



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

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

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

<b>For USCIS Use Only</b>	<b>Applicant Interviewed</b>	<b>Receipt</b>	<b>Action Block</b>
	Date: _____		
	<b>Date of Adjustment</b>	<b>Remarks</b>	
	Date: _____		

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

## Part 1. Information About You

**1. Full Legal Name**

Family Name (Last Name)

Given Name (First Name)

Middle Name

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

**A. Family Name (Last Name)**

**Given Name (First Name)**

**Middle Name**

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

**3. Any Other Names Used**

**A. Family Name (Last Name)**

**Given Name (First Name)**

**Middle Name**

**B. Family Name (Last Name)**

**Given Name (First Name)**

**Middle Name**

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

Family Name (Last Name)

Given Name (First Name)

Middle Name

**B. Language of Your Native Alphabet**

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

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

   

City or Town

State

ZIP Code

**6. Is your current U.S. mailing address the same as your U.S. physical address?**

Yes  No

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

**Part 1. Information About You (continued)**

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7. U.S. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

   

City or Town

State

ZIP Code

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

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

11. Gender

Male  Female

12. Place of Birth

City or Town

Province or Foreign State

Country

13. Country of Citizenship or Nationality

14. Mother's First Name

15. Father's First Name

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

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

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

**Part 2. Biographic Information**

1. Ethnicity (Select **only one** box)  Hispanic or Latino  Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

White  Asian  Black or African American  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander

3. Height Feet  Inches  4. Weight Pounds

5. Eye Color (Select **only one** box)

Black  Blue  Brown  Gray  Green  Hazel  Maroon  Pink  Unknown/Other

6. Hair Color (Select **only one** box)

Bald (No Hair)  Black  Blond  Brown  Gray  Red  Sandy  White  Unknown/Other

**Part 3. Eligibility Standards**

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

Answer **Item Numbers 2. - 29.** If you answer "Yes" to any of the questions, provide a complete explanation using the space provided in **Part 8. Additional Information** or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number, and Item Number** to which your answer refers; and sign and date each sheet. Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for lawful permanent residence.

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

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







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

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**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 Email Address (if any)

**Interpreter's Certification**

I certify that:

I am fluent in English and , which is the same language provided in **Part 5., Item B.** in **Item Number 1.**;

I have read to this applicant every question and instruction on this application, as well as the answer to every question, in the language provided in **Part 5., Item B.** in **Item Number 1.**; and

I have read the **Acknowledgement of Appointment at USCIS Application Support Center** to the applicant in the same language provided in **Part 5., Item B.** in **Item Number 1.**

The applicant has informed me that he or she understands every instruction and question on the application, as well as the answer to every question, and the applicant verified the accuracy of every answer; and

The applicant has also informed me that he or she understands the ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photographs, and/or signature, he or she is re-affirming that the contents of this application and all supporting documentation are complete, true, and correct.

**Interpreter's Signature**

6. Interpreter's Signature  Date of Signature (mm/dd/yyyy)

**Part 7. Contact Information, Statement, Certification, and Signature of the Person Preparing This Application, If Other Than the Applicant**

**Preparer's Full Name**

Provide the following information concerning the preparer.

1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)

2. Preparer's Business or Organization (if any)





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**Part 8. Additional Information**

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

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

2. A-Number (if any) ▶ A- 

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

D. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

D. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

D. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

D. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_