former Immigration and Nationality Act (INA) section 212(c) completes this section.

1. Your Full Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name
-------------------------	-------------------------	-------------

2. Other Names Used

Provide any other names you have used at any time since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in Part 12. Additional Information.

Family Name (Last Name)	Given Name (First Name)	Middle Name
-------------------------	-------------------------	-------------

3. Current Mailing Address

In Care Of Name

Street Number and Name	Apt. Ste. Flr.	Number	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
City or Town	State	ZIP Code	
Province	Postal Code	Country	

4. Is your current mailing address the same as your physical address? Yes No

NOTE: If you answered "No" to Item Number 4., provide your physical address below.

Part 1. Information About You (continued)

5. Current Physical Address (if different from the address above)

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Other Information

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

7. Alien Registration Number (A-Number)

▶ A-

8. USCIS Online Account Number

▶

9. Your Country of Citizenship or Nationality

List the country where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 12. Additional Information.**

10. Place of Birth

List the city/town/village, state/ province, and country where you were born.

City/Town/Village of Birth

State/Province of Birth

Country of Birth

11. Information About Your Lawful Permanent Resident (LPR) Status

A. Date You Obtained Your LPR Status (mm/dd/yyyy)

B. How You Obtained Your LPR Status (select only one box)

- Admission with an Immigrant Visa at a **Port of Entry (Complete Item Number 12.)**
- Adjustment of Status Granted by USCIS While in the United States **(Complete Item Number 13.)**
- Adjustment of Status Granted by Immigration Judge or Board of Immigration Appeals While Inside the United States **(Complete Item Number 14.)**

12. If you selected "Admission with an Immigrant Visa at a Port of Entry," provide the information requested below.

Port-of-Entry **City or Town**

Port-of-Entry **State**

Means of Transportation

Part 1. Information About You (continued)

13. If you selected “Adjustment of Status Granted by USCIS While in the United States,” provide the USCIS Office location that granted your adjustment of status application below.

USCIS Office Location

14. If you selected “Adjustment of Status by Immigration Judge or Board of Immigration Appeals While inside the United States” provide the date your status was granted and the location of the Immigration Judge below.

Date Adjustment of Status was Granted (mm/dd/yyyy)

Location of Immigration Judge

Information About Your Last Arrival in the United States

15. Passport or Travel Document Number

16. Country That Issued Your Passport or Travel Document

17. Expiration Date for Your Passport or Travel Document (mm/dd/yyyy)

18. Date of Your Last Arrival into United States, On or About (mm/dd/yyyy)

Information About Your Travels From and To the United States

Provide the information requested below about your travels from and to the United States since you were admitted as, or adjusted your status to, an LPR. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information.**

19. Trip 1

City of Departure

State of Departure

Date of Departure (mm/dd/yyyy)

Means of Transportation for Departure

City of Arrival

State of Arrival

Date of Arrival (mm/dd/yyyy)

Means of Transportation for Arrival

Purpose of Trip

Is this information approximate? Yes No

Part 1. Information About You (continued)

20. Trip 2

City of Departure State of Departure Date of Departure (mm/dd/yyyy)

Means of Transportation for Departure

City of Arrival State of Arrival Date of Arrival (mm/dd/yyyy)

Means of Transportation for Arrival

Purpose of Trip

Is this information approximate? Yes No

21. Trip 3

City of Departure State of Departure Date of Departure (mm/dd/yyyy)

Means of Transportation for Departure

City of Arrival State of Arrival Date of Arrival (mm/dd/yyyy)

Means of Transportation for Arrival

Purpose of Trip

Is this information approximate? 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. Information About Your Criminal Convictions

The information requested below relates to your criminal convictions for which you are seeking relief under former INA section 212(c).

1. Conviction 1

A. Date (mm/dd/yyyy)

B. Name of Court

C. Town or City of Court

State of Court

D. Court Case Number

E. Conviction Entered After Trial Based on Guilty or No Contest Plea

If you selected "Based on Guilty or No Contest Plea," provide the date the plea was entered (mm/dd/yyyy)

F. Specific Offense as Stated in the Judgment of Conviction

NOTE: If the conviction is related to more than one offense, provide the name of each specific offense.

G. Citation to Federal, State, or Local Law, as Stated in the Judgment of Conviction

NOTE: If the conviction is related to more than one citation, provide each separate citation.

H. Sentence, Probation, or Other Punishment Imposed

Imprisonment Served From (mm/dd/yyyy) Imprisonment Served To (mm/dd/yyyy)

2. Conviction 2

A. Date (mm/dd/yyyy)

B. Name of Court

C. Town or City of Court

State of Court

D. Court Case Number

E. Conviction Entered After Trial Based on Guilty or No Contest Plea

If you selected "Based on Guilty or No Contest Plea," provide the date the plea was entered (mm/dd/yyyy)

F. Specific Offense as Stated in the Judgment of Conviction

NOTE: If the conviction is related to more than one offense, provide the name of each specific offense.

G. Citation to Federal, State, or Local Law, as Stated in the Judgment of Conviction

NOTE: If the conviction is related to more than one citation, provide each separate citation.

Part 3. Information About Your Criminal Convictions (continued)

H. Sentence, Probation, or Other Punishment Imposed

Imprisonment Served From (mm/dd/yyyy)

Imprisonment Served To (mm/dd/yyyy)

3. Conviction 3

A. Date (mm/dd/yyyy)

B. Name of Court

C. Town or City of Court

State of Court

D. Court Case Number

E. Conviction Entered After Trial Based on Guilty or No Contest Plea

If you selected "Based on Guilty or No Contest Plea," provide the date the plea was entered (mm/dd/yyyy)

F. Specific Offense as Stated in the Judgment of Conviction

NOTE: If the conviction is related to more than one offense, provide the name of each specific offense.

G. Citation to Federal, State, or Local Law, as Stated in the Judgment of Conviction

NOTE: If the conviction is related to more than one citation, provide each separate citation.

H. Sentence, Probation, or Other Punishment Imposed

Imprisonment Served From (mm/dd/yyyy)

Imprisonment Served To (mm/dd/yyyy)

NOTE: If you have more than three convictions (including conviction after trial, guilty pleas, and no contest pleas), use the space provided in **Part 12. Additional Information** to provide the requested information about each additional conviction.

Part 4. Information About Your Residences

Provide the following information about where you have lived during the last seven years. List your most recent residence first and then every residence where you have lived during the last seven years. You should not have any gaps in time. If you need extra space to complete this section, use the space provided in Part 12. Additional Information.

1. Physical Address 1

Street Number and Name	Apt. Ste. Flr. Number			
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State		ZIP Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Resided From (mm/dd/yyyy)	<input type="text"/>	Resided To (mm/dd/yyyy)	<input type="text"/>	

2. Physical Address 2

Street Number and Name	Apt. Ste. Flr. Number			
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State		ZIP Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Resided From (mm/dd/yyyy)	<input type="text"/>	Resided To (mm/dd/yyyy)	<input type="text"/>	

3. Physical Address 3

Street Number and Name	Apt. Ste. Flr. Number			
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State		ZIP Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Resided From (mm/dd/yyyy)	<input type="text"/>	Resided To (mm/dd/yyyy)	<input type="text"/>	

4. Physical Address 4

Street Number and Name	Apt. Ste. Flr. Number			
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State		ZIP Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Resided From (mm/dd/yyyy)	<input type="text"/>	Resided To (mm/dd/yyyy)	<input type="text"/>	

Part 5. Information About Your Employment

Provide the following information **about where** you have worked full-time or part-time during the last seven years. **List your most recent employer first and then list every other employer where you worked at any time during the last seven years. If you were unemployed, type or print "Unemployed" in the "Name of Employer" field and provide applicable information.** If you need extra space to complete this section, use the space provided in **Part 12. Additional Information.**

1. Employer 1

Name of Employer

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Employed From (mm/dd/yyyy)

Employed To (mm/dd/yyyy)

Your Occupation

2. Employer 2

Name of Employer

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Employed From (mm/dd/yyyy)

Employed To (mm/dd/yyyy)

Your Occupation

Part 5. Information About Your Employment (continued)

3. Employer 3

Name of Employer

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Employed From (mm/dd/yyyy)

Employed To (mm/dd/yyyy)

Your Occupation

4. Employer 4

Name of Employer

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Employed From (mm/dd/yyyy)

Employed To (mm/dd/yyyy)

Your Occupation

Part 6. Information About Your Family

Provide the following information about **your spouse**, **all** children, and **your** parents. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

1. Spouse's Current Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

Spouse's Other Information

2. A-Number

▶ A-

3. USCIS Online Account Number

▶

4. Spouse's Gender

Male Female

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

6. Country of Birth

Part 6. Information About Your Family (continued)

7. **Country** of Citizenship or Nationality

8. Spouse's Physical Address

Same as applicant's

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

9. Current Legal Name of Child 1

Family Name (Last Name)

Given Name (First Name)

Middle Name

Other Information for Child 1

10. A-Number

▶ A-

11. USCIS Online Account Number

▶

12. Child's Gender

Male Female

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

14. Country of Birth

15. Country of Citizenship or Nationality

16. Physical Address of Child 1

Same as applicant's

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

17. Current Legal Name of Child 2

Family Name (Last Name)

Given Name (First Name)

Middle Name

Other Information for Child 2

18. A-Number

▶ A-

19. USCIS Online Account Number

▶

20. Child's Gender

Male Female

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

22. Country of Birth

Part 6. Information About Your Family (continued)

23. Country of Citizenship or Nationality

24. Physical Address of Child 2

Same as applicant's

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

25. Current Legal Name of Child 3

Family Name (Last Name)

Given Name (First Name)

Middle Name

Other Information for Child 3

26. A-Number

▶ A-

27. USCIS Online Account Number

▶

28. Child's Gender

Male

Female

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

30. Country of Birth

31. Country of Citizenship or Nationality

32. Physical Address of Child 3

Same as applicant's

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

33. Current Legal Name of Child 4

Family Name (Last Name)

Given Name (First Name)

Middle Name

Other Information for Child 4

34. A-Number

▶ A-

35. USCIS Online Account Number

▶

36. Child's Gender

Male

Female

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

38. Country of Birth

Part 6. Information About Your Family (continued)

39. Country of Citizenship or Nationality

40. Physical Address of Child 4

Same as applicant's

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Information About Your Parents

41. Current Legal Name of Parent 1

Family Name (Last Name)

Given Name (First Name)

Middle Name

Other Information for Parent 1

42. A-Number

▶ A-

43. USCIS Online Account Number

▶

44. Gender

Male Female

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

46. Country of Birth

47. Country of Citizenship or Nationality

48. Physical Address of Parent 1

Same as applicant's

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

49. Current Legal Name of Parent 2

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Other Information for Parent 2

50. A-Number

▶ A-

51. USCIS Online Account Number

▶

52. Gender

Male Female

Part 8. Discretion

1. In the space provided below, explain **why U.S. Citizenship and Immigration Services (USCIS) or the immigration judge should approve your Form I-191** as a matter of discretion, with the favorable factors outweighing the unfavorable factors in your case. For more information on discretion, see the **Form I-191 Instructions**. If you need extra space to complete your statement, use the space provided in **Part 12. Additional Information**.

NOTE: You may provide your explanation on a separate sheet of paper. If you use a separate sheet, select the box below and include that sheet with your Form I-191. You must submit your explanation at the same time as your Form I-191.

2. I provided my explanation on a separate sheet and included that sheet with this Form I-191.

Part 9. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-191 Instructions before completing this section.

Applicant's Statement

NOTE: Select the box for either **Item Number 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 10.** 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. Applicant's Statement Regarding the Preparer
- At my request, the preparer named in **Part 11.**, , 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)

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

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

- 1) I reviewed **and provided or authorized** all of the information in my application;
- 2) I understood all of the information contained in, and submitted with, my application; 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 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 or the immigration judge may** deny your application.

Part 10. Interpreter's Contact Information, Certification, and Signature

If you used an interpreter (as indicated in Part 9. **Item B. in Item Number 1.**), you must provide the following information about the interpreter. **The interpreter must sign the Interpreter's Certification below.**

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 10. 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 9., 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 11. 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 Name (if any)

Preparer's Mailing Address

3. Street Number and Name

Apt. Ste. Fl. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Part 11. Contact Information, Declaration, and Signature of the Person Preparing This Application, if Other Than the Applicant (continued)

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.
- 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 need to** submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

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. Preparer's Signature

Date of Signature (mm/dd/yyyy)

09/15/2020

Part 12. 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 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 ▶ 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.

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

D.

NOTE TO ALL APPLICANTS: Do not complete Part 13. USCIS will complete this section.

Part 13. USCIS Decision (For Official Use Only)

1. This application is:

Granted

Denied

2. Terms and Conditions

DRAFT
NOT FOR
PRODUCTION
09/15/2020

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