#### **TABLE OF CHANGES – FORM**

# Form I-191, Application for Relief Under Former Section 212(c) of the Immigration and Nationality Act (INA) OMB Number: 1615-0016 09/15/2020

**Reason for Revision:** Comprehensive revision with standard language updates including formatting, plain language, and consistency edits.

**Project Phase:** 30 Day

Legend for Proposed Text:

• Black font = Current text

• Red font = Changes

Expires 02/28/2021 Edition Date 12/02/2019

Current Page Number and Section	Current Text	Proposed Text
Page 1, For USCIS Use	[Page 1]	[Page 1]
Only	For USCIS Use Only Date Fee Stamp Action Block Received Completed Retd/Trans out	For USCIS Use Only Date Fee Stamp Action Block Received Completed Retd/Trans out
	Trans in	Trans in
Page 1, To be completed by an attorney or accredited representative (if any).	[Page 1]  To be completed by an attorney or accredited representative (if any).  Select this box if Form G-28 is attached.  Attorney State Bar Number (if applicable)  Attorney or Accredited Representative USCIS Online Account Number (if any)	[Page 1]  To be completed by an Attorney or Accredited Representative.  Select this box if Form G-28 is attached.  Attorney State Bar Number  Attorney or Accredited Representative USCIS Online Account Number
Page 1-3, Part 1. Information About You	[Page 1] START HERE- Type or print in black ink.	[Page 1] START HERE- Type or print in black ink.
	1	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

#### Part 1. Information About You

I am applying for permission to return to the United States under the authority contained in former section 212(c) of the Immigration and Nationality Act (INA).

1. Your Full Name (do **not** provide a nickname) Family Name (Last Name) Given Name (First Name) Middle Name

#### 2. 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 12. Additional Information**.

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

#### [Page 2]

8. Mailing Address
In Care Of Name (if any)
Street Number and Name
Apt./Ste./Flr.
Number
City or Town
State
ZIP Code
Province
Postal Code
Country

9. Physical Address
Street Number and Name
Apt./Ste./Flr.
Number
City or Town
State
ZIP Code
Province
Postal Code

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) [x2]
Given Name (First Name)[x2]
Middle Name [x2]

3. Current Mailing Address

In Care Of Name
Street Number and Name
Apt./Ste./Flr. Number
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.

#### [Page 2]

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

Street Number and Name

Apt./Ste./Flr. Number City or Town State ZIP Code

Province

Country

#### [Page 1]

- **3.** Date of Birth (mm/dd/yyyy)
- **4.** Alien Registration Number (A-Number) (if any)
- **5.** USCIS Online Account Number (if any)
- 7. Country of Citizenship or Nationality
- 6. Place of Birth

City/Town/Village of Birth State/Province of Birth Country of Birth

#### [Page 2]

- **10.** Information About When and How You Became a Lawful Permanent Resident (LPR)
- **A.** Date When You Obtained Your LPR Status (mm/dd/yyyy)
- **B.** You Obtained Your LPR Status Through (select **only one**)

Admission With an Immigrant Visa at a Port-of-Entry

Port-of-Entry, If Known Means of Transportation Adjustment of Status While in the United States USCIS Office Postal Code Country

#### **Other Information**

- **6.** Date of Birth (mm/dd/yyyy)
- **7.** Alien Registration Number (A-Number)
- **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

- **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"
- **11.** Passport Number Used at Last Entry
- **12.** Travel Document Number Used at Last Entry
- **13.** Country of Issuance for Passport or Travel Document
- **14.** Expiration Date of This Passport or Travel

Document (mm/dd/yyyy)

#### [Page 3]

**15.** Information About Your Departures From and Returns To the United States

Since being admitted as an LPR, you have departed from and returned to the United States as follows:

Departed From The United States [Table with

three columns/three rows]

Place or Port-of-Departure

Date of Departure (mm/dd/yyyy)

Means of Transportation

Returned To The United States [Table with

three columns/three rows]

Place or Port-of-Entry

Date of Entry (mm/dd/yyyy)

Means of Transportation

Purpose of Trips [Fillable field]

provide the date your status was granted and the location of the Immigration Judge below.

Date Adjustment of Status was Granted

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)

#### [Page 3]

### **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

#### 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
Page 4, Part 2.	[Page 4]	[Page 4]
	[8]	[8]
Biographic Information	Part 2. Biographic Information	Part 2. Biographic Information
	<b>1.</b> Ethnicity (Select <b>only one</b> box)	Ethnicity (Select <b>only one</b> box)
	Hispanic or Latino	Hispanic or Latino
	Not Hispanic or Latino	Not Hispanic or Latino
	<b>2.</b> Race (Select <b>all applicable</b> boxes)	<b>2.</b> Race (Select <b>all applicable</b> boxes)
	White	American Indian or Alaska Native
	Asian	Asian
	Black or African American	Black or African American
	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander
	Native Hawaiian or Other Pacific Islander	White
	3. Height	3. Height
	Feet	Feet
	Inches	Inches
	4. Weight	4. Weight
	Pounds	Pounds
	F. For Color (Colort and proved har)	F. For Colon (Colon and provide and
	<b>5.</b> Eye Color (Select <b>only one</b> box)	<b>5.</b> Eye Color (Select <b>only one</b> box)
	Black	Black
	Blue	Blue
	Brown	Brown
	Gray	Gray
	Green	Green
	Hazel	Hazel
	Maroon	Maroon
	Pink	Pink
	Unknown/Other	Unknown/Other
	<b>6.</b> Hair Color (Select <b>only one</b> box)	<b>6.</b> Hair Color (Select <b>only one</b> box)
	Bald (No hair)	Bald (No hair)
	Black	Black
	Blond	Blond
	Brown	Brown
	Gray	Gray
	Red	Red
	Sandy	Sandy
	White	White
	Unknown/Other	Unknown/Other
D . 45 D . 0	[Dogs 4]	[Dage 4]
Page 4-5, Part 3. Information About Your	[Page 4]	[Page 4]
	Part 3. Information About Your Criminal	Part 3. Information About Your Criminal
Criminal Convictions	Convictions	Convictions
	5	1

The information you provide below relates to the criminal convictions for which you are seeking relief under former section 212(c) of the Immigration and Nationality Act.

1. Criminal Conviction 1

A. Date (mm/dd/yyyy)

**B.** Name of Court **C.** Location of Court Town or City State

**D.** Court Case Number

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

If based on guilty or no contest plea, give the date of the guilty or no contest plea (mm/dd/yyyy)

**F.** Specific Offense as Stated in the Conviction Judgment (If there is more than one offense, provide the name of each specific offense.) [Fillable field]

**G.** Citation to Federal, State, or Local Law, as Stated in the Conviction Judgment (If there is more than one citation, provide each separate citation.)
[Fillable field]

**H.** Sentence, Probation, or Other Punishment Imposed

[Page 5]

2. Criminal Conviction 2

A. Date (mm/dd/yyyy)

**B.** Name of Court **C.** Location of Court Town or City State

D. Court Case Number

**E.** Conviction Entered After Trial

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[Deleted]C. City or Town of CourtState 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
[Fillable field]

**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 [Fillable field]

**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[Deleted]C. City or Town of CourtState of Court

D. Court Case Number

**E.** Conviction Entered After Trial

Based on Guilty or No Contest Plea

If based on guilty or no contest plea, give the date of the guilty or no contest plea (mm/dd/yyyy)

**F.** Specific Offense as Stated in the Conviction Judgment (If there is more than one offense, provide the name of each specific offense.)

**G.** Citation to Federal, State, or Local Law, as Stated in the Conviction Judgment (If there is more than one citation, provide each separate citation.)

**H.** Sentence, Probation, or Other Punishment Imposed

#### 3. Criminal Conviction 3

A. Date (mm/dd/yyyy)

**B.** Name of Court **C.** Location of Court Town or City State

**D.** Court Case Number

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

If based on guilty or no contest plea, give the date of the guilty or no contest plea (mm/dd/yyyy)

**F.** Specific Offense as Stated in the Conviction Judgment (If there is more than one offense, provide the name of each specific offense.)

**G.** Citation to Federal, State, or Local Law, as Stated in the Conviction Judgment (If there is more than one citation, provide each separate citation.)

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).

#### [Page 5]

**F.** Specific Offense as Stated in the Judgment of Conviction [Fillable field]

**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 [Fillable field]

**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)

#### 3. Conviction 3

A. Date (mm/dd/yyyy)

B. Name of Court[Deleted]C. City or Town of CourtState 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 [Fillable field]

**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 [Fillable field]

**NOTE:** If the conviction is related to more

# **H.** Sentence, Probation, or Other Punishment Imposed

**H.** Sentence, Probation, or Other Punishment Imposed

than one citation, provide each separate citation.

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

**NOTE:** If you were convicted more than three times, include the information for each additional conviction in **Part 12. Additional Information**.

**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.

#### Page 6-7, Part 4. Information About Your Residence

#### [Page 6]

#### Part 4. Information About Your Residence

Provide the following information about where you have lived during the last seven years.

List your most recent residence first and then every other residence where you have lived during the last seven years. There should be no 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

In Care Of Name (if any) Street Number and Name Apt./Ste./Flr.

Number City or Town State ZIP Code Province

Postal Code Country

Date of Residence From (mm/dd/yyyy) To (mm/dd/yyyy)

#### 2. Physical Address 2

In Care Of Name (if any) Street Number and Name

Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code

Date of Residence

From (mm/dd/yyyy)

Country

#### Part 4. Information About Your Residences

[Page 5]

# 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

#### [Deleted]

Street Number and Name

Apt./Ste./Flr. Number City or Town State ZIP Code Province

Postal Code Country

#### [Deleted]

Resided From (mm/dd/yyyy)
Resided To (mm/dd/yyyy)

#### [Page 6]

#### 2. Physical Address 2

#### [Deleted]

Street Number and Name

Number City or Town State ZIP Code Province Postal Code

Apt./Ste./Flr.

#### [Deleted]

Country

Resided From (mm/dd/yyyy)

\_

	To (mm/dd/yyyy)	Resided To (mm/dd/yyyy)
	3. Physical Address 3 In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country	3. Physical Address 3 [Deleted] Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country
	Date of Residence From (mm/dd/yyyy) To (mm/dd/yyyy)	[Deleted] Resided From (mm/dd/yyyy) Resided To (mm/dd/yyyy)
	4. Physical Address 4 In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country	4. Physical Address 4 [Deleted] Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country
	Date of Residence From (mm/dd/yyyy) To (mm/dd/yyyy)	[Deleted] Resided From (mm/dd/yyyy) Resided To (mm/dd/yyyy)
	[Page 7]  5. Physical Address 5 In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country	[Deleted]
	Date of Residence From (mm/dd/yyyy) To (mm/dd/yyyy)	
Page 7-8, Part 5. Information About Your	[Page 7] Part 5. Information About Your	[Page 6] Part 5. Information About Your
Employment	Employment	Employment
	Provide the following 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

List where you have worked full-time or parttime during the last seven years. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**. 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

Date

From (mm/dd/yyyy) 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

Date

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

Your Occupation

#### [Page 8]

#### 3. Employer 3

Name of Employer Street Number and Name

Apt./Ste./Flr. Number City or Town State ZIP Code

ZIP Code Province Postal Code Country

#### 1. Employer 1

Name of Employer Street Number and Name Apt./Ste./Flr.

Number City or Town State ZIP Code Province Postal Code Country

#### [Deleted]

Employed From (mm/dd/yyyy)
Employed To (mm/dd/yyyy)

#### [Page 7]

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

#### [Deleted]

Employed From (mm/dd/yyyy)
Employed To (mm/dd/yyyy)

Your Occupation

#### 3. Employer 3

Name of Employer Street Number and Name Apt./Ste./Flr.

Number City or Town State ZIP Code Province Postal Code

Country

	Date	[Deleted]
	From (mm/dd/yyyy)	[Deleted] Employed From (mm/dd/yyyy)
	To (mm/dd/yyyy)	Employed Troff (filli/dd/yyyy)  Employed To (mm/dd/yyyy)
	10 (IIIII/dd/yyyy)	Employed 10 (mm/dd/yyyy)
	Your Occupation	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
		F
		Employed From (mm/dd/yyyy)
		Employed To (mm/dd/yyyy)
		Your Occupation
Dago 9 11 Dayt 6	[Page 8]	[Page 7]
Page 8-11, Part 6. Information About Your	Part 6. Information About Your Family	Part 6. Information About Your Family
Family	Fait 0. Information About 10th Family	Fart 0. Information About 1 our Family
	Provide the following information about your	Provide the following information about your
	family (for example, spouse, children, and	spouse, <b>all</b> children, and your parents. If you
	parents). If you need extra space to complete	need extra space to complete this section, use
	this section, use the space provided in <b>Part 12</b> .	the space provided in <b>Part 12. Additional</b>
	Additional Information.	Information.
	A. Information About Your Spouse	[Deleted]
	Spouse's Current Legal Name	1. Spouse's Current Legal Name
	Family Name (Last Name)	Family Name (Last Name)
	Given Name (First Name)	Given Name (First Name)
	Middle Name	Middle Name
	Triduce I tunic	Triadic Traine
		Spouse's Other Information
		2. A-Number
		<b>3.</b> USCIS Online Account Number
		<b>4.</b> Spouse's Gender
		Male
		Female
	Spouse's Country of Birth	5. Date of Birth (mm/dd/yyyy)
	Spouse's Date of Birth (mm/dd/yyyy)	
	Spouse's Country of Citizenship or Nationality	[Page 8]
	Spansals Dhysical Address	6 Country of Dirth
	Spouse's Physical Address Street Number and Name	6. Country of Birth
		<b>7.</b> Country of Citizenship or Nationality
	Apt./Ste./Flr.	O Cravada Dhani 1 A JJ
	Number City or Toyen	8. Spouse's Physical Address
	City or Town	[] Same as applicant's Street Number and Name
	State 7 ID Code	
	ZIP Code	Apt./Ste./Flr. Number
	Province Postal Code	
	Postal Code	City or Town

#### Country

State ZIP Code Province Postal Code Country

#### [Page 9]

#### **B.** Information About Your Children

Provide the following information about all of your children.

#### Child 1

Current Legal Name Family Name (Last Name) Given Name (First Name) Middle Name

Country of Birth
Date of Birth (mm/dd/yyyy)
Country of Citizenship or Nationality

Current Address Street Number and Name Apt./Ste./Flr. Number City or Town

State ZIP Code Province Postal Code Country

#### Child 2

Current Legal Name Family Name (Last Name) Given Name (First Name) Middle Name

Country of Birth
Date of Birth (mm/dd/yyyy)
Country of Citizenship or Nationality

Current Address Street Number and Name Apt./Ste./Flr. Number City or Town

State

[Deleted]

**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

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

19. USCIS Online Account Number

20. Child's Gender

Male Female

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

**22.** Country of Birth

**23.** Country of Citizenship or Nationality

**24.** Physical Address of Child 2

ZIP Code Province Postal Code Country

#### [] Same as applicant's

Street Number and Name

Number City or Town State ZIP Code Province Postal Code Country

Apt./Ste./Flr.

#### [Page 10]

#### Child 3

Current Legal Name Family Name (Last Name) Given Name (First Name)

Middle Name

Country of Birth

Date of Birth (mm/dd/yyyy)

Country of Citizenship or Nationality

Current Address

Street Number and Name

Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country

#### Child 4

Current Legal Name Family Name (Last Name) Given Name (First Name)

Middle Name

Country of Birth

Date of Birth (mm/dd/yyyy)

Country of Citizenship or Nationality

Current Address

Street Number and Name

Apt./Ste./Flr. Number City or Town

#### [Page 9]

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

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

Number City or Town State ZIP Code Province Postal Code Country

Apt./Ste./Flr.

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

35. USCIS Online Account Number

**36.** Child's Gender

Male Female

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

**38.** Country of Birth

**39.** Country of Citizenship or Nationality

**40.** Physical Address of Child 4

State ZIP Code Province Postal Code Country

[Page 11]

#### **C.** Information About Your Parents

#### Parent 1

Parent 1's Current Legal Name Family Name (Last Name) Given Name (First Name) Middle Name

Sex Male Female

Parent 1's Date of Birth (mm/dd/yyyy) Parent 1's Country of Birth

Parent 1's Country of Citizenship or Nationality

Parent 1's Physical Address Street Number and Name Apt./Ste./Flr. Number City or Town State

State ZIP Code Province Postal Code Country

#### Parent 2

Parent 2's Current Legal Name Family Name (Last Name) Given Name (First Name) Middle Name

Sex Male Female

#### [] Same as applicant's

Street Number and Name

Number City or Town State ZIP Code Province Postal Code Country

Apt./Ste./Flr.

#### **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

43. USCIS Online Account Number

# **44.** Gender Male Female

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

**46.** Country of Birth

#### [Page 10]

**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

#### Other Information for Parent 2

**50.** A-Number

**51.** USCIS Online Account Number

**52.** Gender Male

Parent 2's Date of Birth (mm/dd/yyyy)

Parent 2's Country of Birth

Parent 2's Country of Citizenship or Nationality

Parent 2's Physical Address

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

#### Female

**53.** Date of Birth (mm/dd/yyyy)

**54.** Country of Birth

**55.** Country of Citizenship or Nationality

#### **56.** Physical Address of Parent 2 [] Same as applicant's

Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code

Province Postal Code Country

#### Page 12, Part 7. Other **Grounds for Removal**

#### [Page 12]

Country

#### Part 7. Other Grounds for Removal

If you need extra space to complete your statement, use the space provided in Part 12. **Additional Information** or attach a separate letter.

If you believe you may be subject to removal on any grounds besides the criminal convictions listed in Part 3. Information About Your **Criminal Convictions**, provide a full explanation of why you may be subject to removal.

The other grounds of removal may be any inadmissibility grounds in section 212(a) of the Immigration and Nationality Act or any deportability grounds in section 237(a) of the Immigration and Nationality Act.

If you have a criminal history besides the criminal convictions listed in Part 3. **Information About Your Criminal Convictions**, list these incidents and provide a full explanation. If you have ever been arrested or detained by any law enforcement officer for any reason, and no charges were filed, include an original official statement by the arresting or detaining agency or applicable court order confirming that no charges were filed.

If you were arrested or detained by any law enforcement officer for any reason and charges were filed, or if charges were filed against you without an arrest, submit an original or courtcertified copy of the complete arrest record and/or disposition for each incident (for example, a dismissal order or an acquittal

#### [Page 10]

#### Part 7. Other Grounds for Removal

**NOTE:** If you need extra space to complete this section, use the space provided in Part 12. Additional Information.

**1.** Provide an explanation in the space provided why you may be subject to removal on any grounds besides the criminal convictions listed in Part 3. Information About Your Criminal **Convictions**. The other grounds of removal may include any inadmissibility grounds in INA section 212(a) or any deportability grounds in INA section 237(a).

#### [Fillable field]

#### [Page 11]

2. In addition to the criminal convictions listed in **Part 3.**, list and provide a full explanation of any other time you committed, or were accused of committing, a criminal offense inside or outside of the United States, as well as any other time you were arrested, cited, detained, charged, investigated, received deferred adjudication of guilt, withholding of adjudication of guilt, or pretrial diversion, or plead guilty to or were convicted of a criminal offense inside or outside of the United States.

**NOTE:** If you were ever arrested, detained, or investigated by any law enforcement officer for any reason, and no charges were filed, include an original official statement by the arresting or detaining agency or applicable court order confirming that no charges were filed. If you

	order). [Fillable field]	were ever arrested, detained, or investigated by any law enforcement officer for any reason and charges were filed, or if charges were filed against you without an arrest, submit an original or court-certified copy of the complete arrest record and/or disposition for each incident (for example, a dismissal order or an acquittal
	(T) 401	order). [Fillable field]
Page 12, Part 8. Discretion	[Page 12]	[Page 11]
Discretion	Part 8. Discretion	Part 8. Discretion
	In the space provided below, explain why you believe your application should be approved as a matter of discretion, with the favorable factors outweighing the unfavorable factors in your case. For more information on discretion, see the application Instructions. If you need extra space to complete your statement, use the space provided in <b>Part 12. Additional Information</b> , or attach a separate letter. Indicate in the space provided if you are including a separate letter. If you submit a separate letter, you must submit the letter at the same time as your Form I-191 application.	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.  [Fillable field]
		<b>2.</b> [] I provided my explanation on a separate sheet and included that sheet with this Form I-191.
Page 13, Part 9.	[Page 13]	[Page 12]
Applicant's Statement, Contact Information, Certification, and	Part 9. Applicant's Statement, Contact Information, Certification, and Signature	Part 9. Applicant's Statement, Contact Information, Certification, and Signature
Signature	<b>NOTE:</b> Read the <b>Penalties</b> section of the Form I-191 Instructions before completing this part.	<b>NOTE:</b> Read the <b>Penalties</b> section of the Form I-191 Instructions before completing this section.
	Applicant's Statement	Applicant's Statement  NOTE: Select the box for either Item Number
	<b>NOTE:</b> Select the box for either <b>Item A.</b> or <b>B.</b> in <b>Item Number 1.</b> If applicable, select the box for <b>Item Number 2.</b>	A. or B. in Item Number 1. If applicable, select the box for Item Number 2.
	<b>1.</b> Applicant's Statement Regarding the Interpreter	Applicant's Statement Regarding the Interpreter
	A. I can read and understand English, and I have read and understand every question and	<b>A.</b> 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 [Fillable field], 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.**, [Fillable field], 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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further 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 laws.

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

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 [Fillable Field], 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.**, [Fillable field], 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

#### 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 an immigration judge if you are in deportation, exclusion, or removal proceedings) may deny your application.

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.

# Page 14, Part 10. Interpreter's Contact Information, Certification, and Signature

#### [Page 14]

## Part 10. 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

#### **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 [Fillable field], 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

#### [Page 13]

# 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

#### **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 [Fillable Field], 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

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)

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)

# Page 15, Part 11. Contact Information, Declaration, and Signature of the Person Preparing This Application, if Other Than the Applicant

#### [Page 15]

# 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./Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

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

#### [Page 13]

# 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./Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

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)

#### [Page 14]

#### 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)

#### 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)

#### Page 16, Part 12. Additional Information

#### [Page 16]

#### 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 (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)
- 3. A. Page Number
- **B.** Part Number
- C. Item Number
- **D.** [Fillable field]
- **4. A.** Page Number
- **B.** Part Number
- C. Item Number
- **D.** [Fillable field]
- **5. A.** Page Number
- **B.** Part Number
- C. Item Number
- **D.** [Fillable field]
- **6. A.** Page Number
- **B.** Part Number
- C. Item Number

#### [Page 15]

#### 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) [Auto-populated field]

Given Name (First Name) [Auto-populated field]

Middle Name [Auto-populated field]

- **2.** A-Number [Auto-populated field]
- **3.A.** Page Number
- **B.** Part Number
- C. Item Number
- **D.** [Fillable field]
- **4.A.** Page Number
- B. Part Number
- C. Item Number
- **D.** [Fillable field]
- **5.A.** Page Number
- B. Part Number
- C. Item Number
- **D.** [Fillable field]
- **6.A.** Page Number
- **B.** Part Number
- C. Item Number

	<b>D.</b> [Fillable field]	D. [Fillable field]  7.A. Page Number B. Part Number C. Item Number D. [Fillable field]  NOTE TO ALL APPLICANTS: Do not complete Part 13. USCIS will complete this section.
Page 17, For USCIS Use	[Page 17]	[Page 16]
Only	For USCIS Use Only	Part 13. USCIS Decision (For Official Use Only)
	Decision	[Deleted]
	Application granted upon the following terms and conditions: [Fillable field]	1. This application is: Granted Denied
		2. Terms and Conditions [Fillable field]
	Date of Action (mm/dd/yyyy)	3. Date of Action (mm/dd/yyyy)