**TABLE OF CHANGES – INSTRUCTIONS**

**Form I-824, Instructions for Application for Action an Approved Application or Petition**

**OMB Number: 1615-0044**

**09/05/2023**

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| **Reason for Revision: Limited REV****Project Phase: OMBReview**Legend for Proposed Text:* Black font = Current text
* Red font = Changes

Expires 12/31/2023Edition Date 12/02/2021 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 4-7,****Specific Instructions** | **[Page 4]****Specific Instructions** **…****Part 4. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature** **Item Numbers 1.a. - 6.b.** Select the appropriate box to indicate whether you read this application yourself or whether you had an interpreter assist you. If someone assisted you in completing the application, select the box indicating that you used a preparer. Further, you must sign and date your application and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every application **MUST** contain the signature of the applicant (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable. **[Page 7]****Part 5.** **Interpreter’s Contact Information, Certification, and Signature** **Item Numbers 1.a. - 7.b.** If you used anyone as an interpreter to read the Instructions and questions on this application to you in a language in which you are fluent, the interpreter must fill out this section, provide his or her name, the name and address of his or her business or organization (if any), his or her daytime telephone number, his or her mobile telephone number (if any), and his or her email address (if any). The interpreter must sign and date the application. **Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant** **Item Numbers 1.a. - 8.b.** This section must contain the signature of the person who completed your application, if other than you, the applicant. If the same individual acted as your interpreter **and** your preparer, that person should complete both **Part 5.** and **Part 6.** If the person who completed this application is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this application **MUST** sign and date the application. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your application is an attorney or accredited representative, he or she may be obliged to also 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, along with your application. **Part 7. Additional Information** **…** | **[Page 4]****Specific Instructions** **…****Part 4. Applicant’s Contact Information, Certification, and Signature** **Item Numbers 1. - 4.** You must sign and date your application and, if applicable, provide your daytime telephone number, mobile telephone number, and email address. The signature of a parent or legal guardian, if applicable, is acceptable. A stamped or typewritten name in place of a signature is not acceptable. **[Page 7]****Part 5.** **Interpreter’s Contact Information, Certification, and Signature** **Item Numbers 1. - 6.** If you used anyone as an interpreter to read the Instructions and questions on this application to you in a language in which you are fluent, the interpreter must fill out this section and sign and date the application. **Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant** **Item Numbers 1. - 6.** The person who completed your application, if other than the applicant, must sign this section. If the same individual acted as your interpreter and your preparer, then that person should complete both **Part 5.** and **Part 6.** A stamped or typewritten name in place of a signature is not acceptable. **Part 7. Additional Information** **…** |
| **Page 10,****Paperwork Reduction Act** | **[Page 10]****Paperwork Reduction Act** An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 25 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the application, preparing statements, attaching necessary documentation, and submitting the application. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615-0044. **Do not mail your completed Form I-824 to this address.**  | **[Page 10]****Paperwork Reduction Act** An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 20 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the application, preparing statements, attaching necessary documentation, and submitting the application. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615-0044. **Do not mail your completed Form I-824 to this address.**  |