

Supplement A to Form I-485, Adjustment of Status Under Section 245(i)

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-485 OMB No. 1615-0023 Expires 02/28/2026

NOTE: Use Supplement A to Form I-485, Adjustment of Status Under INA Section 245(i) (Supplement A), only if you are applying to adjust status to that of a lawful permanent resident under the Immigration and Nationality Act (INA) section 245(i). You may file Supplement A only if you are filing your Form I-485, Application to Register Permanent Residence or Adjust Status, at the same time

or if you previously filed your Form I-485 and it remains pending. ► START HERE - Type or print in black ink.

	2, po 01 p 2 m 2 m 2 m				
Part 1. Information About You					
1.	Your Current Legal Name				
	Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)		
	7. 7.				
2.	U.S. Mailing Address) H(
	In Care Of Name (if any)				
	Street Number and Name		Apt. Ste. Flr. Number		
	DDO	DITO			
	City or Town		State ZIP Code		
0.1	- 0		(USPS ZIP Code Lookup)		
Oth	ner Information				
3. Alien Registration Number (A-Number) (if any) 4. USCIS Online Account Number (if any)					
	► A-				
5. Date of Birth (mm/dd/yyyy)					
6.	Country of Birth	7. Country of	of Citizenship or Nationality		
Pai	rt 2. Eligibility				
Bas	sis of INA Section 245(i) Eligibility	,			
You	claim eligibility to adjust status under INA	A section 245(i) because (Select only of	one box):		
1.a.	a. You are or were the principal beneficiary of an immigrant petition or application for permanent labor certification filed on or before January 14, 1998.				
1.b.	You are or were the principal beneficiary of an immigrant petition or application for permanent labor certification filed on or after January 15, 1998, and on or before April 30, 2001, and you were physically present in the United States on December 21, 2000.				
1.c.	You are or were the derivative bene on or before January 14, 1998.	ficiary of an immigrant petition or ap	plication for permanent labor certification filed		

Par	rt 2. Eligibility (continued)		
1.d.	You are or were the derivative beneficiary of an immigrant petition or application for permanent labor certification filed on or after January 15, 1998, and on or before April 30, 2001, and the principal beneficiary was physically present in the United States on December 21, 2000.		
1.e.	You are currently the spouse applying to accompany or follow-to-join your spouse OR you are a child (unmarried and under 21 years of age) applying to accompany or follow-to-join your parent described above in Item Numbers 1.a 1.d.		
Que	alifying Petition or Application		
	ride the following information about the immigrant petition or application for permanent labor certification filed on or before April 2001 that qualifies you to adjust status under INA section 245(i).		
2.	Receipt Number of Petition (if any)		
Infor	rmation on Principal Beneficiary of Petition or Application		
3.	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)		
4.	Principal Applicant's A-Number (if any) ▶ A-		
Imn	migrant Category		
5. Type or print the family-based, employment-based, special immigrant, or Diversity Visa immigrant category you selform I-485, Part 2. Application Type or Filing Category, in Item Numbers 3.a 3.g.			
D	42 Para ta Adinata ant		
	rt 3. Bars to Adjustment		
	are applying to adjust under INA section 245(i) because one or more of the following bars to adjustment apply to you (Select all licable boxes):		
1.a.	You last entered the United States without being admitted or paroled after inspection by an immigration officer.		
1.b.	You last entered the United States as a nonimmigrant crewman.		
1.c.	You are now employed or have ever been employed in the United States without authorization.		
1.d.	You are not in lawful immigration status on the date of filing your application for adjustment of status.		
1.e.	You have ever failed to continuously maintain a lawful status since entry into the United States, unless your failure to maintain status was through no fault of your own or for technical reasons.		
1.f.	You were last admitted to the United States in transit without a visa.		
1.g.	You were last admitted to the United States as a nonimmigrant visitor without a visa under the Guam and Commonwealth of the Northern Mariana Islands Visa Waiver Program, and you are not a Canadian citizen.		
1.h.	You were last admitted to the United States as a nonimmigrant visitor without a visa under the Visa Waiver Program (See https://travel.state.gov/content/travel/en/us-visas/tourism-visit/visa-waiver-program.html).		
1.i.	You are seeking employment-based adjustment of status and you are not maintaining a lawful nonimmigrant status on the date of filing your application for adjustment of status.		
1.j.	You have ever violated the terms of your nonimmigrant status.		

Part 4. Applicant's Contact Information, Certification, and Signature					
App	licant's Contact Information				
	ide your daytime telephone number, mobile telephone number (if any), and email address (if any).				
1.0vi					
1.	Applicant's Daytime Telephone Number 2. Applicant's Mobile Telephone Number (if any)				
3.	Applicant's Email Address (if any)				
App	olicant's Certification and Signature				
my so under the ir that U	ify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with upplement, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Part 5., rstood, all of the responses and information contained in, and submitted with, my supplement, and that all of the responses and information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records U.S. Citizenship and Immigration Services (USCIS) may need to determine my eligibility for an immigration request and to other es and persons where necessary for the administration and enforcement of U.S. immigration law.				
4.	Applicant's Signature Date of Signature (mm/dd/yyyy)				
→					
Par	t 5. Interpreter's Contact Information, Certification, and Signature				
Inte	e <mark>rpreter's</mark> Full Name				
1.	Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)				
2.	Interpreter's Business or Organization Name				
Inte	erpreter's Contact Information				
3.	Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number (if any)				
5.	Interpreter's Email Address (if any)				
Inte	erpreter's Certification and Signature				
I cert	ify, under penalty of perjury, that I am fluent in English and ,				
	have interpreted every question on the supplement and Instructions and interpreted the applicant's answers to the questions in anguage, and the applicant informed me that they understood every instruction, question, and answer on the supplement.				
6.	Interpreter's Signature Date of Signature (mm/dd/yyyy)				

Oth	her Than the Applicant	,
Pre	<mark>eparer's</mark> Full Name	
1.	Preparer's Family Name (Last Name)	Preparer's Given Name (First Name)
2.	Preparer's Business or Organization Name	FT
Pre	eparer's Contact Information	
3.	Preparer's Daytime Telephone Number 4.	Preparer's Mobile Telephone Number (if any)
5.	Preparer's Email Address (if any)	FOR
Pre	eparer's Certification and Signature	
all o	rtify, under penalty of perjury, that I prepared this supplement for to of the responses and information contained in and submitted with the formation provided by the applicant. The applicant reviewed the responses and information in or submitted with the supplement.	e supplement are complete, true, and correct and reflects only
6.	Preparer's Signature	Date of Signature (mm/dd/yyyy)
	09/03/	2024

Part 6. Contact Information, Certification, and Signature of the Person Preparing this Supplement, if