

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

	or CIG	Applicant Interviewed Date:	R	Receipt		Action Blo	ock
USCIS Use		Date of Adjustment					
O	nly	Date:	Remarks				
>	STA	RT HERE - Type or print	in black ink.				
Pa	rt 1.	Information About Y	You You				
1.	Full	Legal Name					
	Fam	ily Name (Last Name)		Given Name (First Name)	Middle Nan	ne
2.		ne as it Appears on Your Em	ployment Authorization	· · · · · · · · · · · · · · · · · · ·			
	A.	Family Name (Last Name)		Given Name (First Name)	Middle Nan	ne
	В.	Provide the reason for a diff	erence in the names, i	f any (marriage, divorce, e	tc.)		
				runy (marriage, arreres, e	,		
3.	Any	Other Names Used					
	A.	Family Name (Last Name)		Given Name (First Name)	Middle Nan	ne
	В.	Family Name (Last Name)		Given Name (First Name)	Middle Nan	ne
4.	Α.	If your native alphabet does	not use Roman letters	s, type or print your name i	n vour native a	lphabet.	
		Family Name (Last Name)		Given Name (First Name	•	Middle Nan	ne
	В.	Language of Your Native A	lphabet				
_	II C	Mailing Address (III	CDC 7ID C. J. L. J				
5.		Mailing Address are Of Name	SPS ZIP Code Lookup)				
		are Of france					
	Stree	et Number and Name				Apt. Ste.	Flr. Number
	City	or Town				State	ZIP Code
6.	Is vo	our current U.S. mailing addi	ess the same as your	U.S. physical address?			Yes No

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

Pa	art 1. Information About You (continue	ed)		A-					
7.	U.S. Physical Address								
	Street Number and Name			Ap	t. St	e. Flr	Nur	nbei	r
	City or Town			_ 5	State	ZIP	Code	;	
8.	Alien Registration Number (A-Number) (if any) ▶ A-	9. U.S. Social Security •	Number (if any)						
10.	Date of Birth (mm/dd/yyyy) 11. Gender								
	Male [Female							
12.	Place of Birth								
	City or Town Provin	ce or Foreign State	Country						
13.	Country of Citizenship or Nationality 14	Mother's First Name	15. F	ather's	s First	Name			
16.	Marital Status Single (Never Married)	Married Divorced of	or Separated V	Vidov	ed				
17.	7. 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.								
	sheet; indicate the Page Number, Part Number	, and Item Number to whice	ch your answer refe	s; and	l sign	and dat	e each	ı she	eet.
		r, and Item Number to which	ch your answer refer From (mm/dd/yyyy)		l sign To m/dd/j		Tot		Days
		•	From		То		Tot	tal D	Days
		•	From		То		Tot	tal D	Days
		•	From		То		Tot	tal D	Days
		•	From		То		Tot	tal D	Days
		•	From		То		Tot	tal D	Days
	Country P	•	From		То		Tot	tal D	Days
Pa		•	From		То		Tot	tal D	Days
Pa 1.	Country P	urpose of Trip	From		То		Tot	tal D	Days
	Country P art 2. Biographic Information	urpose of Trip	From (mm/dd/yyyy)		То		Tot	tal D	Days
1.	Country P Art 2. Biographic Information Ethnicity (Select only one box)	or Latino Not Hispa	From (mm/dd/yyyy)	(m	To m/dd/j		Tot	tal D	Days
1.	Country P Art 2. Biographic Information Ethnicity (Select only one box)	or Latino Not Hispa	From (mm/dd/yyyy) nic or Latino Native Hawai	(m	To m/dd/j		Tot	tal D	Days
1. 2.	Country P Art 2. Biographic Information Ethnicity (Select only one box)	or Latino Not Hispa	From (mm/dd/yyyy) nic or Latino Native Hawai	(m	To m/dd/j		Tot	tal D	Days
1. 2.	Country P Country P Art 2. Biographic Information Ethnicity (Select only one box)	or Latino Not Hispan American Indian or Alaska Native Weight Pounds	From (mm/dd/yyyy) nic or Latino Native Hawai	(m	To m/dd/j		Tot	tal D	Days nt
1. 2.	Country P Art 2. Biographic Information Ethnicity (Select only one box) Hispanic Race (Select all applicable boxes) White Asian Black or African American Height Feet Inches 4. The select only one box)	or Latino Not Hispa: American Indian or Alaska Native Weight Pounds	From (mm/dd/yyyy) nic or Latino Native Hawai Other Pacific	ian o	To m/dd/j		Tot	tal D	Days nt

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Pa	rt 3	. Eligibility Standards	A-							
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 Secu	rity	(Se	cre	tary).			
	B.	I have satisfied these requirements by:								
		Satisfactory pursuit of a course of study recognized by the Secretary (attach appropriate	doc	cum	ent	tatio	n); oı	•		
		An exemption because I am 65 years of age or older, under 16 years of age, or I am phy are physically unable to comply, explain and attach relevant documentation.)	sica	lly	una	able	to co	mpl	y. (If you
in I eac	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.		we you EVER assisted in the persecution of any person or persons on account of race, religionation, nationality, or membership in a particular social group?	ı, po	oliti	cal			es] No
3.	Hav	ve you EVER been treated for a mental disorder, drug addiction, or alcoholism?						es		No
4.	Hav	ve you EVER committed a crime or offense for which you were not arrested?						es		No
5.	and	ve you EVER been arrested, cited, or detained by any law enforcement officer (including Imr Customs Enforcement (ICE), Customs and Border Protection (CBP), former Immigration an uralization Service (INS), and/or military officers) for any reason?		atic	n		\	es] No
6.	Hav	ve you EVER been charged with committing any crime or offense?						es		No
7.	Hav	ve you EVER been convicted of a crime or offense?						es		No
8.	Hav	ve you EVER been in jail or prison?						es		No
9.		we you EVER been placed in an alternative sentencing or a rehabilitative program (for examplersion, deferred prosecution, withheld adjudication, deferred adjudication)?	le,				Y	es] No
10.	Hav	ve you EVER received a suspended sentence, been placed on probation, or been paroled?						es		No
11.	A.	Have you, or a dependent member of your immediate family, EVER received public assista any source, including, but not limited to, the U.S. Government, any state, county, city, or much source.				?	Y	es] 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.	Soc	cial	Secu	rity	Nu	mber
			Τ							
12.	Hav	ve 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?] No		
	B.	Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling	g?					es		No
	C.	Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the Unit illegally?	er the United States Yes] No	
	D. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit Yes Northern Yes Northern Yes Northern Yes Yes Northern Yes Yes Northern Yes Northern Yes Yes Northern Yes Northern Yes Northern Yes] No

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Do	rt 3	. Eligibility Standards (continued)	A-							$\overline{}$
		, ,		L						
13.	3. Have you EVER engaged in, conspired to engage in, do you intend to engage in, or have you EVER solicited membership or funds for, or have you EVER through any means assisted or provided any type material support to any person or organization that has EVER engaged or conspired to engage in sabotage kidnapping, political assassination, hijacking, or any other form of terrorist activity?									No
14.	Do	you intend to engage in the United States in:								
	A.	Espionage?						Yes		No
	B.	Any activity, a purpose of which, is opposition to, or the control or overthrow of, the Government United States, by force, violence, or other unlawful means?	nme	nt o	of			Yes		No
	C.	Any activity to violate or evade any law prohibiting the export from the United States of good technology, or sensitive information?	ods,					Yes		No
15.		e you EVER been a member of, or in any way affiliated with, a Communist Party or any oth litarian party?	er					Yes		No
16.	Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion?							Yes		No
17.	Hav	re you EVER claimed to be a United States citizen in writing or any other way?				[Yes		No
18.	B. Have you EVER been deported from the United States, removed from the United States at government expense, excluded within the past year, or are you NOW, or have you EVER been in exclusion, deportation, removal, or rescission proceedings?							Yes		No
19.	Are you NOW under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act (INA) for use of fraudulent documents or have you EVER , by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa, other documentation, entry into the United States, or any immigration benefit?							Yes		No
20.	Hav	e you EVER left the United States to avoid being drafted into the U.S. Armed Forces?				[Yes		No
21.		re you EVER been a J nonimmigrant exchange visitor who was subject to the 2-year foreign direment and have not yet complied with that requirement or obtained a waiver?	resi	den	ice			Yes		No
22.		you NOW withholding custody of a U.S. citizen child outside the United States from a persody of the child?	on g	ran	ted			Yes		No
23.	Do	you plan to practice polygamy in the United States?						Yes		No
24.	Hav	re you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise part	icip	ate	d in	any	of t	he fo	llow	ing:
	A.	Acts involving torture or genocide?				[Yes		No
	B.	Killing any person?				[Yes		No
	C.	Intentionally and severely injuring any person?				[Yes		No
	D.	Engaging in any kind of sexual contact or relations with any person who was being forced of threatened?	r					Yes		No
	E.	Limiting or denying any person's ability to exercise religious beliefs?				[Yes		No
25.	Hav	e you EVER:								
	Α.	Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organication.	_					Yes		No
	B. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?							Yes		No

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Pa	rt 3. I	Eligibility Standards (continued)	A-								
26.		ou EVER been a member of, assisted in, or participated in any group, unit, or organization which you or other persons used any type of weapon against any person or threatened to				Y	es		No		
27.	*Have you EVER assisted or participated in selling, providing, or transporting weapons to any person who, Uses No to your knowledge, used them against another person?										
28.	Have y	ou EVER received any type of military, paramilitary or weapons training?					es		No		
29.	Have y	ou EVER:									
		cruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help ce or group?	an a	armo	ed	Y	es		No		
		ed any person under 15 years of age to take part in hostilities, or to help or provide service ople in combat?	es to	1		Y	es		No		
		Accommodations for Individuals With Disabilities and Impairments (I 28 instructions before completing this part.)	Reac	l the	e info	ormat	ion	in t	he		
1.	Are you	requesting an accommodation because of your disabilities and/or impairments?					es		No		
	If you a	nswered "Yes," Select all applicable boxes.									
	A.	I am deaf or hard of hearing and request the following accommodations (if you are requeindicate for which language (e.g., American Sign Language)):	esting	g a s	ign-la	ınguag	e int	erpre	eter,		
	B. I am blind or have low vision and request the following accommodations:										
	C	I have another type of disability and/or impairment (describe the nature of your disability accommodations you are requesting):	ties a	ınd/	or imj	pairme	nts a	and t	he		
Ap	plicat	applicant's Statement, Contact Information, Acknowledgement of Applicant Center, Certification, and Signature					CIS	5			
NO	TE: Se	ect the box for either Item A. or B. in Item Number 1. If applicable, Selectthe box for	Item	Nu	mber	2.					
1.	Applica	nt's Statement Regarding the Interpreter									
	A	I can read and understand English, and have read and understand every question and in well as my answer to every question. I have read and understand the Acknowledgeme Application Support Center.									
	В.	The interpreter named in Part 6. has read to me every question and instruction on this a	plic	atio	1, as v	well as	my				
		answer to every question, in			, a l	angua	ge ir	whi	ich I		
		am fluent. I understand every question and instruction on this application as translated provided complete, true, and correct responses in the language indicated above. The in read the Acknowledgement of Appointment at USCIS Application Support Center am fluent, and I understand this ASC Acknowledgement as read to me by my interprete	terpr to m	eter	name	ed Par	t 6. l	nas a	lso		
2.	Applica	nt's Statement Regarding the Preparer							_		
	Applicant's Statement Regarding the Preparer I have requested the services of and consented who is is not an attorney or accredited representative, preparing this application for me. This person who assisted me in preparing my application has reviewed the Acknowledgement of Appointment at USCIS Application Support Center with me and I understand the ASC Acknowledgement.										

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	art 5. Applicant's Statement, Contact Information, ASC Acknowledgement, A- ertification, and Signature (continued)										
	oplicant's Contact Information										
3.	Applicant's Daytime Telephone Number 4. Applicant's Mobile Telephone Number (if any)										
5.	Applicant's Email Address (if any)										
Ac	cknowledgement of Appointment at USCIS Application Support Center										
my dec	I, understand that the purpose of a USCIS Application Support Center (ASC) appointment is for me to provide fingerprints, photograph, and/or signature and to re-affirm that all of the information in my application is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment: **By signing here, I declare under penalty of perjury that I have reviewed and understand my application, petition, or request as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS,										
that sup	and that all of the information in these materials is complete, true, and correct. so understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-affirming it I willingly submit this application; I have reviewed the contents of this application; all of the information in my application and all porting documents submitted with my application were provided by me and are complete, true, and correct; and if I was assisted in applicing this application, the person assisting me also reviewed this Acknowledgement of Appointment at USCIS Application opport Center with me.										
Ap	oplicant's Certification										
requ	pies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may uire that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any all of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.										
	rthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to er entities and persons where necessary for the administration of U.S. immigration laws.										
	ertify, under penalty of perjury, that the information in my application and any document submitted with my application were vided by me and are complete, true, and correct.										
Ap	pplicant's Signature										
6.	Applicant's Signature Date of Signature (mm/dd/yyyy)										
Pa	art 6. Interpreter's Contact Information, Certification, and Signature										
	terpreter's Full Name										
	vide the following information concerning the interpreter.										
1.	Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)										
2.	Interpreter's Business or Organization Name (if any)										

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	rt 6. Interpreter's Contact Information, Certification, and Signature ontinued)	A-		
Int	terpreter's Mailing Address			
3.	Street Number and Name	Apt. St	e. Flr.	Number
	City or Town	State	ZIP	Code
	Province Postal Code Country			
Int	terpreter's Contact Information			
4.	Interpreter's Daytime Telephone Number 5. Interpreter's Email Address (if any)			
Int	terpreter's Certification			
I ce	rtify that:			
	n fluent in English and , who wided in Part 5., Item B. in Item Number 1.;	nich is the s	ame lang	guage
	ve read to this applicant every question and instruction on this application, as well as the answer vided in Part 5., Item B. in Item Number 1.; and	to every qu	estion, ii	n the language
	ve read the Acknowledgement of Appointment at USCIS Application Support Center to the vided in Part 5., Item B. in Item Number 1.	applicant in	the sam	ne language
	applicant has informed me that he or she understands every instruction and question on the applicant y question, and the applicant verified the accuracy of every answer; and	ication, as v	vell as th	e answer to
bior	applicant has also informed me that he or she understands the ASC Acknowledgement and that metric services appointment and providing his or her fingerprints, photographs, and/or signature, tents of this application and all supporting documentation are complete, true, and correct.		_	
Int	terpreter's Signature			
6.	Interpreter's Signature	Date of S	gnature	(mm/dd/yyyy)
	rt 7. Contact Information, Statement, Certification, and Signature of the Peoplication, If Other Than the Applicant	erson Pre	paring	This
Pro	eparer's Full Name			
Pro	vide the following information concerning the preparer.			
1.	Preparer's Family Name (Last Name) Preparer's Given Name (First	t Name)		
2.	Preparer's Business or Organization (if any)			

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	rt 7. Contact Information, Statement, Certification, and Signature of the rson Preparing This Application, If Other Than the Applicant (continued)
Pr	eparer's Mailing Address
3.	Street Number and Name Apt. Ste. Flr. Number \[\begin{array}{c ccccccccccccccccccccccccccccccccccc
	City or Town State ZIP Code
	Province Postal Code Country
Pro	eparer's Contact Information
4.	Preparer's Daytime Telephone Number 5. Preparer's Fax Telephone Number
6.	Preparer's Email Address (if any)
Pro	eparer'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.
	TE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you st submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.
Pro	eparer's Certification
with com appl I ha	my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this application on behalf of, at the request of, and a the express consent of, the applicant. I completed this application based only on responses the applicant provided to me. After application, I reviewed it and all of the applicant's responses with the applicant, who agreed with every answer on the lication. If the applicant supplied additional information concerning a question on the application, I recorded it on the application. We also read the Acknowledgement of Appointment at USCIS Application Support Center to the applicant and the applicant informed me that he or she understands the ASC Acknowledgement.
Pr	eparer's Signature
8.	Preparer's Signature Date of Signature (mm/dd/yyyy)

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Part X	Addition	aal Into	rmatian
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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.	Fan	nily Name (Last Nam	e)		Giv	ren Name (First Name)	Middle Name
2.	A-N	Number (if any)	A-				
3.	A.	Page Number	В.	Part Number	C.	Item Number	
	D.						
4.	A.	Page Number	B.	Part Number	C.	Item Number	
	D.						
5.	A.	Page Number	В.	Part Number	C.	Item Number	
	D.						
6.	Α.	Page Number	В.	Part Number	C.	Item Number	
	D.						

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