

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. 1615-0018 Expires 03/31/2024

	For DHS U	Jse On	ly	
Alien Registration Number	Fee Stamp			Action Block
A-				
Initial Receipt Transferred In	-			
Approved	Relocated Returned R	kemark	S	
☐ INA 212(a)(9)(A) for Advance Approval	IJK	\rightarrow		DHS Office Name/Location
☐ INA 212(a)(9)(A)				
☐ INA 212(a)(9)(C)	Transferred Out			
Denied				
	LIOT			
□ Se	elect this box if Attorney St	tate Rs	r Number	ttorney or Accredited Representative
To be combleted by an	orm G-28 or (if applicable)			SCIS Online Account Number (if any)
Representative (if any).	orm G-28I is			
at	tached.			
➤ START HERE - Type or print i	n black ink.			
Part 1. Information About Y	Vou	4.a.	Family Name	
			(Last Name)	
Alien Registration Number (A-Number) (if any) 4.b. Given Name (First Name)				
► A-		4 -	` , , , , , , , , , , , , , , , , , , ,	
4.c. Middle Name				
Your Full Name Mailing Address USPS ZIP Code Lookup				
2.a. Family Name (Last Name)	7 / () /			
2.b. Given Name				atside the United States, provide a U.S. railable. If a U.S. mailing address is not
(First Name)			•	our mailing address abroad.
2.c. Middle Name			In Care Of Nan	
		J.u.	The Care of Ivan	ile (ii uniy)
Other Names Used			Const N. salasa	
Provide all other names you have evo	er used including aliases	5.b.	Street Number and Name	
maiden name, and nicknames. If you	need extra space to	5.c.	Apt. S	te. Flr.
complete this section, use the space p	provided in Part 9.			
Additional Information.		5.d.	City or Town	
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	

Par	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	esical 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	
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.	Postal Code	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 Forms I-601 (if any):
12.	City or Town of Birth	20.a. USCIS Receipt Number for Form I-601 (if any)
12	State on Durvives of Pinth (if and inch!)	
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	
15.	Country of Citizenship or Nationality	20.c. Date Filed (mm/dd/yyyy)

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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))			

	(40)(5)(12)(6))
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	ntion 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)

Loca	tion From Where You Were Removed
7.a.	City or Town
7.b.	State
	ry 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 a period of more than one year, in the aggregate. YesNo
	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)
	tion Where You Departed the United States After Your d of Unlawful Presence
11.a.	City or Town
11.b.	State
	tion Where You Reentered or Attempted to Reenter the
12.a.	City or Town
12.b.	State
13.	Date You Attempted to Unlawfully Enter or Reenter the United States After Period of Unlawful Presence

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(mm/dd/yyyy)

Part 2. Reasons You Are Filing Form I-212 (continued)			. Citizen or L mbers (if any	•	nt Resident Family
	ry After Removal (INA Section (a)(9)(C)(i)(II))	the s	pace provided in	extra space to comp a Part 9. Additiona	plete this section, use al Information.
14.	I entered or attempted to enter the United States without being admitted or paroled after having been excluded, deported, or removed.		Family Name (Last Name) Given Name (First Name)		
	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 .		Relationship		
15.	Date You Were Excluded, Deported, or Removed From the United States (mm/dd/yyyy)	My 1 4.a. 4.b.	relative is (Selec A lawful p A U.S. citi	permanent resident.	
	tion Where You Reentered or Attempted to Reenter the ed States After Your Exclusion, Deportation, or Removal				
16.a.	City or Town	Par	rt 4. Biograp	hic Information	n
16.b.	State	A	Hispanic o	or Latino nic 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 White Asian	Il applicable boxes)
Par	t 3. Reasons For Your Request For	-		African American	
	mission to Reapply			Indian or Alaska N	
	Department of Homeland Security (DHS) permits you to er the United States, what immigration status will you seek?	3.	Height	waiian or Other Pac	Inches
1.a. 1.b.	Permanent Resident Visitor	4.	Weight		Pounds
1.c.	Student	5.	Eye Color (Sel	ect only one box)	Brown
1.d.	Other (Explain)		Gray	Green	Hazel
			☐ Maroon	Pink	Unknown/Other
2.	Explain Why You Would Like to Reenter the United States	6.	Hair Color (Se	lect only one box) air) Black	Blond
	NOTE: If you need extra space to complete this section, use the space provided in Part 9. Additional Information .		☐ Brown ☐ Sandy	Gray White	☐ Red ☐ Unknown/Other

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Pai CB		al Information if Filing with	Dates of Residence
		oplication with Customs and Border	4.a. From (mm/dd/yyyy)
	ection (CBP), prov nbers 1.a 40.c.	vide the information requested in Item	4.b. To (mm/dd/yyyy)
Ada	dress History		Employment History
during States the education of your section	ng the last ten year es. Provide your c exact date, provide our knowledge. If	esses for everywhere you have lived rs, whether inside or outside the United current address first. If you are unsure of the closest approximate date to the best you need extra space to complete this provided in Part 9. Additional	Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you are unsure of the exact employment 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 .
Phys	sical Address 1 (cu	urrent address)	Employer 1 (current or most recent)
1.a.	Street Number and Name		5. Name of Employer or Company
1.b.	Apt. Sto	e. Flr.	Address of Employer or Company
1.c.	City or Town		6.a. Street Number and Name
1.d.	State	1.e. ZIP Code	6.b.
1.f.	Province		6.c. City or Town
1.g.	Postal Code		6.d. State 6.e. ZIP Code
1.h.	Country	MOT	6.f. Province
Date	es of Residence		6.g. Postal Code
2.a.	From (mm/dd/yy	ууу)	6.h. Country
2.b.	To (mm/dd/yyyy		7. Your Occupation
Phys	sical Address 2	'KUDI	Dates of Employment
3.a.	Street Number and Name		8.a. From (mm/dd/yyyy)
3.b.	Apt. Ste	e. 🗌 Flr.	8.b. To (mm/dd/yyyy)
3.c.	City or Town		10 (illinada yyyy)
3.d.	State	3.e. ZIP Code	1 4 0 4 4
3.f.	Province		

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3.g. Postal Code

3.h. Country

	t 5. Additional Information if Filing with P (continued)	17.	Country of Birth
Empl	oyer 2	18.	Current City or Town of Residence (if living)
9.	Name of Employer or Company		
		19.	Current Country of Residence (if living)
Addr	ess of Employer or Company		
10.a.	Street Number and Name	Info	rmation About Your Father
10 h	Apt. Ste. Flr.	Fathe	er'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	20.c	(First Name) Middle Name
10.f.	Province		er's Name at Birth (if different than above)
10.g.	Postal Code		Family Name
10.h.	Country	21 h	(Last Name) Given Name
		21.0.	(First Name)
11.	Your Occupation	21.c.	Middle Name
		22.	Date of Birth (mm/dd/yyyy)
Dates	s of Employment	23.	City or Town of Birth
12.a.	From (mm/dd/yyyy)		
12.b.	To (mm/dd/yyyy)	24.	Country of Birth
		25.	Current City or Town of Residence (if living)
Information About Your Parents		25.	Current City of Fown of Residence (II IIVIIIg)
Info	rmation About Your Mother	_ 26.	Current Country of Residence (if living)
Moth	er's Legal Name		
13.a.	Family Name (Last Name)	T. C	
13.b.	Given Name (First Name)	27.	What is your current marital status?
13.c.	Middle Name		Single, Never Married Legally Separated
Moth	er's Name at Birth (if different than above)	′ / '	Marriage Annulled
14.a.	Family Name (Last Name)		☐ Divorced ☐ Other
14.b.	Given Name (First Name)		Widowed
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		

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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.

•	our current spouse. Spouse's Legal Name	Prior S marria	Spouse's Legal Name (provide family name before ge)
29.a. Fa	amily Name		Family Name (Last Name)
29.b. Gi	iven Name irst Name)	35.b. (Given Name First Name)
`	iddle Name	35.c. N	Middle Name
	Number (if any) ► A-	36. I	Prior Spouse's Date of Birth (mm/dd/yyyy)
31. Cu	urrent Spouse's Date of Birth (mm/dd/yyyy)	37. I	Date of Marriage to Prior Spouse (mm/dd/yyyy)
32. Da	ate of Marriage to Current Spouse (mm/dd/yyyy)	Place o	of Marriage to Prior Spouse
		\	City or Town
Current	Spouse's Place of Birth	<u> </u>	
33.a. Ci	ty or Town	38.b. S	State or Province
33.b. Sta	ate or Province	38.c. (Country
33.c. Co	ountry		Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)
Place of	Marriage to Current Spouse	Dlaga V	Where Marriage with Prior Spouse Legally Ended
34.a. <u>Ci</u>	ty or Town		City or Town
		40.a. (city of 10wii
34.b. Sta	ate or Province	40.b. S	State or Province
34.c. Co	ountry	40.c. (Country
	0//0/		2022

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.

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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.

App	lica	nt's Statement
		Select the box for either Item Number 1.a. or 1.b. If e, select the box for Item Number 2.
1.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.
l.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.
2.		At my request, the preparer named in Part 8. ,
		prepared this application for me based only upon information I provided or authorized.
App	lica	ent's Contact Information
3.	App	olicant's Daytime Telephone Number
		NIOT
4.	App	olicant's Mobile Telephone Number (if any)
5.	Apı	plicant'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.

Applicant's Signature

App	nicum s Signature
6.a.	Applicant's Signature
NOT out th	Date of Signature (mm/dd/yyyy) TE TO ALL APPLICANTS: If you do not completely fill his application or fail to submit required documents listed to Instructions, USCIS may deny your application.
Cer	rt 7. Interpreter's Contact Information, rtification, and Signature ide the following information about the interpreter.
Inte	erpreter's Full Name
1.a.	Interpreter's Family Name (Last Name)
1.b.	Interpreter's Given Name (First Name)
2.	Interpreter's Business or Organization Name (if any)

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

Inte	rpreter'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				
Inte	rpreter'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	Interpreter's Certification				
I cert	ify, under penalty of perjury, that:				
I am	fluent in English and				
1.b., every answ she u	n is the same language specified in Part 6., Item Number and I have read to this applicant in the identified language question and instruction on this application and his or her er to every question. The applicant informed me that he or inderstands every instruction, question, and answer on the				
	cation, including the Applicant's Declaration and fication , and has verified the accuracy of every answer.				
Inte	rpreter'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.

1100	ide the following information about the preparer.							
Pre	Preparer's Full Name							
1.a. Preparer's Family Name (Last Name)								
1.b.	Preparer's Given Name (First Name)							
2.	Preparer's Business or Organization Name (if any)							
Preparer'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							
	Postal Code							
3.h.	Country							
Pre	parer's Contact Information							
4.	Preparer's Daytime Telephone Number							
5.	Preparer's Mobile Telephone Number (if any)							
6.	Preparer's Email Address (if any)							
	2022							

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

Preparer's Statement I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent. I am an attorney or accredited representative and my 7.b. 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 be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, 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 Declaration and Certification, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

Preparer's Signature **8.b.** Date of Signature (mm/dd/yyyy)

07/07/2022

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Par	rt 9. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
withis space to co sheet at the Num	ou need extra space to provide any additional information in this application, use the space below. If you need more than what is provided, you may make copies of this page complete and file with this application or attach a separate et of paper. Type or print your name and A-Number (if any) the top of each sheet; indicate the Page Number , Part and Item Number to which your answer refers; and and date each sheet.	5.d.					
1.a.	Family Name (Last Name)						
1.b.	Given Name (First Name)						
1.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.	DR	6.d.	FT				
	NOT	F	-0	F			
4.a. 4.d.	Page Number 4.b. Part Number 4.c. Item Number	7.a. 7.d.	Page Number	7.b.	Part Number	7.c.	Item Number
	07/07		20		2		

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