

# **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 12/31/2026

For DHS Use Only							
Alien Registration Number	Fee Stamp			Action Block			
A-							
Initial Receipt Transferred In	-						
		_					
Approved	Relocated Returned	Remark	S				
☐ INA 212(a)(9)(A) for Advance Approval				DHS Office Name/Location			
☐ INA 212(a)(9)(A)							
☐ INA 212(a)(9)(C)	Transferred Out						
Denied							
□ Se	lect this box if Attorney S	State Ra	r Number A	ttorney or Accredited Representative			
To be combleted by an T	orm G-28 or (if applicab			SCIS Online Account Number (if any)			
<b>Representative</b> (if any).	orm G-28I is						
at	tached.						
➤ START HERE - Type or print i	n black ink.						
Part 1. Information About Y	Zou	4.a.	Family Name				
			(Last Name)				
1. Alien Registration Number (A	-Number) (if any)	4.b.	Given Name (First Name)				
► A-		4.c.	Middle Name				
Your Full Name		7.0.	Widdle Name				
Tour Fuii Name		Ma	iling Address	USPS ZIP Code Lookup			
2.a. Family Name (Last Name)	// 19		7 1 1				
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		5.a.	In Care Of Nan	ne (if any)			
Other Names Used		5.b.	Street Number				
Provide all other names you have eve	er used, including aliases,	5.0.	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 <b>Part 9.</b>						
Additional Information.		5.d.	City or Town				
3.a. Family Name (Last Name)		5.e.	State	<b>5.f.</b> ZIP Code			
3.b. Given Name (First Name)		5.g.	Province				
3.c. Middle Name		5.h.	Postal Code				
		5.i.	Country				
			-				

Par	t 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 <b>Item Numbers 16 17.b.</b>				
	If you answered "No" to <b>Item Number 6.</b> , provide your current physical address in <b>Item Numbers 7.a 7.f.</b>	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. 7.g.	Province Postal Code	If you are seeking consent to reapply in connection with your application to adjust your status to that of a lawful permanent resident, provide information in <b>Item Numbers 18.a 18.c.</b>				
7.h.	Country	<b>18.a.</b> USCIS Receipt Number (if any)				
	er 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 a Data Filad (mm/dd/mmm)				
9.	U.S. Online Account Number (if any)	<ul><li>18.c. Date Filed (mm/dd/yyyy)</li><li>19. Are you submitting Form I-601, Application for Waiver of Grounds of Inadmissibility, along with this application?</li></ul>				
10.	Gender Male Female	☐ Yes ☐ No				
11.	Date of Birth (mm/dd/yyyy)	If you answered "No," provide the information requested in <b>Item Numbers 20.a 20.c.</b> about <b>previously</b> filed				
12.	City or Town of Birth	Forms I-601 (if any):  20.a. USCIS Receipt Number for Form I-601 (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	32 230.00.7				
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 a	n Arri	ving A	lien	(INA	Section
212(a)(9)	(A)(	i))				

1.a.	I have been removed as an <b>arriving alien</b> 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 <b>Part 9. Additional Information</b> 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.  Yes No					
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 <b>Part 9. Additional Information</b> and include the required evidence.					
6.	Date You Were Excluded, Deported, or Removed From					

Loc	ation From Where You Were Removed						
7.a.	City or Town						
7.b.	State						
	try After Unlawful Presence in the Aggregate of Vear (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.						
Λ	<b>NOTE:</b> If you answered "Yes" to <b>Item Number 8.</b> , 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.						
Peri	iods 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)						
	ation Where You Departed the United States After Your od of Unlawful Presence						
11.a	. City or Town						
1/							
11.b	o. State						
Location Where You Reentered or Attempted to Reenter th United States							
<b>12.</b> a	. City or Town						
12.b	State						
13.	Date You Attempted to Unlawfully Enter or Reenter the United States After Period of Unlawful Presence (mm/dd/yyyy)						

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	t 2. Reasons You Are Filing Form I-212 ntinued)	U.S. Citizen or Lawful Permanent Resident Family Members (if any)							
Entry After Removal (INA Section $212(a)(9)(C)(i)(II)$ )			<b>NOTE:</b> If you need extra space to complete this section, use the space provided in <b>Part 9. Additional Information</b> .						
14.	I entered or attempted to enter the United States without being admitted or paroled after having been excluded, deported, or removed.	3.a. Family Name (Last Name)  3.b. Given Name (First Name)							
	<b>NOTE:</b> If you answered "Yes" to <b>Item Number 14.</b> , 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 <b>Part 9. Additional Information</b> .	3.d. Relationship							
15.	Date You Were Excluded, Deported, or Removed From the United States (mm/dd/yyyy)	Му 1 4.а. 4.b.	relative is (Selec A lawful p  A U.S. cit	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	1. Ethnicity (Select only one box)  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							
Part 3. Reasons For Your Request For			Black or African American  American Indian or Alaska Native						
Per	mission to Reapply	Native Hawaiian or Other Pacific Islander							
	Department of Homeland Security (DHS) permits you to er the United States, what immigration status will you seek?	3.	Height	Feet	Inches				
1.a. 1.b.	Permanent Resident Visitor	4.	Weight		Pounds				
1.c.	Student	5.	Eye Color (Sel	ect <b>only one</b> box)	Brown				
1.d.	Other (Explain)		Gray	Green	☐ Hazel				
2.	Explain Why You Would Like to Reenter the United States	6.	Bald (No h		Unknown/Other				
	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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Part 5. Additional Information if Filing with	Dates of Residence				
CBP	<b>4.a.</b> From (mm/dd/yyyy)				
If you are filing this application with Customs and Border Protection (CBP), provide the information requested in <b>Item</b>	<b>4.b.</b> To (mm/dd/yyyy)				
Numbers 1.a 40.c.					
Address History	Employment History				
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 <b>Part 9. Additional Information</b> .	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 <b>Part 9. Additional Information</b> .				
Physical Address 1 (current address)	Employer 1 (current or most recent)				
1.a. Street Number	5. Name of Employer or Company				
and Name					
<b>1.b.</b> Apt. Ste. 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. Apt. Ste. Flr.				
1.f. Province	6.c. City or Town				
1.g. Postal Code	6.d. State 6.e. ZIP Code				
1.h. Country	6.f. Province				
	6.g. Postal Code				
Dates of Residence	6.h. Country				
<b>2.a.</b> From (mm/dd/yyyy)	Country				
<b>2.b.</b> To (mm/dd/yyyy)	7. Your Occupation				
Physical Address 2	Dates of Employment				
3.a. Street Number and Name	8.a. From (mm/dd/yyyy)				
<b>3.b.</b> Apt. Ste. Flr.					
3.c. City or Town	8.b. To (mm/dd/yyyy)				
3.d. State 3.e. ZIP Code	1/2023				
<b>3.f.</b> 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.b.	Apt. Ste. Flr.	Fathe	er's Legal Name
		20.a.	Family Name (Last Name)
	City or Town	20.b.	Given Name (First Name)
10.d.	State 10.e. ZIP Code	20.c.	Middle Name
10.f.	Province		er's Name at Birth (if different than above)
10.g.	Postal Code		Family Name
10.h.	Country	21.b.	(Last Name) . Given Name
		Λ	(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
Info	ormation About Your Parents	25.	Current City or Town of Residence (if living)
_	rmation About Your Mother		
	er's Legal Name	26.	Current Country of Residence (if living)
	Family Name		
13 h	(Last Name) Given Name	Info	ormation About Your Marital History
10.0.	(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)	) / 1	☐ Marriage Annulled
14.a.	Family Name (Last Name)		☐ Divorced ☐ Other
14.b.	Given Name		Widowed
14.c.	(First Name)  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)		person).
16.	City or Town of Birth		
10.	City of Town of Billi		

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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.

about your current spouse.	Prior Spouse's Legal Name (provide family name before marriage)
Current Spouse's Legal Name  29.a. Family Name	35.a. Family Name
(Last Name)	(Last Name)
29.b. Given Name (First Name)	35.b. Given Name (First Name)
29.c. Middle Name	<b>35.c.</b> Middle Name
30. A-Number (if any) ► A-	<b>36.</b> Prior Spouse's Date of Birth (mm/dd/yyyy)
31. Current Spouse's Date of Birth (mm/dd/yyyy)	37. Date of Marriage to Prior Spouse (mm/dd/yyyy)
32. Date of Marriage to Current Spouse (mm/dd/yyyy)	Place of Marriage to Prior Spouse
	/ ·
Current Spouse's Place of Birth	38.a. City or Town
<b>33.a.</b> City or Town	
	<b>38.b.</b> State or Province
33.b. State or Province	38.c. Country
	HILL
33.c. Country	39. Date Marriage with Prior Spouse Legally Ended
	(mm/dd/yyyy)
Place of Marriage to Current Spouse	Place Where Marriage with Prior Spouse Legally Ended
<b>34.a.</b> City or Town	40.a. City or Town
	Total City of Town
34.b. State or Province	40.b. State or Province
<b>34.c.</b> Country	<b>40.c.</b> Country
10/10	Total Country
12/19	/2023

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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Pa	rt 6. Applicant's Contact Information,	In	terpreter's Contact Information
Ce	rtification, and Signature	3.	Interpreter's Daytime Telephone Number
An	plicant's Contact Information		
	•	4.	Interpreter's Mobile Telephone Number (if any)
	vide your daytime telephone number, mobile telephone aber (if any), and email address (if any).		
1.	Applicant's Daytime Telephone Number	5.	Interpreter's Email Address (if any)
2.	Applicant's Mobile Telephone Number (if any)	In	terpreter's Certification and Signature
2		I ce	ertify, under penalty of perjury, that I am fluent in English
3.	Applicant's Email Address (if any)	and	
			I have interpreted every question on the application and
An	plicant's Certification and Signature		tructions and interpreted the applicant's answers to the estions in that language, and the applicant informed me that
	•		y understood every instruction, question, and answer on the
	tify, under penalty of perjury, that I provided or authorized f the responses and information contained in and submitted	app	lication.
	my application, I read and understand or, if interpreted to	6.	Interpreter's Signature
	n a language in which I am fluent by the interpreter listed in	Λ	
	t 7., understood, all of the responses and information ained in, and submitted with, my application, and that all of	/\	
	responses and the information are complete, true, and		Date of Signature (mm/dd/yyyy)
corre	ect. Furthermore, I authorize the release of any information		
	n any and all of my records that USCIS may need to	Pa	art 8. Contact Information, Declaration, and
	rmine my eligibility for an immigration request and to other ies and persons where necessary for the administration and		gnature of the Person Preparing this
	rement of U.S. immigration law.	$\mathbf{A}_{\mathbf{I}}$	pplication, if Other Than the Applicant
4.	Applicant's Signature		- 1 112
	n g	Pr	eparer's Full Name
	Date of Signature (mm/dd/yyyy)	1.	Preparer's Family Name (Last Name)
<b>3</b> 101			
	<b>TE TO ALL APPLICANTS:</b> If you do not completely fill his application or fail to submit required documents listed		Preparer's Given Name (First Name)
	e Instructions, USCIS may deny your application.		
		2.	Preparer's Business or Organization Name (if any)
Pai	rt 7. Interpreter's Contact Information,		reparer & Business or Organization Frame (if any)
	rtification, and Signature		
	1011	Pr	reparer's Contact Information
Int	erpreter's Full Name	3.	Preparer's Daytime Telephone Number
1.a.	Interpreter's Family Name (Last Name)	J.	Treparer s Buyume Telephone Tumber
1	merpreter s running runne (East runne)	4.	Preparer's Mobile Telephone Number (if any)
	Interpreter's Given Name (First Name)		
	7	5.	Preparer's Email Address (if any)
2.	Interpreter's Business or Organization Name		

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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 Certification and Signature

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	
Date of Signature (mm/dd/yyyy)	

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PRODUCTION
12/19/2023

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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 e than what is provided, you may make copies of this page emplete and file with this application or attach a separate t of paper. Type or print your name and A-Number (if any) e top of each sheet; indicate the <b>Page Number</b> , <b>Part nber</b> , and <b>Item Number</b> to which your answer refers; and and date each sheet.	5.d.					
	Family Name (Last Name)						
1.D.	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
	12/19		20		23		

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