



Application for Action on an Approved Application or Petition

USCIS

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

Form I-824
OMB No. 1615-0044
Expires 12/31/2023

For USCIS Use Only	Returned		Fee Stamp	Action Block	
	Date	Date			
	Resubmitted				
	Date	Date			
	Relocated				
	Received	Sent			
Priority Date: _____ Country of Chargeability: _____ Classification Code: _____			Remarks Date the Previously Approved Visa Petition Was Filed (Form I-130, I-140 or I-360): _____ Date the Previous Visa Petition Was Approved (Form I-130, I-140 or I-360): _____		

To be completed by an attorney or BIA-accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable) _____	Attorney or Accredited Representative USCIS Online Account Number (if any) _____
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▶ **START HERE - Type or print in black ink.**

Part 1. Information About You (Person filing this Application)

1. I am the (select **only one**): Applicant Petitioner on the previously approved application or petition.

2.a. Family Name (Last Name) _____

2.b. Given Name (First Name) _____

2.c. Middle Name _____

3. Company or Organization Name (if any)

4. Current/Recent Immigration Status

NOTE: If you are a U.S. citizen, type or print "N/A" for **Item Number 4.**

5. Certificate of Naturalization or Citizenship Number (if any)

6. Alien Registration Number (A-Number) (if any)
▶ **A-** _____

7. Date of Birth (mm/dd/yyyy) _____

8. Country of Birth

9. Country of Citizenship or Nationality

10. IRS Tax Number (if any) _____

11. U.S. Social Security Number (if any)
▶ _____

12. USCIS Online Account Number (if any)
▶ _____

Mailing Address

13.a. In Care Of Name

13.b. Street Number and Name

13.c. Apt. Ste. Flr. _____

13.d. City or Town

13.e. State _____ 13.f. ZIP Code _____

13.g. Province

13.h. Postal Code

13.i. Country

Part 1. Information About You (Person filing this Application) (continued)

Physical Address

14.a. Street Number and Name

14.b. Apt. Ste. Flr.

14.c. City or Town

14.d. State 14.e. ZIP Code

14.f. Province

14.g. Postal Code

14.h. Country

Part 2. Reason for Request

I am requesting (select only one):

- 1.a. A duplicate approval notice.
- 1.b. U.S. Citizenship and Immigration Services (USCIS) to notify a new U.S. Consulate, different from the one that I originally requested, through the U.S. Department of State's National Visa Center (NVC) or Kentucky Consular Center. USCIS will notify the U.S. Consulate about the approval of a nonimmigrant visa petition or about a new Port-of-Entry (the Port-of-Entry is different from what I originally requested) about the approval of a waiver application. Please notify the U.S. Consulate or Port-of-Entry at:
- 1.c. USCIS to notify a U.S. Consulate through the NVC about my adjustment of status to permanent resident in the United States. Please notify the U.S. Consulate at:

so that my spouse and/or children may accompany or follow-to-join me.
- 1.d. USCIS to send my approved immigrant visa petition to the NVC.
- 1.e. USCIS to notify the U.S. Department of State that I have become a U.S. citizen through naturalization.

Part 3. Other Information

Provide the following information about the principal beneficiary of the previous application or petition, if other than you.

1.a. Form Number of Previously Approved Application or Petition

1.b. Receipt Number (On Form I-797, Notice of Action)

1.c. Filing Date of Application or Petition (mm/dd/yyyy)

1.d. Approval Date (mm/dd/yyyy)

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

2.d. Date of Birth (mm/dd/yyyy)

2.e. Country of Birth

2.f. Alien Registration Number (A-Number) (if any) ▶ A-

2.g. Daytime Telephone Number

Mailing Address

3.a. In Care Of Name

3.b. Street Number and Name

3.c. Apt. Ste. Flr.

3.d. City or Town

3.e. State 3.f. ZIP Code

3.g. Province

3.h. Postal Code

3.i. Country

Part 3. Other Information (continued)

Physical Address

4.a. Street Number and Name

4.b. Apt. Ste. Flr.

4.c. City or Town

4.d. State 4.e. ZIP Code

4.f. Province

4.g. Postal Code

4.h. Country

Dependents

If you selected **Part 2., Item Number 1.c.**, provide the following information about the dependents for whom you are requesting follow-to-join benefits. If you need additional space for your dependents, use the space provided in **Part 7. Additional Information**, and include all the information collected in **Item Numbers 5.a. - 11.**

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

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

7. Country of Birth

8. Country of Citizenship or Nationality

9. Relationship to Principal Applicant

10. Dependent's Email Address (if any)

11. Dependent's Daytime Telephone Number

12.a. Family Name (Last Name)

12.b. Given Name (First Name)

12.c. Middle Name

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

14. Country of Birth

15. Country of Citizenship or Nationality

16. Relationship to Principal Applicant

17. Dependent's Email Address (if any)

18. Dependent's Daytime Telephone Number

19.a. Family Name (Last Name)

19.b. Given Name (First Name)

19.c. Middle Name

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

21. Country of Birth

22. Country of Citizenship or Nationality

23. Relationship to Principal Applicant

24. Dependent's Email Address (if any)

25. Dependent's Daytime Telephone Number

Part 3. Other Information (continued)

26.a. Family Name (Last Name)

26.b. Given Name (First Name)

26.c. Middle Name

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

28. Country of Birth

29. Country of Citizenship or Nationality

30. Relationship to Principal Applicant

31. Dependent's Email Address (if any)

32. Dependent's Daytime Telephone Number

Foreign Address of Dependents

33.a. In Care Of Name

33.b. Street Number and Name

33.c. Apt. Ste. Flr.

33.d. City or Town

33.e. Province

33.f. Postal Code

33.g. Country

Contact Information of Dependents

34. Foreign Telephone Number

Part 4. Applicant's Contact Information, Certification, and Signature**Applicant's Contact Information**

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number
2. Applicant's Mobile Telephone Number (if any)
3. Applicant's Email Address (if any)

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 5.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature
- ➔
- Date of Signature (mm/dd/yyyy)

Part 5. Interpreter's Contact Information, Certification, and Signature**Interpreter's Full Name**

1. Interpreter's Family Name (Last Name)
- Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name

Part 5. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Contact Information

- 3. Interpreter's Daytime Telephone Number
- 4. Interpreter's Mobile Telephone Number (if any)
- 5. Interpreter's Email Address (if any)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the [application/petition] and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that they understood every instruction, question, and answer on the application.

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

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

- 1. Preparer's Family Name (Last Name)
- Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name

Preparer's Contact Information

- 3. Preparer's Daytime Telephone Number
- 4. Preparer's Mobile Telephone Number (if any)
- 5. Preparer's Email Address (if any)

Preparer's Certification and Statement

I certify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that they understand the responses and information in or submitted with the application.

Preparer's Signature

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

Part 7. 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. 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.

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

3.d.

5.a. Page Number

5.b. Part Number

5.c. Item Number

5.d.

6.a. Page Number

6.b. Part Number

6.c. Item Number

6.d.

4.a. Page Number

4.b. Part Number

4.c. Item Number

4.d.

7.a. Page Number

7.b. Part Number

7.c. Item Number

7.d.

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