

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

**START HERE - Type or print in black ink. See the instructions for information about eligibility and how to complete and file this application. There is no filing fee for this application.**

**NOTE:** ☐ Check this box if you also want to apply for withholding of removal under the Convention Against Torture (CAT) regulations. Refer to Instructions, **Part I: Filing Instructions, Section II, Basis of Eligibility, Part B** for more information.

**Part A.I. Information About You**

<b>1. Alien Registration Number(s) (A-Number) (if any)</b>		<b>2. U.S. Social Security Number (if any)</b>		<b>3. USCIS Online Account Number (if any)</b>	
<b>4. Complete Last Name</b>		<b>5. First Name</b>		<b>6. Middle Name</b>	
<b>7. What other names have you used (include maiden name and aliases)?</b>					
<b>8. Residence in the U.S. (where you physically reside)</b>					
Street Number and Name				Apt. Number	
City	State	Zip Code	Telephone Number ( )		
<b>9. Mailing Address in the U.S. (if different than the address in Item Number 8)</b>					
In Care Of (if applicable):				Telephone Number ( )	
Street Number and Name				Apt. Number	
City	State	Zip Code			
<b>10. Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>11. Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
<b>12. Date of Birth (mm/dd/yyyy)</b>		<b>13. City and Country of Birth</b>			
<b>14. Present Nationality (Citizenship)</b>		<b>15. Nationality at Birth</b>		<b>16. Race, Ethnic, or Tribal Group</b>	
				<b>17. Religion</b>	
<b>18. Check the box, a through c, that applies:</b> <b>a.</b> <input type="checkbox"/> I have never been in Immigration Court proceedings. <b>b.</b> <input type="checkbox"/> I am now in Immigration Court proceedings. <b>c.</b> <input type="checkbox"/> I am <b>not</b> now in Immigration Court proceedings, but I have been in the past.					
<b>19. Complete 19 a through c.</b>					
<b>a. When did you last leave your country? (mm/dd/yyyy)</b> _____			<b>b. What is your current I-94 Number, if any?</b> _____		
<b>c. List each entry into the U.S. beginning with your most recent entry. List date (mm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.)</b>					
Date _____	Place _____	Status _____	Date Status Expires _____		
Date _____	Place _____	Status _____			
Date _____	Place _____	Status _____			
<b>20. What country issued your last passport or travel document?</b>		<b>21. Passport Number</b>		<b>22. Expiration Date (mm/dd/yyyy)</b>	
		Travel Document Number			
<b>23. What is your native language (include dialect, if applicable)?</b>		<b>24. Are you fluent in English?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>25. What other languages do you speak fluently?</b>	

**For EOIR use only.**

**For  
USCIS  
use only.**

**Action:**

Interview Date: \_\_\_\_\_

Asylum Officer ID No.: \_\_\_\_\_

**Decision:**

Approval Date: \_\_\_\_\_

Denial Date: \_\_\_\_\_

Referral Date: \_\_\_\_\_

## Part A.II. Information About Your Spouse and Children

**Your spouse** ☐ I am not married. (Skip to **Your Children** below.)

1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Date of Birth (mm/dd/yyyy)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Other names used (include maiden name and aliases)
9. Date of Marriage (mm/dd/yyyy)	10. Place of Marriage	11. City and Country of Birth	
12. Nationality (Citizenship)		13. Race, Ethnic, or Tribal Group	14. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
15. Is this person in the U.S.? <input type="checkbox"/> Yes ( <b>Complete Blocks 16 to 24.</b> ) <input type="checkbox"/> No (Specify location): _____			
16. Place of last entry into the U.S.	17. Date of last entry into the U.S. (mm/dd/yyyy)	18. I-94 Number (if any)	19. Status when last admitted (Visa type, if any)
20. What is your spouse's current status?	21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	22. Is your spouse in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	23. If previously in the U.S., date of previous arrival (mm/dd/yyyy)
24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 14 on the extra copy of the application submitted for this person) <input type="checkbox"/> 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: \_\_\_\_\_

(NOTE: Use Form I-589 Supplement A or attach additional sheets of paper and documentation if you have more than four children.)

1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S. ? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (If any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your child in the upper right corner of Page 14 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

**Part A.II. Information About Your Spouse and Children (Continued)**

<b>1.</b> Alien Registration Number (A-Number) (if any)	<b>2.</b> Passport/ID Card Number (if any)	<b>3.</b> Marital Status ( <i>Married, Single, Divorced, Widowed</i> )	<b>4.</b> U.S. Social Security Number (if any)
<b>5.</b> Complete Last Name	<b>6.</b> First Name	<b>7.</b> Middle Name	<b>8.</b> Date of Birth ( <i>mm/dd/yyyy</i> )
<b>9.</b> City and Country of Birth	<b>10.</b> Nationality ( <i>Citizenship</i> )	<b>11.</b> Race, Ethnic, or Tribal Group	<b>12.</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>13.</b> Is this child in the U.S. ? <input type="checkbox"/> Yes ( <i>Complete Blocks 14 to 21.</i> ) <input type="checkbox"/> No ( <i>Specify location:</i> _____)			
<b>14.</b> Place of last entry into the U.S.	<b>15.</b> Date of last entry into the U.S. ( <i>mm/dd/yyyy</i> )	<b>16.</b> I-94 Number ( <i>If any</i> )	<b>17.</b> Status when last admitted ( <i>Visa type, if any</i> )
<b>18.</b> What is your child's current status?	<b>19.</b> What is the expiration date of his/her authorized stay, if any? ( <i>mm/dd/yyyy</i> )	<b>20.</b> Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21.</b> If in the U.S., is this child to be included in this application? ( <i>Check the appropriate box.</i> ) <input type="checkbox"/> Yes ( <i>Attach one photograph of your spouse in the upper right corner of Page 14 on the extra copy of the application submitted for this person.</i> ) <input type="checkbox"/> No			
<b>1.</b> Alien Registration Number (A-Number) (if any)	<b>2.</b> Passport/ID Card Number (if any)	<b>3.</b> Marital Status ( <i>Married, Single, Divorced, Widowed</i> )	<b>4.</b> U.S. Social Security Number (if any)
<b>5.</b> Complete Last Name	<b>6.</b> First Name	<b>7.</b> Middle Name	<b>8.</b> Date of Birth ( <i>mm/dd/yyyy</i> )
<b>9.</b> City and Country of Birth	<b>10.</b> Nationality ( <i>Citizenship</i> )	<b>11.</b> Race, Ethnic, or Tribal Group	<b>12.</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>13.</b> Is this child in the U.S. ? <input type="checkbox"/> Yes ( <i>Complete Blocks 14 to 21.</i> ) <input type="checkbox"/> No ( <i>Specify location:</i> _____)			
<b>14.</b> Place of last entry into the U.S.	<b>15.</b> Date of last entry into the U.S. ( <i>mm/dd/yyyy</i> )	<b>16.</b> I-94 Number ( <i>If any</i> )	<b>17.</b> Status when last admitted ( <i>Visa type, if any</i> )
<b>18.</b> What is your child's current status?	<b>19.</b> What is the expiration date of his/her authorized stay, if any? ( <i>mm/dd/yyyy</i> )	<b>20.</b> Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21.</b> If in the U.S., is this child to be included in this application? ( <i>Check the appropriate box.</i> ) <input type="checkbox"/> Yes ( <i>Attach one photograph of your spouse in the upper right corner of Page 14 on the extra copy of the application submitted for this person.</i> ) <input type="checkbox"/> No			
<b>1.</b> Alien Registration Number (A-Number) (if any)	<b>2.</b> Passport/ID Card Number (if any)	<b>3.</b> Marital Status ( <i>Married, Single, Divorced, Widowed</i> )	<b>4.</b> U.S. Social Security Number (if any)
<b>5.</b> Complete Last Name	<b>6.</b> First Name	<b>7.</b> Middle Name	<b>8.</b> Date of Birth ( <i>mm/dd/yyyy</i> )
<b>9.</b> City and Country of Birth	<b>10.</b> Nationality ( <i>Citizenship</i> )	<b>11.</b> Race, Ethnic, or Tribal Group	<b>12.</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>13.</b> Is this child in the U.S. ? <input type="checkbox"/> Yes ( <i>Complete Blocks 14 to 21.</i> ) <input type="checkbox"/> No ( <i>Specify location:</i> _____)			
<b>14.</b> Place of last entry into the U.S.	<b>15.</b> Date of last entry into the U.S. ( <i>mm/dd/yyyy</i> )	<b>16.</b> I-94 Number ( <i>If any</i> )	<b>17.</b> Status when last admitted ( <i>Visa type, if any</i> )

**Part A.II. Information About Your Spouse and Children (continued)**

<b>18.</b> What is your child's current status?	<b>19.</b> What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	<b>20.</b> Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>21.</b> If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 14 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No		

**Part A.III. Information About Your Background**

- 1.** List your last address where you lived before coming to the United States. If this is not the country where you fear persecution, also list the last address in the country where you fear persecution. (List Address, City/Town, Department, Province, or State and Country.)  
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Number and Street (Provide if available)	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)

- 2.** Provide the following information about your residences during the past 5 years. List your present address first.  
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Number and Street	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)

- 3.** Provide the following information about your education, beginning with the most recent school that you attended.  
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Name of School	Type of School	Location (Address)	Attended	
			From (Mo/Yr)	To (Mo/Yr)

- 4.** Provide the following information about your employment during the past 5 years. List your present employment first.  
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Name and Address of Employer	Your Occupation	Dates	
		From (Mo/Yr)	To (Mo/Yr)

### Part A.III. Information About Your Background (continued)

5. Provide the following information about your parents and siblings (brothers and sisters). Check the box if the person is deceased.

(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Full Name	City/Town and Country of Birth	Current Location
Mother		<input type="checkbox"/> Deceased
Father		<input type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased

### Part B. Information About Your Application

(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part B.)

When answering the following questions about your asylum or other protection claim (withholding of removal under 241(b)(3) of the INA (statutory withholding of removal) or withholding of removal under the CAT regulations), you must provide a detailed and specific account of the basis of your claim to asylum or other protection. To the best of your ability, provide specific dates, places, and descriptions about each event or action described. You must attach documents evidencing the general conditions in the country from which you are seeking asylum or other protection and the specific facts on which you are relying to support your claim. If this documentation is unavailable or you are not providing this documentation with your application, explain why in your responses to the following questions.

Refer to Instructions, Part 1. Filing Instructions, Section II. Basis of Eligibility, Parts A. - D.; Section V., Completing the Form, Part B.; and Section VII. Additional Evidence That You Should Submit, for more information on completing this section of the form.

1. Why are you applying for asylum and for statutory withholding of removal, or for withholding of removal under the CAT regulations? Check the appropriate box(es) below and then provide detailed answers to the questions below.

I am seeking asylum or withholding of removal based on:

- |                                      |                                                                  |
|--------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Race        | <input type="checkbox"/> Political opinion                       |
| <input type="checkbox"/> Religion    | <input type="checkbox"/> Membership in a particular social group |
| <input type="checkbox"/> Nationality | <input type="checkbox"/> Torture Convention                      |

If you are claiming membership in a particular social group(s), identify or describe the particular social group(s), or provide any information that shows your membership in a particular social group(s):

A. Have you, your family, friends, colleagues ever experienced harm, mistreatment, or threats in the past by anyone?

- ☐ No ☐ Yes

If "Yes," explain in detail:

1. What happened.

2. When the harm, mistreatment, or threats occurred.

**Part B. Information About Your Application** (continued)

3. Who caused the **harm, mistreatment, or threats**.

4. Why you believe the **harm, mistreatment, or threats** occurred. **If you are seeking asylum or statutory withholding of removal based on one or more of the protected grounds listed above (race, religion, nationality, political opinion, or membership in a particular social group), you must explain why you believe the harm, mistreatment, or threats you experienced were on account of one or more of the protected grounds.**

**B. Do you fear harm or mistreatment if you return to your home country?**

☐ No ☐ Yes

If "Yes," explain in detail:

1. What harm or mistreatment you **fear**.

2. Who you believe would harm or mistreat you.

3. Why you believe you would or could be harmed or mistreated. **If you are seeking asylum or statutory withholding of removal based on one or more of the protected grounds listed above (race, religion, nationality, political opinion, or membership in a particular social group), you must explain why you believe the harm or mistreatment you fear are on account of one or more of the protected grounds.**

**C. Have you, your family, friends, or colleagues ever been subjected to torture in the past?**

☐ No ☐ Yes

If "Yes," explain in detail:

1. What happened.

2. When the torture occurred.

3. Who caused the harm, which, along with other factors, amounted to torture.

4. Why you believe the torture occurred.

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**Part B. Information About Your Application** (continued)

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**D.** Are you afraid of being subjected to torture in your home country or any other country to which you may be returned?

☐ No ☐ Yes

If "Yes," explain **in detail**:

**1. The nature of the harm you fear.**

**2. Who would harm you.**

**3. Why you believe you would be tortured.**

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**2.** Have you or your family members ever been accused, charged, arrested, detained, interrogated, convicted and sentenced, or imprisoned in any country other than the United States (including for an immigration law violation)?

☐ No ☐ Yes

If "Yes," explain the circumstances and reasons for the action.

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**3.A.** Have you or your family members ever belonged to or been associated with any organizations or groups in your home country, such as, but not limited to, a political party, student group, labor union, religious organization, military or paramilitary group, civil patrol, guerrilla organization, ethnic group, human rights group, or the press or media?

☐ No ☐ Yes

If "Yes," describe for each person the level of participation, any leadership or other positions held, and the length of time you or your family members were involved in each organization or activity.

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**3.B.** Do you or your family members continue to participate in any way in these organizations or groups?

☐ No ☐ Yes

If "Yes," describe for each person your or your family members' current level of participation, any leadership or other positions currently held, and the length of time you or your family members have been involved in each organization or group.

**(NOTE:** Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part C.)

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## Part C. Additional Information About Your Application (continued)

If you answered "Yes" to **Item Number 4.A.**, indicate whether you, your spouse, your child(ren), or your parents applied to, were offered the opportunity to apply to, or had the opportunity available to reside in any permanent legal immigration status or any non-permanent, indefinitely renewable legal immigration status (including asylee, refugee, or similar status, but excluding status such as of a tourist), in any country through which you, your spouse, your child(ren), or your parents traveled before entering the United States.

- 4.B.** Have you, your spouse, your child(ren), or other family members, such as your parents or siblings, ever applied for, received, or could have applied for, but did not, any lawful status in any country other than the one from which you are now claiming asylum?

☐ No ☐ Yes

If you answered "Yes" to **Item Number 4.B.**, explain the circumstances, outcome of the application, and whether or not the person is entitled to return for lawful residence purposes.

- 5.** After you left the country where you were harmed or fear harm, did you return to that country?

☐ No ☐ Yes

If "Yes," describe in detail the circumstances of your visit(s) (for example, the date(s) of the trip(s), the purpose(s) of the trip(s), and the length of time you remained in that country for the visit(s).)

- 6.** Are you filing this application more than 1 year after your last arrival in the United States?

☐ No ☐ Yes

If "Yes," explain why you did not file within the first year after you arrived. You must be prepared to explain at your interview or hearing why you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see **Instructions, Part 1: Filing Instructions, Section V. "Completing the Form," Part C.**

- 7.** Have you or any member of your family included in the application ever committed any crime and/or been arrested, charged, convicted, or sentenced for **any crime (including for an immigration law violation)**?

☐ No ☐ Yes

If "Yes," for each instance, specify in your response: what occurred and the circumstances, dates, length of sentence received, location, the duration of the detention or imprisonment, reason(s) for the detention or conviction, any formal charges that were lodged against you or your relatives included in your application, and the reason(s) for release.

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**Part C. Additional Information About Your Application (continued)**

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If you have been arrested in the United States, you must submit a certified copy of all arrest reports, court dispositions, sentencing documents, and any other relevant documents.

- 8.** Have you, your spouse or your child(ren) ever ordered, incited, assisted or otherwise participated in causing harm or suffering to any person because of his or her race, religion, nationality, membership in a particular social group or belief in a particular political opinion?

☐ No ☐ Yes

If "Yes," describe in detail each such incident and your own, your spouse's, or your child(ren)'s involvement.

- 9.** Have you or any member of your family included in the application **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

**A.** Acts involving torture or genocide?

☐ No ☐ Yes

**B.** Killing any person?

☐ No ☐ Yes

**C.** Intentionally and severely injuring any person?

☐ No ☐ Yes

**D.** Any kind of sexual contact or activity (by you, your family member, or another person) with any person who did not consent, was unable to consent, or was being forced or threatened by you, your family member, or by someone else?

☐ No ☐ Yes

**E.** Limiting or denying any person's ability to exercise religious beliefs?

☐ No ☐ Yes

If you answered "Yes" to any part of **Item Number 9.**, explain what occurred and describe the circumstances, including the dates and location of the circumstances.

- 10.** Have you or any member of your family included in the application **EVER**:

**A.** Served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization, or any other armed group?

☐ No ☐ Yes

**B.** Worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?

☐ No ☐ Yes

If you answered "Yes" to any part of **Item Number 10.**, explain what occurred and describe the circumstances, including the dates and location of the circumstances.

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**Part C. Additional Information About Your Application (continued)**

- 11.** Have you or any member of your family included in the application **EVER** been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you, your family member, or other persons used any type of weapon against any person or threatened to do so?

☐ No ☐ Yes

If "Yes," explain what occurred and describe the circumstances, including the dates and location of the circumstances.

- 12.** Have you or any member of your family included in the application **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you or your family member knew or believed would be used against another person?

☐ No ☐ Yes

If "Yes," explain what occurred and describe the circumstances, including the dates and location of the circumstances.

- 13.** Have you or any member of your family included in the application **EVER** received any weapons training, paramilitary training, or other military-type training?

☐ No ☐ Yes

If "Yes," explain what occurred and describe the circumstances, including the dates and location of the circumstances.

- 14.** Have you **EVER** recruited, enlisted, or conscripted any person under 15 years of age to serve in or help an armed force or group, or attempted or worked with others to do so?

☐ No ☐ Yes

- 15.** Have you **EVER** used any person under age 15 to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so?

☐ No ☐ Yes

- 16.** Has any member of your family included on this application **EVER** recruited, enlisted, or conscripted any person under 15 years of age to serve in or help an armed force or group, or attempted or worked with others to do so?

☐ No ☐ Yes

- 17.** Has any member of your family included on this application **EVER** used any person under age 15 to take part in hostilities, such as participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so?

☐ No ☐ Yes

If you answered "Yes" to **Item Numbers 14., 15., 16., and/or 17.**, specify in your response: what occurred and the circumstances, dates, locations, level of involvement, any leadership or other positions held, reason(s) for the involvement, and details about your involvement in any group(s) and/or conflict(s) referenced above in **Item Numbers 14., 15., 16., and/or 17.**

## Part C. Additional Information About Your Application (continued)

The following questions focus on adverse discretionary factors related to asylum eligibility. You must answer **Item Numbers 18.A. - 19.J.** as it relates to you and any member of your family included in the application. For guidance in answering these questions, *see* Instructions, **Part 1: Filing Instructions, Section V. Completing the Form, Part C. Additional Information about your Application.**

**18.A.** Have you or any member of your family included in the application ever unlawfully entered or unlawfully attempted to enter into the United States?

☐ No ☐ Yes

If you answered “Yes” to **Item Number 18.A.**, please specify in your response: what occurred, the circumstances, dates, and the reason(s) for the circumstances.

**18.B.** Did you or any member of your family included in the application transit through any country before entering the United States?

☐ No ☐ Yes

If you answered “Yes” to **Item Number 18.B.**, indicate whether you or any member of your family included in the application sought protection from persecution or torture, including refugee status or asylum, in any country through which you, he, or she transited before entering the United States, and if not, why you, he, or she did not do so. Please specify in your response: what occurred, the circumstances, dates, and the reason(s) for the circumstances.

**18.C.** Have you or any member of your family included in the application used fraudulent documents to enter the United States?

☐ No ☐ Yes

If you answered “Yes” to **Item Number 18.C.**, please specify in your response: what occurred, the circumstances, dates, and the reason(s) for the circumstances.

If you answered “Yes” to **Item Numbers 18.A., 18.B., and/or 18.C.**, do any of the corresponding exceptions or situations described in the exceptions (for example, entry or attempted entry was made in immediate flight from persecution or satisfying the definition of victim of a severe form of trafficking in persons) apply to you or any member of your family included in the application? If so, please specify in your response: why you believe you or any member of your family included in the application meet one of the exceptions, what occurred, the circumstances, dates, and the reason(s) for the circumstances.

**19.A.** Did you or any member of your family included in the application, immediately prior to arriving in the United States or en route to the United States from your or their country of citizenship, nationality, or last lawful habitual residence, spend more than 14 days in any one country?

☐ No ☐ Yes

**19.B.** Did you or any member of your family included in the application transit through more than one country between your or their country of citizenship, nationality, or last habitual residence and the United States?

☐ No ☐ Yes

**19.C.** Do you or any member of your family included in the application have a conviction or sentence that was reversed, vacated, expunged, or modified?

☐ No ☐ Yes

**19.D.** Did you or any member of your family included in the application accrue more than one year of unlawful presence in the United States prior to filing an asylum application?

☐ No ☐ Yes

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**Part C. Additional Information About Your Application (continued)**

**19.E.** At the time this application is filed, have you failed to timely file any required federal, state, or local income taxes, or timely file a request for an extension of time to file?

☐ No ☐ Yes

**19.F.** At the time this application is filed, have you failed to satisfy any outstanding federal, state, or local income tax obligations?

☐ No ☐ Yes

**19.G.** At the time this application is filed, do you have income that would result in tax liability that has not been reported to the Internal Revenue Service?

☐ No ☐ Yes

**19.H.** Have you or any member of your family included in the application had two or more prior asylum applications denied for any reason?

☐ No ☐ Yes

**19.I.** Have you or any member of your family included in the application withdrawn a prior asylum application, been found to have abandoned a prior asylum application, or failed to attend an interview regarding an asylum application?

☐ No ☐ Yes

**19.J.** Have you or any member of your family included in the application been subject to a final order of removal, deportation, or exclusion, and did not file a motion to reopen to seek asylum?

☐ No ☐ Yes

If you answered “Yes” to any of the questions in **Item Numbers 19.A. - 19.J.**, please specify in your response: what occurred, the circumstances, dates, and reason(s) for the circumstances.

If you answered “Yes” to any of the questions in **Item Numbers 19.A. - 19.J.**, do any of the corresponding exceptions or situations described in the exceptions (for example, applying for protection from persecution or torture in another country or satisfying the definition of victim of a severe form of trafficking in persons) apply to you or any member of your family included in the application? If so, please specify in your response: why you believe you or any member of your family included in the application meet one of the exceptions, what occurred, the circumstances, dates, and the reason(s) for the circumstances.

If you answered “Yes” to any of the questions in **Item Numbers 19.A. - 19.J.**, if applicable, provide any information related to extraordinary circumstances that would warrant a favorable decision, and explain any exceptional or extremely unusual hardship that would result from a referral or denial of your asylum application.

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

**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.

**If an asylum officer determines that you have knowingly made a frivolous application for asylum, that determination may be used as a basis for the institution of, or as evidence in, removal proceedings. If an immigration judge or the Board of Immigration Appeals determines that you have knowingly made a frivolous application for asylum, you 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 **or unexcused failure to appear for an asylum interview** 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.

**NOTE:** Read the **Penalty for Perjury** section of the Form I-589 Instructions before completing this section. You must file Form I-589 while in the United States.

Staple your photograph here or the photograph of the family member to be included on the extra copy of the application submitted for that person.

### 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 E.** 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 F.**, , prepared this application for me based only upon information I provided or authorized.

### Applicant's Contact Information

**3. Applicant's Daytime Telephone Number**

**4. Applicant's Mobile Telephone Number (if any)**

**5. Applicant's Email Address (if any)**

### Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit 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 laws.

I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, 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.

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

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 E. Interpreter's Contact Information, Certification, and Signature

Provide the following information concerning 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 , which is the same language specified in **Part D.**

**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 F. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

1. Asylum applicants may be represented by counsel. Have you been provided with a list of persons who may be available to assist you, at little or no cost, with your asylum claim?

☐ No ☐ Yes

Provide the following information about the preparer.

### Preparer's Full Name

2. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

3. Preparer's Business or Organization Name (if any)

### Preparer's Mailing Address

4. Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

### Preparer's Contact Information

5. Preparer's Daytime Telephone Number

6. Preparer's Mobile Telephone Number (if any)

7. Preparer's Email Address (if any)

### Preparer's Statement

8. 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.



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

**Preparer's Signature**

9. Preparer's Signature

Date of Signature (mm/dd/yyyy)

**Part G. To Be Completed at Asylum Interview, if Applicable**

**NOTE:** You will be asked to complete this part when you appear for examination before an asylum officer of the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS).

I swear (affirm) and certify, under penalty of perjury under the laws of the United States of America, that I know the contents of this Application for Asylum and for Withholding of Removal, subscribed by me, including correction(s) numbered \_\_\_\_\_ to \_\_\_\_\_ and that they are complete, true, and correct. All documentary and other evidence I have submitted is complete, true, and correct.

I am aware that if an asylum officer determines that I knowingly made a frivolous application for asylum, such determination may be used as a basis for the institution of, or as evidence in, removal proceedings. Furthermore, I am aware that if an immigration judge or the Board of Immigration Appeals determines that I have knowingly made a frivolous application for asylum, I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Write Your Name in Your Native Alphabet

\_\_\_\_\_  
Signature of Asylum Officer

**Part H. To Be Completed at Removal Hearing, if Applicable**

**NOTE:** You will be asked to complete this Part when you appear before an immigration judge of the U.S. Department of Justice, Executive Office for Immigration Review (EOIR), for a hearing

I swear (affirm) and certify, under penalty of perjury under the laws of the United States of America, that I know the contents of this Application for Asylum and for Withholding of Removal, subscribed by me, including correction(s) numbered \_\_\_\_\_ to \_\_\_\_\_, and that they are complete, true, and correct. All documentary and other evidence I have submitted is complete, true, and correct.

Furthermore, I am aware that if an immigration judge or the Board of Immigration Appeals determines that I have knowingly made a frivolous application for asylum, I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Write Your Name in Your Native Alphabet

\_\_\_\_\_  
Signature of Immigration Judge

A-Number (If available)	Date
Applicant's Name	Applicant's Signature

**List All of Your Children, Regardless of Age or Marital Status**

(NOTE: Use this form and attach additional pages and documentation as needed, if you have more than four children)

<b>1.</b> Alien Registration Number (A-Number) (if any)	<b>2.</b> Passport/ID Card Number (if any)	<b>3.</b> Marital Status (Married, Single, Divorced, Widowed)	<b>4.</b> U.S. Social Security Number (if any)
<b>5.</b> Complete Last Name	<b>6.</b> First Name	<b>7.</b> Middle Name	<b>8.</b> Date of Birth (mm/dd/yyyy)
<b>9.</b> City and Country of Birth	<b>10.</b> Nationality (Citizenship)	<b>11.</b> Race, Ethnic, or Tribal Group	<b>12.</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>13.</b> Is this child in the U.S. ? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
<b>14.</b> Place of last entry into the U.S.	<b>15.</b> Date of last entry into the U.S. (mm/dd/yyyy)	<b>16.</b> I-94 Number (If any)	<b>17.</b> Status when last admitted (Visa type, if any)
<b>18.</b> What is your child's current status?	<b>19.</b> What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	<b>20.</b> Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21.</b> If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your child in the upper right corner of Page 14 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

  

<b>1.</b> Alien Registration Number (A-Number) (if any)	<b>2.</b> Passport/ID Card Number (if any)	<b>3.</b> Marital Status (Married, Single, Divorced, Widowed)	<b>4.</b> U.S. Social Security Number (if any)
<b>5.</b> Complete Last Name	<b>6.</b> First Name	<b>7.</b> Middle Name	<b>8.</b> Date of Birth (mm/dd/yyyy)
<b>9.</b> City and Country of Birth	<b>10.</b> Nationality (Citizenship)	<b>11.</b> Race, Ethnic, or Tribal Group	<b>12.</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>13.</b> Is this child in the U.S. ? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
<b>14.</b> Place of last entry into the U.S.	<b>15.</b> Date of last entry into the U.S. (mm/dd/yyyy)	<b>16.</b> I-94 Number (If any)	<b>17.</b> Status when last admitted (Visa type, if any)
<b>18.</b> What is your child's current status?	<b>19.</b> What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	<b>20.</b> Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21.</b> If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your child in the upper right corner of Page 14 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

**Additional Information About Your Claim to Asylum**

A-Number (if available)	Date
Applicant's Name	Applicant's Signature

**NOTE:** Use this as a continuation page for any additional information requested. Copy and complete as needed.

Part \_\_\_\_\_  
 Question \_\_\_\_\_

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