



# 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.**

## Part 1. Information About You

1. Your Current Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

2. U.S. Mailing Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

[\(USPS ZIP Code Lookup\)](#)

## Other Information

3. Alien Registration Number (A-Number) (if any)

4. USCIS Online Account Number (if any)

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

6. Country of Birth

7. Country of Citizenship or Nationality

## Part 2. Eligibility

### Basis of INA Section 245(i) Eligibility

You claim eligibility to adjust status under INA section 245(i) because (Select **only one** box):

- 1.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 beneficiary** of an immigrant petition or application for permanent labor certification filed on or before January 14, 1998.



**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 supplement, 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 supplement, 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 U.S. Citizenship and Immigration Services (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

***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 supplement 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 supplement.

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

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

I certify, under penalty of perjury, that I prepared this supplement for the applicant at their request and with express consent and that all of the responses and information contained in and submitted with the supplement 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 supplement.

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