

Application for Permission to Reapply for Admission Into the United States After Deportation or Removal

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-212 OMB No. 1615-00

OMB No. 1615-0018 Expires 06/30/2022

		For DHS Use On	ly	
Alien Registration Number		Fee Stamp		Action Block
A-				
Initial Receipt Transferred In				
Approved	Relocated Returns	ed Remark	2	
☐ INA 212(a)(9)(A) for Advance	Relocated Returns	Kemark	,	
Approval				DHS Office Name/Location
☐ INA 212(a)(9)(A)	Transferred Out	<u> </u>		
☐ INA 212(a)(9)(C) Denied	1			
Demeu				
To be completed by an -	lect this box if orm G-28 or	Attorney State Ba (if applicable)	r Number	Attorney or Accredited Representative USCIS Online Account Number (if any)
Autorney or Accredited	orm G-28I is	(II applicable)		USCIS Online Account Number (if any)
att	tached.			
► START HERE - Type or print i	n black ink.			
D4 1	7	4.a.	Family Nam	ne
Part 1. Information About Y	a ou		(Last Name)	
1. Alien Registration Number (A-	Number) (if any)	4.b.	Given Name (First Name)	
► A-		4.c.	Middle Nam	
Your Full Name		1.0.	TVIIGGIC I VIII	
		Mai	ling Addre	SS USPS ZIP Code Lookup
2.a. Family Name (Last Name)		NOT	E: If you are	e outside the United States, provide a U.S.
2.b. Given Name				Favailable. If a U.S. mailing address is not
(First Name)		avail	able, provide	e your mailing address abroad.
2.c. Middle Name		5.a.	In Care Of N	Name (if any)
Other Names Used				
		5.b.	Street Numb and Name	er
Provide all other names you have even maiden name, and nicknames. If you		_		Sto Dia
complete this section, use the space p		5.0.	Apt	Ste. Flr.
Additional Information.		5.d.	City or Tow	n
3.a. Family Name (Last Name)		5.e.	State	5.f. ZIP Code
3.b. Given Name (First Name)		5.g.	Province	
3.c. Middle Name		5.h.	Postal Code	
		5.i.	Country	

Pai	rt 1. Information About You (continued)	If you seek an immigrant or nonimmigrant visa and you are or will file your application for consent to reapply with your
6.	Is your mailing address the same address where you currently live (physical address)? Yes No	immigrant or nonimmigrant visa application, provide the information requested in Item Numbers 16 17.b.
	If you answered "No" to Item Number 6. , provide your current physical address in Item Numbers 7.a 7.f.	16. The Department of State (DOS) Consular Case Number (if available)
Phy	vsical Address	The Location of the U.S. Embassy or U.S. Consulate Where
7.a.	Street Number and Name	Your Application for an Immigrant Visa is Being or Will Be Made
7.b.	Apt. Ste. Flr.	17.a. City or Town
7.c.	City or Town	17.b. Country
7.d.	State 7.e. ZIP Code	27.65. Country
7.f.	Province	If you are seeking consent to reapply in connection with your application to adjust your status to that of a lawful permanent
7.g.		resident, provide information in Item Numbers 18.a 18.c.
7.h.	Country	18.a. USCIS Receipt Number (if any)
Oth	ner Information About You	18.b. Where did you file your application (for example, "USCIS Office Name" or "Lockbox")?
8.	U.S. Social Security Number (if any)	
		18.c. Date Filed (mm/dd/yyyy)
9.	U.S. Online Account Number (if any)	19. Are you submitting Form I-601, Application for Waiver of Grounds of Inadmissibility, along with this application?
10.	Gender Male Female	Yes No
11.	Date of Birth (mm/dd/yyyy)	If you answered "No," provide the information requested in Item Numbers 20.a 20.c. about previously filed
12.	City or Town of Birth	Forms I-601 (if any): 20.a. USCIS Receipt Number for Form I-601 (if any)
12		20.4. OSCIS Receipt Number for Form Foot (if any)
13.	State or Province of Birth (if applicable)	20.b. Where did you file your application (for example, "USCIS Office Name" or "Lockbox")?
14.	Country of Birth	DOES OFFICE FAMILY OF ENGROOM).
15.	Country of Citizenship or Nationality	20.c. Date Filed (mm/dd/yyyy)

Part 2. Reasons You Are Filing Form I-212

If you are inadmissible to the United States for the following reason, select "Yes" and then select the appropriate boxes. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

Removal as an Arriving Alien (INA Section 212(a)(9)(A)(i))

1.a.	I have been removed as an arriving alien in expedited removal proceedings under INA section 235(b)(1) or I was removed at the end of proceedings under INA section 240 as an arriving alien. Yes No
1.b.	☐ I have only been removed once, and my last removal was less than five years ago.
1.c.	☐ I have been removed at least two or more times, and my last removal was less than 20 years ago.
1.d.	I have been convicted of an aggravated felony in the United States or abroad, before or after my removal from the United States. Provide information on your aggravated felony convictions in Part 9. Additional Information and include the required evidence.
2.	Date You Were Removed From the United States
	(mm/dd/yyyy)
Loca	tion From Where You Were Removed
3.	City or Town
4.	State
	noval as a Deportable Alien (INA Section (a)(9)(A)(ii))
5.a.	I have been removed as a deportable alien under INA section 240 or any other provision of the law, or I departed the United States while an order of removal was outstanding.
5.b.	☐ I have only been removed once and my removal was less than 10 years ago.
5.c.	☐ I have been removed two or more times, and my last removal was less than 20 years ago.
5.d.	I have been convicted of an aggravated felony in the United States or abroad, before or after my removal from the United States. Provide information on your aggravated felony convictions in Part 9. Additional Information and include the required evidence.
6.	Date You Were Excluded, Deported, or Removed From the United States (mm/dd/yyyy)

7.a.	City or Town
7.b.	State
	try After Unlawful Presence in the Aggregate of ear (INA Section 212(a)(9)(C)(i)(I))
8.	I entered or attempted to enter the United States without being admitted or paroled, after having been unlawfully present in the United States on or after April 1, 1997, for period of more than one year, in the aggregate.
	NOTE: If you answered "Yes" to Item Number 8. , list all the time periods during which you were unlawfully present in the United States (including any periods in which you overstayed your lawful status). Begin with your most recent period of unlawful presence. Also attach evidence demonstrating that you have <i>remained outside the United States for 10 years</i> since your last departure.
Perio	ods of Unlawful Presence
9.a.	From (mm/dd/yyyy)
9.b.	To (mm/dd/yyyy)
10.	Date You Departed the United States After Your Period of Unlawful Presence (mm/dd/yyyy)
	ntion Where You Departed the United States After Your od of Unlawful Presence
11.a.	City or Town
11 L	. State
11.0	
Loca	tion Where You Reentered or Attempted to Reenter the ed States

13. Date You Attempted to Unlawfully Enter or Reenter the United States After Period of Unlawful Presence

(mm/dd/yyyy)

	t 2. Reasons You Are Filing Form I-212 ntinued)		c. Citizen or Lawful Permanent Resident Family mbers (if any)
	ry After Removal (INA Section (a)(9)(C)(i)(II))	the s	E: If you need extra space to complete this section, use pace provided in Part 9. Additional Information .
14.	I entered or attempted to enter the United States without being admitted or paroled after having been excluded, deported, or removed. NOTE: If you answered "Yes" to Item Number 14., list all the dates when you were excluded, deported, or removed from the United States. If you need extra space to complete this section, use the space provided in Part 9. Additional Information.	3.b. 3.c. 3.d.	Family Name (Last Name) Given Name (First Name) Middle Name Relationship
15.	Date You Were Excluded, Deported, or Removed From the United States (mm/dd/yyyy)	My 1 4.a. 4.b.	relative is (Select one): A lawful permanent resident.
	tion Where You Reentered or Attempted to Reenter the ed States After Your Exclusion, Deportation, or Removal		A U.S. citizen.
16.a.	City or Town	Par	t 4. Biographic Information
		1.	Ethnicity (Select only one box)
16.b.	State		☐ Hispanic or Latino☐ Not Hispanic or Latino
17.	Date You Entered or Attempted to Reenter the United States After Exclusion, Deportation, or Removal (mm/dd/yyyy)	2.	Race (Select all applicable boxes) White Asian Black or African American
	t 3. Reasons For Your Request For mission to Reapply		American Indian or Alaska Native
If the	Department of Homeland Security (DHS) permits you to		Native Hawaiian or Other Pacific Islander
	er the United States, what immigration status will you seek?	3.	Height Feet Inches
1.a. 1.b.	Permanent Resident Visitor	4.	Weight Pounds Pounds
1.c.	Student	5.	Eye Color (Select only one box)
1.d.	Other (Explain)		Black Blue Brown
			Gray Green Hazel Maroon Pink Unknown/Other
2.	Explain Why You Would Like to Reenter the United States	6.	Hair Color (Select only one box) Bald (No hair) Black Blond
	NOTE: If you need extra space to complete this section, use the space provided in Part 9. Additional Information.		☐ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/Other

Part 5.	Additional Information if Filing wi	ith
CBP		

If you are filing this application with Customs and Border Protection (CBP), provide the information requested in Item **Numbers 1.a. - 40.c.**

Address History

Physical Address 1 (current address)

Provide physical addresses for everywhere you have lived during the last ten years, whether inside or outside the United States. Provide your current address first. If you are unsure of the exact date, provide the closest approximate date to the best of your knowledge. If you need extra space to complete this section, use the space provided in Part 9. Additional Information.

1.a. Street Number and Name Apt. Ste. Flr. City or Town 1.e. ZIP Code 1.d. State

1.1.	Province	
1.g.	Postal Code	
1.h.	Country	
Date	s of Residence	
2.a.	From (mm/dd/yy	уу)
2.b.	To (mm/dd/yyyy)
Phys	ical Address 2	
3.a.	Street Number and Name	
3.b.	Apt. Ste	e.
3.c.	City or Town [
3.d.	State	3.e. ZIP Code
3.f.	Province	
3.g.	Postal Code [
3.h.	Country	

Dates	s of Residence
4.a.	From (mm/dd/yyyy)
4.b.	To (mm/dd/yyyy)
Emp	ployment History
wheth recen emplo best of this so Infor	de your employment history for the last five years, her inside or outside the United States. Provide the most t employment first. If you are unsure of the exact oyment date, provide the closest approximate date to the of your knowledge. If you need extra space to complete ection, use the space provided in Part 9. Additional mation.
-	oyer 1 (current or most recent)
5.	Name of Employer or Company
Addr	ess of Employer or Company
6.a.	Street Number and Name
6.b.	Apt. Ste. Flr.
6.c.	City or Town
6.d.	State 6.e. ZIP Code
6.f.	Province
6.g.	Postal Code
6.h.	Country
7.	Your Occupation
Dates	s of Employment
8.a.	From (mm/dd/yyyy)
8.b.	To (mm/dd/yyyy)

Part 5. Additional Information if Filing with	17. Country of Birth
CBP (continued)	10 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Employer 2	18. Current City or Town of Residence (if living)
9. Name of Employer or Company	10 Compared to the Compared to
	19. Current Country of Residence (if living)
Address of Employer or Company	
10.a. Street Number and Name	Information About Your Father
10.b. Apt. Ste. Flr.	Father's Legal Name
	20.a. Family Name (Last Name)
10.c. City or Town	20.b. Given Name
10.d. State 10.e. ZIP Code	(First Name)
10.f. Province	20.c. Middle Name
	Father's Name at Birth (if different than above)
10.g. Postal Code	21.a. Family Name (Last Name)
10.h. Country	21.b. Given Name (First Name)
11. Your Occupation	21.c. Middle Name
	22. Date of Birth (mm/dd/yyyy)
Dates of Employment	23. City or Town of Birth
	23. City of Town of Birth
12.a. From (mm/dd/yyyy)	24. Country of Birth
12.b. To (mm/dd/yyyy)	2 ii Country of Britis
	25. Current City or Town of Residence (if living)
Information About Your Parents	
Information About Your Mother	26. Current Country of Residence (if living)
Mother's Legal Name	
13.a. Family Name (Last Name)	
13.b. Given Name	Information About Your Marital History
(First Name)	27. What is your current marital status?
13.c. Middle Name	Single, Never Married Legally Separated
Mother's Name at Birth (if different than above)	Married Marriage Annulled
14.a. Family Name (Last Name)	Divorced Other
14.b. Given Name	Widowed
(First Name) 14.c. Middle Name	28. How many times have you been married (including annulled marriages and marriages to the same person)?
15. Date of Birth (mm/dd/yyyy)	
16. City or Town of Birth	
City of Town of Billin	

Part 5. Additional Information if Filing with CBP (continued)

Information About Your Current Marriage (including if you are legally separated)

If you are currently married, provide the following information about your current spouse.

Current Spouse's Legal Name **29.a.** Family Name (Last Name) 29.b. Given Name (First Name) **29.c.** Middle Name A-Number (if any) ► A-30. Current Spouse's Date of Birth (mm/dd/yyyy) 31. Date of Marriage to Current Spouse (mm/dd/yyyy) 32. Current Spouse's Place of Birth 33.a. City or Town 33.b. State or Province 33.c. Country Place of Marriage to Current Spouse 34.a. City or Town **34.b.** State or Province **34.c.** Country

Information About Prior Marriages (if any)

If you have been married before, whether in the United States or in any other country, provide the following information about your prior spouse. If you have had more than one previous marriage, use the space provided in **Part 9. Additional Information** to provide the information below.

Prior Spouse's Legal Name (provide family name before marriage)

35.a.	Family Name (Last Name)
35.b.	Given Name (First Name)
35.c.	Middle Name
36.	Prior Spouse's Date of Birth (mm/dd/yyyy)
37.	Date of Marriage to Prior Spouse (mm/dd/yyyy)
Place	of Marriage to Prior Spouse
38.a.	City or Town
38.b.	State or Province
38.c.	Country
39.	Date Marriage with Prior Spouse Legally Ended
	(mm/dd/yyyy)
Place	Where Marriage with Prior Spouse Legally Ended
40.a.	City or Town
40.b.	State or Province
40.c.	Country

Part 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-212 Instructions before completing this part.

		Select the box for either Item Number 1.a. or 1.b. If e, select the box for Item Number 2.
.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 7. 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.
•		At my request, the preparer named in Part 8. ,
		prepared this application for me based only upon information I provided or authorized.
pp	lica	nt's Contact Information
•	App	plicant's Daytime Telephone Number
•	App	plicant's Mobile Telephone Number (if any)
	Apı	blicant's Email Address (if any)

Applicant's Declaration and 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 understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

	ct.
App	licant's Signature
6.a.	Applicant's Signature
6.b.	Date of Signature (mm/dd/yyyy)
out t	E TO ALL APPLICANTS: If you do not completely fill his application or fail to submit required documents listed a Instructions, USCIS may deny your application.
	t 7. Interpreter's Contact Information, tification, and Signature
Cei	
Ce Prov	tification, and Signature
Ce Prov	de the following information about the interpreter.
Cer Prov	de the following information about the interpreter. **rpreter's Full Name**
Cer Prov	de the following information about the interpreter. **rpreter's Full Name**
Prov Into 1.a.	de the following information about the interpreter. **rpreter's Full Name** Interpreter's Family Name (Last Name)

Part 7. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Mailing Address								
3.a.	Street Number and Name							
3.b.	Apt. Ste. Flr.							
3.c.	City or Town							
3.d.	State 3.e. ZIP Code							
3.f.	Province							
3.g.	Postal Code							
3.h.	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)							
Inte	erpreter's Certification							
I cert	tify, under penalty of perjury, that:							
I am fluent in English and which is the same language specified in Part 6. , Item Number 1.b. , 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 Declaration and Certification , and has verified the accuracy of every answer.								
Interpreter's Signature								
7.a.	Interpreter's Signature							
7.b.	Date of Signature (mm/dd/yyyy)							

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

a.	Preparer's Family Name (Last Name)							
.b.	Preparer's Given Name (First Name)							
•	Preparer's Business or Organization Name (if any)							
Pre	parer's Mailing Address							
.a.	Street Number and Name							
3.b.	Apt. Ste. Flr.							
3.c.	City or Town							
3.d.	State 3.e. ZIP Code							
3.f.	Province							
3.g.	Postal Code							
3.h.	Country							
Pre	parer's Contact Information							
4.	Preparer's Daytime Telephone Number							
5.	Preparer's Mobile Telephone Number (if any)							
5.	Preparer's Email Address (if any)							

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

Pre	parer'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.
7.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.
may Entry or Fo Matte	TE: If you are an attorney or accredited representative, you be obliged to submit a completed Form G-28, Notice of y of Appearance as Attorney or Accredited Representative, orm G-28I, Notice of Entry of Appearance as Attorney In ers Outside the Geographical Confines of the United States, this application.
Pre	parer's Certification
prepa appli infor conta inclu that a	ny signature, I certify, under penalty of perjury, that I ared this application at the request of the applicant. The cant then reviewed this completed application and med me that he or she understands all of the information ained in, and submitted with, his or her application, dding the Applicant's Declaration and Certification , and all of this information is complete, true, and correct. I pleted this application based only on information that the cant provided to me or authorized me to obtain or use.
Pre	parer's Signature
8.a.	Preparer's Signature
8.b.	Date of Signature (mm/dd/yyyy)
o.v.	Date of Signature (Inni/dd/yyyy)

Par	t 9. Additional Ir	nformation			5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
withing spaces to consider the state of the	a need extra space to p in this application, use than what is provided implete and file with the of paper. Type or pri- top of each sheet; ind ber, and Item Number and date each sheet.	the space below d, you may maken is application on the your name and licate the Page I	v. If yo e copies r attach dd A-Nu Numbe	u need more s of this page a separate umber (if any) r, Part	5.d.					
	Family Name (Last Name) Given Name									
	(First Name)									
l.c.	Middle Name									
2.	A-Number (if any) ▶	► A-								
3.a.	Page Number 3.b.	Part Number	3.c.	Item Number	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.					6.d.					
1.a.	Page Number 4.b.	Part Number	4.c.	Item Number	7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
1.d.					7.d.					