



Application to Register Permanent Residence or Adjust Status

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

USCIS
Form I-485
OMB No. 1615-0023
Expires 10/31/2027

For USCIS Use Only

Preference Category:	Receipt	Action Block
Country Chargeable:		
Priority Date:		
Date Form I-693 Signed By Civil Surgeon:		
<input type="checkbox"/> Applicant Interviewed <input type="checkbox"/> Interview Waived Date of Initial Interview: _____ Lawful Permanent Resident as of: _____	Section of Law <input type="checkbox"/> INA 209(a) <input type="checkbox"/> INA 209(b) <input type="checkbox"/> INA 245(a) <input type="checkbox"/> INA 245(i) <input type="checkbox"/> INA 245(j)	<input type="checkbox"/> INA 245(m) <input type="checkbox"/> INA 249 <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> Cuban Adjustment Act <input type="checkbox"/> Other

To be completed by an Attorney or Accredited Representative (if any).

<input type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any) _____	Attorney State Bar Number (if applicable) _____	Attorney or Accredited Representative USCIS Online Account Number (if any) _____
---	---------------------------------------	---	--

▶ **START HERE - Type or print in black ink.** A-Number ▶ A- _____

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.

For all sections of this application, if you need to provide any additional information or are instructed to provide an explanation, use the space provided in **Part 14. Additional Information.**

Part 1. Information About You (Person applying for lawful permanent residence)

1. Your Current Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
_____	_____	_____

2. Other Names You Have Used Since Birth (if applicable)

Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
_____	_____	_____

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

Have you ever used any other date of birth? Yes No

If you answered "Yes," provide all other dates of birth (mm/dd/yyyy).

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

4. Do you have an Alien Registration Number (A-Number)? Yes No

If you answered "Yes," provide your A-Number.

A-Number (if any) ► A-

5. Have you ever used, or been assigned, any other A-Number? Yes No

If you answered "Yes," provide the A-Numbers.

6. Sex Male Female

7. Place of Birth

City/Town/Village of Birth

State or Province of Birth

Country of Birth

8.a. Country/Countries of Citizenship or Nationality

8.b. All Prior Countries of Citizenship or Nationality (if applicable)

9. USCIS Online Account Number (if any)

►

If one has been assigned, you can find it on a notice that USCIS may have sent to you.

10. Telephone Number(s) Used in the Past Five (5) Years (include country code)

Telephone Numbers (include country code)	Mobile or Landline	Personal or Business	Date Use Started (mm/dd/yyyy)	Date Use Ended (mm/dd/yyyy)

11. Email Address(es) Used in the Past Ten (10) Years (if any)

Email Address(es)	Personal or Business	Date Use Started (mm/dd/yyyy)	Date Use Ended (mm/dd/yyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

- 18. Was your last arrival the first time you were physically present in the United States? Yes No
- 19. What is your current immigration status (if it has changed since your last arrival)?
- 20. Expiration Date of Current Immigration Status (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status
- 21. Have you ever been issued an "alien crewman" visa? Yes No
- 22. Did you last arrive in the United States to join a vessel as a seaman or crewman, or while serving in any capacity aboard a vessel or aircraft? Yes No

Current Passport, Travel Document, or National ID (if any) and Last Passport, Travel Document, or National ID (if any) Information
 Provide information as follows regarding each of your two most recently issued passports, travel documents, and/or National ID cards.

<p>23.a. Current Passport</p> <input style="width: 100%; height: 20px;" type="text"/> Issue Date (mm/dd/yyyy) <input style="width: 100%; height: 20px;" type="text"/> Expiration Date (mm/dd/yyyy) <input style="width: 100%; height: 20px;" type="text"/>	<p>Country of Issuance</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>23.b. Current Travel Document</p> <input style="width: 100%; height: 20px;" type="text"/> Issue Date (mm/dd/yyyy) <input style="width: 100%; height: 20px;" type="text"/> Expiration Date (mm/dd/yyyy) <input style="width: 100%; height: 20px;" type="text"/>	<p>Country of Issuance</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>23.c. Current National ID</p> <input style="width: 100%; height: 20px;" type="text"/> Issue Date (mm/dd/yyyy) <input style="width: 100%; height: 20px;" type="text"/> Expiration Date (mm/dd/yyyy) <input style="width: 100%; height: 20px;" type="text"/>	<p>Country of Issuance</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>23.d. Last Passport</p> <input style="width: 100%; height: 20px;" type="text"/> Issue Date (mm/dd/yyyy) <input style="width: 100%; height: 20px;" type="text"/> Expiration Date (mm/dd/yyyy) <input style="width: 100%; height: 20px;" type="text"/>	<p>Country of Issuance</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>23.e. Last Travel Document</p> <input style="width: 100%; height: 20px;" type="text"/> Issue Date (mm/dd/yyyy) <input style="width: 100%; height: 20px;" type="text"/> Expiration Date (mm/dd/yyyy) <input style="width: 100%; height: 20px;" type="text"/>	<p>Country of Issuance</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>23.f. Last National ID</p> <input style="width: 100%; height: 20px;" type="text"/> Issue Date (mm/dd/yyyy) <input style="width: 100%; height: 20px;" type="text"/> Expiration Date (mm/dd/yyyy) <input style="width: 100%; height: 20px;" type="text"/>	<p>Country of Issuance</p> <input style="width: 100%; height: 20px;" type="text"/>

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 1. Information About You (Person applying for lawful permanent residence) (continued)**24. Addresses****Current U.S. Physical Address**

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Date You First Resided at This Address (mm/dd/yyyy)

Is this your current mailing address?

 Yes No

If you answered "No," provide your current mailing address.

Current Mailing Address (Safe or Alternate Mailing Address, if applicable)

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Have you resided at your current address for at least 5 years?

 Yes No
If you answered "No," provide your prior address(es) for the last 5 years. Use the space provided in **Part 14. Additional Information**, if necessary.**Prior Address**

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Dates of Residence

From (mm/dd/yyyy)

To (mm/dd/yyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

Most Recent Address Outside the United States

Provide your most recent physical address outside the United States where you lived for more than one year (if not already listed above).

Street Number and Name		Apt.	Ste.	Flr.	Number
<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town		State		ZIP Code	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Province	Postal Code	Country			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

Dates of Residence

From (mm/dd/yyyy) To (mm/dd/yyyy)

25. Social Security Card

Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? Yes No

If you answered "Yes," provide your U.S. Social Security Number (SSN). ►

Do you want the SSA to issue you a Social Security card? Yes No

If you answered "Yes," you must also answer "Yes" to the **Consent for Disclosure** below.

Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required Yes No for the purpose of assigning me an SSN and issuing me a Social Security Card.

26.a. Have you had or used a social media account in the past five (5) years?

- Yes, I have had or used a social media account in the past five (5) years.
- No, I have not had or used a social media account in the past five (5) years.

26.b. If you answered "Yes," provide the total number of social media accounts:

26.c. Enter information associated with your online social media presence over the past five (5) years, if any. If you have had or used an account with a social media provider or platform that is listed in the Instructions, enter that information in the following table. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**.

Provider/Platform Listed in Instructions	Identifier/Username/Handle/Alias	Personal/Business/Organization

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 2. Application Type or Filing Category (continued)

Relative of a lawful permanent resident under the family-based preference categories, Form I-130 (select your specific category below):

- Spouse of a lawful permanent resident
- Unmarried child under 21 years of age of a lawful permanent resident
- Unmarried son or daughter of a lawful permanent resident and I am 21 years of age or older

VAWA self-petitioner (victim of battery or extreme cruelty), Form I-360 (select your specific category below):

- VAWA self-petitioning spouse of a U.S. citizen or lawful permanent resident
- VAWA self-petitioning child of a U.S. citizen or lawful permanent resident
- VAWA self-petitioning parent of a U.S. citizen (if the citizen is at least 21 years of age)

3.b. Employment-based

- Alien Investor, Form I-526 or Form I-526E

Alien Workers, Form I-140 (select your category below and answer the following questions below, as applicable):

- Alien of Extraordinary Ability
- Outstanding Professor or Researcher
- Multinational Executive or Manager
- Member of the Professions Holding an Advanced Degree or Alien of Exceptional Ability (who is NOT seeking a National Interest Waiver)
- A Professional (at a minimum, requiring a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree)
- A Skilled Worker (requiring at least 2 years of specialized training or experience)
- Any Other Worker (requiring less than 2 years of training or experience)
- An Alien Applying For a National Interest Waiver (who IS a member of the professions holding an advanced degree or an alien of exceptional ability)

Did a relative file the associated Form I-140 for you (or for the principal applicant if you are a derivative applicant) or does a relative have a significant ownership interest (5 percent or more) in the business that filed Form I-140 for you (or for the principal applicant, if you are a derivative applicant)?

- N/A (I am adjusting on the basis of a Form I-140 self-petition)
- No
- Yes

If you answered "Yes," is this relative your (select **only one** box):

- Father Mother Child Adult Son Adult Daughter Brother Sister None of These

Is the relative above a:

- U.S. Citizen U.S. National Lawful Permanent Resident None of These

3.c. Special Immigrant

- Special Immigrant Juvenile, Form I-360
- Certain Afghan or Iraqi National, Form I-360 or Form DS-157
- Certain International Broadcaster, Form I-360
- Certain G-4 International Organization or Family Member or NATO-6 Employee or Family Member, Form I-360
- Certain U.S. Armed Forces Members (also known as the Six and Six program), Form I-360

Part 4. Additional Information About You (continued)

Employment and Educational History

Provide **ALL** of your employment and educational history for the **past five (5)** years as indicated in the Instructions. Provide your current employment or school attended first. Include periods of self-employment, unemployment, or retirement. For each period of unemployment or retirement, list source of financial support. If you have additional employment or educational history, use the space provided in **Part 14. Additional Information**.

7. School Information

School 1

Name

City or Town

ZIP Code/Postal Code

Country

School Dates From (mm/dd/yyyy)

School Dates To (mm/dd/yyyy)

School 2

Name

City or Town

ZIP Code/Postal Code

Country

School Dates From (mm/dd/yyyy)

School Dates To (mm/dd/yyyy)

School 3

Name

City or Town

ZIP Code/Postal Code

Country

School Dates From (mm/dd/yyyy)

School Dates To (mm/dd/yyyy)

8. Employer/Business Information From the Past Five (5) Years (if any)

Employer/Business 1

Employer/Business Name(s)

Employer/Business Mailing Address (if any)

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Part 4. Additional Information About You (continued)

Employer/Business Physical Address (if different from Mailing Address) (if any)

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

U.S. Business Federal Employer Identification Number (FEIN) (or other country equivalent) (if any)
▶

Occupation

If unemployed or retired, source of financial support:

Date From (mm/dd/yyyy) Date To (mm/dd/yyyy)

Employer/Business 2
Employer/Business Name(s)

Employer/Business Mailing Address (if any)

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Employer/Business Physical Address (if different from Mailing Address) (if any)

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

U.S. Business FEIN (or other country equivalent) (if any)
▶

Occupation

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 4. Additional Information About You (continued)

If unemployed or retired, source of financial support:

Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

Employer/Business 3

Employer/Business Name(s)

Employer/Business Mailing Address (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Employer/Business Physical Address (if different from Mailing Address) (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

U.S. Business FEIN (or other country equivalent) (if any)

Occupation

If unemployed or retired, source of financial support:

Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 4. Additional Information About You (continued)

9. Provide your most recent employer or school outside of the United States (if not already listed above).

Name of Employer, Company, or School	Your Occupation (if unemployed or retired, so state)
<input type="text"/>	<input type="text"/>

Address of Employer, Company, or School

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State		ZIP Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy) To (mm/dd/yyyy)

If unemployed or retired, source of financial support:

Part 5. Information About Your Parents and Siblings

Information About Your Parent 1

1. Parent 1's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Parent 1's Name at Birth (if different than above)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

4. U.S. Social Security Number (if any) ►

5. Place of Birth

City/Town/Village of Birth	State or Province of Birth
<input type="text"/>	<input type="text"/>
Country of Birth	
<input type="text"/>	

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 5. Information About Your Parents and Siblings (continued)

6. Parent 1's Telephone Number(s) Used in the Past Five (5) Years (include country code)

Telephone Numbers (include country code)	Mobile or Landline	Date Use Started (mm/dd/yyyy)	Date Use Ended (mm/dd/yyyy)

7. Current Address

List your Parent 1's current physical address. If your Parent 1 is deceased or if current whereabouts are unknown, select the relevant box below and skip to **Information About Your Parent 2**.

- Parent 1 is deceased.
- Parent 1 current whereabouts are unknown.

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Information About Your Parent 2

8. Parent 2's Legal Name

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

9. Parent 2's Name at Birth (if different than above)

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

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

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

►

12. Place of Birth

City/Town/Village of Birth State or Province of Birth

Country of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 5. Information About Your Parents and Siblings (continued)

13. Parent 2's Telephone Number(s) Used in the Past Five (5) Years (include country code)

Telephone Numbers (include country code)	Mobile or Landline	Date Use Started (mm/dd/yyyy)	Date Use Ended (mm/dd/yyyy)

14. Current Address

List your Parent 2's current physical address. If your Parent 2 is deceased or if current whereabouts are unknown, select the relevant box below and skip to **Information About Your Sibling 1**.

- Parent 2 is deceased.
- Parent 2 current whereabouts are unknown.

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Information About Your Sibling 1

Provide information about all of your siblings (including half-siblings and step-siblings), even if deceased. If you do not have any siblings, please skip to **Part 6**.

15. Sibling 1's Legal Name

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

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

17. U.S. Social Security Number (if any)

►

18. Place of Birth

City/Town/Village of Birth State or Province of Birth

Country of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 5. Information About Your Parents and Siblings (continued)

19. Sibling's 1's Telephone Number(s) Used in the Past Five (5) Years (include country code)

Telephone Numbers (include country code)	Mobile or Landline	Date Use Started (mm/dd/yyyy)	Date Use Ended (mm/dd/yyyy)

20. Current Address

List your Sibling 1's current physical address. If your Sibling 1 is deceased or if current whereabouts are unknown, select the relevant box below and skip to **Information About Your Sibling 2**.

- Sibling 1 is deceased.
- Sibling 1 current whereabouts are unknown.

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Information About Your Sibling 2

21. Sibling 2's Legal Name

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

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

23. U.S. Social Security Number (if any)

▶

24. Place of Birth

City/Town/Village of Birth State or Province of Birth

Country of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 5. Information About Your Parents and Siblings (continued)

25. Sibling 2's Telephone Number(s) Used in the Past Five (5) Years (include country code)

Telephone Numbers (include country code)	Mobile or Landline	Date Use Started (mm/dd/yyyy)	Date Use Ended (mm/dd/yyyy)

26. Current Address

List your Sibling 2's current physical address. If your Sibling 2 is deceased or if current whereabouts are unknown, select the relevant box below and skip to **Part 6. Information About Your Marital History**.

- Sibling 2 is deceased.
- Sibling 2 current whereabouts are unknown.

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

If you have more than two siblings, use the space provided in **Part 14. Additional Information**.

Part 6. Information About Your Marital History

- What is your current marital status?
 Single, Never Married Married Divorced Widowed Marriage Annulled Legally Separated
- If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard? N/A Yes No
- How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)?

Information About Your Current Marriage (including if you are legally separated)

4. Current Spouse's Legal Name

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

5. Current Spouse's A-Number (if any) ► A-

6. Current Spouse's Date of Birth (mm/dd/yyyy)

7. Current Spouse's U.S. Social Security Number (if any) ►

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 6. Information About Your Marital History (continued)

8. Current Spouse's Place of Birth

City/Town/Village of Birth

State or Province of Birth

Country of Birth

9. Current Spouse's Current Physical Address

List your Current Spouse's current physical address. If your Current Spouse's current whereabouts are unknown, select the box below and skip to **Item Number 10.**

Current Spouse current whereabouts are unknown.

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

10. Place of Marriage to Current Spouse

City or Town

State or Province

Country

11. Date of Marriage to Current Spouse (mm/dd/yyyy)

12. Is your current spouse applying with you?

Yes No

13. Current Spouse's Telephone Number(s) Used in the Past Five (5) Years (include country code)

Telephone Numbers (include country code)	Mobile or Landline	Date Use Started (mm/dd/yyyy)	Date Use Ended (mm/dd/yyyy)

Information About Prior Marriages (if any)

If you have more than one prior marriage, use the space provided in **Part 14. Additional Information.**

14. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

15. Prior Spouse's Date of Birth (mm/dd/yyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 6. Information About Your Marital History (continued)

- 16.** Prior Spouse's Country of Birth
- 17.** Prior Spouse's Country of Citizenship or Nationality
- 18.** Date of Marriage to Prior Spouse's (mm/dd/yyyy)
- 19.** Place of Marriage to Prior Spouse
- City or Town State or Province
- Country
- 20.** Place Where Marriage with Prior Spouse Legally Ended
- City or Town State or Province
- Country
- 21.** Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)
- 22.** How Marriage Ended with Prior Spouse (select one):
- Annulled Divorced Spouse Deceased Other (Explain):

Part 7. Information About Your Children

- 1.** Indicate the total number of ALL living children anywhere in the world (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

Provide the following information for each of your children. If you have more than two children, use the space provided in **Part 14. Additional Information.**

- 2.** Child 1

Current Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

A-Number (if any) ▶ A-

Date of Birth (mm/dd/yyyy)

U.S. Social Security Number (if any)

▶

Place of Birth

City/Town/Village of Birth

State or Province of Birth

Country of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 7. Information About Your Children (continued)

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

Is this child also applying now on a separate Form I-485?

Yes No

Child 1's Telephone Number(s) Used in the Past Five (5) Years (include country code)

Telephone Numbers (include country code)	Mobile or Landline	Date Use Started (mm/dd/yyyy)	Date Use Ended (mm/dd/yyyy)

Current Address

List your Child 1's current physical address. If your Child 1 is deceased or if current whereabouts are unknown, select the relevant box below and skip to **Item Number 3**.

Child 1 is deceased.

Child 1 current whereabouts are unknown.

Street Number and Name

<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
----------------------	--------------------------	--------------------------	--------------------------	----------------------

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

3. Child 2

Current Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

A-Number (if any) ► A-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth (mm/dd/yyyy)

U.S. Social Security Number (if any)

►

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Place of Birth

City/Town/Village of Birth

State or Province of Birth

Country of Birth

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 7. Information About Your Children (continued)

Is this child also applying now on a separate Form I-485? Yes No

Child 2's Telephone Number(s) Used in the Past Five (5) Years (include country code)

Telephone Numbers (include country code)	Mobile or Landline	Date Use Started (mm/dd/yyyy)	Date Use Ended (mm/dd/yyyy)

Current Address

List your Child 2's current physical address. If your Child 2 is deceased or if current whereabouts are unknown, select the relevant box below and skip to **Part 8. Biographic Information**.

- Child 2 is deceased.
- Child 2 current whereabouts are unknown.

Street Number and Name

	Apt.	Ste.	Flr.	Number
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

City or Town

	State	ZIP Code
	<input type="checkbox"/>	

Province

Postal Code

Country

Part 8. Biographic Information

1. Ethnicity (Select **only one** box)

- Hispanic or Latino Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

- American Indian or Alaska Native Asian Black or African American
- Native Hawaiian or Other Pacific Islander White

3. Height Feet Inches 4. Weight Pounds

5. Eye Color (Select **only one** box)

- Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other

6. Hair Color (Select **only one** box)

- Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/Other

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 9. General Eligibility and Inadmissibility Grounds

Choose the answer that you think is correct in **Part 9**. If you answer "Yes" to any questions (or if you answer "No," but are unsure of your answer), provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information**.

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? Yes No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 9.** If you were a member of more than two organizations, use the space provided in **Part 14. Additional Information**.

Organization 1

2. Name of Organization
-

3. City or Town State or Province

Country

4. Nature of Organization, including its purposes and activities, whether illicit or legitimate.
-

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

5. Dates of Membership or Dates of Involvement
- From (mm/dd/yyyy) To (mm/dd/yyyy)

Organization 2

6. Name of Organization
-

7. City or Town State or Province

Country

8. Nature of Organization, including its purposes and activities, whether illicit or legitimate.
-

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

9. Dates of Membership or Dates of Involvement
- From (mm/dd/yyyy) To (mm/dd/yyyy)

10. Have you **EVER** been denied admission to the United States? Yes No

11. Have you **EVER** been denied a visa to the United States? Yes No

12. Have you **EVER** worked in the United States without authorization? Yes No

13. Have you **EVER** violated the terms or conditions of your nonimmigrant status? Yes No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 9. General Eligibility and Inadmissibility Grounds (continued)

- 42.b.** Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes No
- 42.c.** Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? Yes No
- 42.d.** Engage in any other unlawful activity? Yes No
- Have you **EVER**:
- 43.a.** Received any weapons training, paramilitary training, or other military-type training? Yes No
- 43.b.** Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? Yes No
- 43.c.** Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? Yes No
- 43.d.** Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? Yes No
- 43.e.** Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.**? Yes No
- 43.f.** Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
- 43.g.** Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
- 43.h.** Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
- 43.i.** Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
- 44.** Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.**? Yes No
- 45.** Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? Yes No
- NOTE:** If you answered "Yes" to any part of **Item Numbers 42.a. - 45.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information.**
- 46.** Are you the spouse or child of an individual who **EVER** engaged in any of the activities listed in **Item Numbers 43.b. - 43.i.**? Yes No
- NOTE:** If you answered "Yes" to any part of **Item Number 46.**, explain what your parent or spouse did, including the dates and location of the circumstances in **Part 14. Additional Information.**
- 47.** Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? Yes No
- 48.** Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? Yes No
- 49.** Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes No
- 50.** Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? Yes No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 9. General Eligibility and Inadmissibility Grounds (continued)

- 51.** Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? Yes No

If you answered "Yes" to **Item Number 50.** or **51.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information.**

- 52.** Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad)? Yes No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

- 53.a.** Torture? Yes No

- 53.b.** Genocide? Yes No

- 53.c.** Killing, or trying to kill, any person? Yes No

- 53.d.** Intentionally and severely injuring or trying to injure any person? Yes No

- 54.** Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? Yes No

- 55.** Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? Yes No

NOTE: If you answered "Yes" to any part of **Item Numbers 47. - 55.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information.**

Public Charge

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 66.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 66.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**"

NOTE: For more information, see **Part 9. General Eligibility and Inadmissibility Grounds, Public Charge** section of these Instructions.

- 56.** I am exempt from the public charge ground of inadmissibility because I am a/an (select **only one** box):

- VAWA Self-Petitioner (Form I-360)
- Special Immigrant Juvenile (Form I-360)
- Certain Afghan or Iraqi National (Form I-360 or Form DS-157)
- Asylee (Form I-589 or Form I-730)
- Refugee (Form I-590 or Form I-730)
- Victim of Qualifying Criminal Activity (U Nonimmigrant) under INA section 245(m) (Form I-918, Form I-918A, or Form I-929)
- Any category other than INA section 245(m), but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of Form I-485, you are no longer in valid U nonimmigrant status, you will be subject to the public charge ground of inadmissibility.)
- Human Trafficking Victim (T nonimmigrant) under INA section 245(l) (Form I-914 or Form I-914A)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 9. General Eligibility and Inadmissibility Grounds (continued)

- Any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application.)
- Cuban Adjustment Act
- Cuban Adjustment Act for Battered Spouses and Children
- Dependent Status under the Haitian Refugee Immigrant Fairness Act
- Dependent Status under the Haitian Refugee Immigrant Fairness Act for Battered Spouses and Children
- Cuban and Haitian Entrants Applying for Adjustment of Status under section 202 of the Immigration Reform and Control Act of 1986
- A Lautenberg Parolee
- National of Vietnam, Cambodia, or Laos Applying under the Foreign Operations, Export Financing, and Related Programs
- Continuous Residence in the United States Since Before January 1, 1972 ("Registry")
- Amerasian Homecoming Act
- Polish or Hungarian Parolee
- Nicaraguans and Other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA)
- American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Public Law 97-429 (Jan. 8, 1983)
- Section 7611 of the National Defense Authorization Act for Fiscal Year 2020 (Liberian Refugee Immigration Fairness)
- Syrian National Adjusting Status under Public Law 106-378
- Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)
- I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**" in **Item Number 56.**, complete **Item Numbers 57. - 66.** below. If you selected an exempt category in **Item Number 56.**, go to **Item Number 67.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

57. What is the size of your household?

58. Indicate your annual household income.

- \$0-27,000 \$27,001-52,000 \$52,001-85,000 \$85,001-141,000 Over \$141,000

59. Identify the total value of your household assets.

- \$0-18,400 \$18,401-136,000 \$136,001-321,400 \$321,401-707,100 Over \$707,100

60. Identify the total value of your household liabilities (including both secured and unsecured liabilities).

- \$0 \$1-10,100 \$10,101-57,700 \$57,701-186,800 Over \$186,800

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 9. General Eligibility and Inadmissibility Grounds (continued)

61. What is the highest degree or grade of school you have completed?

Less than a high school diploma. If you select this option, indicate the highest grade of school you have completed.

--

High school diploma, GED, or alternative credential 1 or more years of college credit, no degree

Associate's degree Bachelor's degree Master's degree Professional degree (JD, MD, DMD, etc.)

Doctorate degree

62. List your certifications, licenses, skills obtained through work experience, and educational certificates.

List of Certifications

63. Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or state, Tribal, territorial, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which also exist under other names)? Yes No

64. Have you ever received long-term institutionalization at government expense? Yes No

65. If your answer to **Item Number 63.** is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received, and whether you received the benefits while you were in an immigration category exempt from the public charge ground of inadmissibility.

Benefit Received	Start Date	End Date	Dollar Amount	In a Category Exempt from Public Charge
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

66. If your answer to **Item Number 64.** is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, the reason you were institutionalized, and whether you were institutionalized while you were in an immigration category exempt from the public charge ground of inadmissibility.

Institution Name/City/State	Date From	Date To	Reason	In a Category Exempt from Public Charge
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 9. General Eligibility and Inadmissibility Grounds (continued)
Illegal Entries and Other Immigration Violations

- 67.** Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? Yes No
- NOTE:** If your answer to **Item Number 67.** is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal.
- 68.** Have you **EVER** submitted altered, fraudulent, or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? Yes No
- 69.** Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? Yes No
- 70.** Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? Yes No
- 71.** Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? Yes No
- 72.** Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to enter or to try to enter the United States illegally (alien smuggling)? Yes No
- 73.** Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? Yes No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

- 74.** Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? Yes No
- 75.** Have you **EVER** entered the United States without being inspected and admitted or paroled? Yes No
- 76.** Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present in the United States if you were present in the United States after the expiration of the period of stay authorized by the Department of Homeland Security (DHS) Secretary or were present in the United States without being admitted or paroled. Yes No
- NOTE:** If you answered "Yes" to **Item Number 76.**, give the dates of unlawful presence in the space provided in **Part 14. Additional Information.**
- 77.** If you answered "Yes" to **Item Number 76.**, was a severe form of trafficking in persons at least one central reason for your unlawful presence in the United States? Yes No

NOTE: Severe trafficking in persons involves sex trafficking (the recruitment, harboring, transportation, provision, or obtaining of a person to commit a commercial sex act) induced by force, fraud, coercion, or in which the person is induced to perform such act has not reached 18 years of age, or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

- 78.a.** Having been unlawfully present in the United States for more than one year in the aggregate on or after April 1, 1997? You were unlawfully present in the United States for more than one year in the aggregate if you count all of the days during all of your stays that you were present in the United States after the expiration of the period of stay authorized by the DHS Secretary or were present in the United States without being admitted or paroled. Yes No
- 78.b.** Having been deported, excluded, or removed from the United States? Yes No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part 9. General Eligibility and Inadmissibility Grounds (continued)

Miscellaneous Conduct

79. Do you plan to practice polygamy in the United States? Yes No
80. Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? Yes No
81. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? Yes No
82. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? Yes No
83. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? Yes No
- Have you **EVER**:
- 84.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? Yes No
- 84.b. Been relieved or discharged from such training or service on the ground that you are an alien? Yes No
- 84.c. Been convicted of desertion from the U.S. armed forces? Yes No
85. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? Yes No
86. If you answered "Yes" to **Item Number 85.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

Part 10. 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 11.**, 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 11. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

- | | |
|--|---------------------------------------|
| 1. Interpreter's Family Name (Last Name) | Interpreter's Given Name (First Name) |
| <input type="text"/> | <input type="text"/> |
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 application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

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

Part 12. Contact Information, Certification, 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) |
| <input type="text"/> | <input type="text"/> |
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)

Part 12. Contact Information, Certification, 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 his or her 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 he or she understands the responses and information in or submitted with the application.

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

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the changes made to this application, **numbered** **through** , are complete, true, and correct. All information on additional pages submitted by me with this Form I-485, **on numbered pages** **through** are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct. Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)

Part 14. 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. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

2. Page Number Part Number Item Number

3. Page Number Part Number Item Number

4. Page Number Part Number Item Number

5. Page Number Part Number Item Number

DRAFT

NOT FOR

PRODUCTION

01/30/2026