



U.S. Citizenship
and Immigration
Services

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Case Inquiry

Check Case Processing

Think your case is taking longer than expected?

[Submit Case Inquiry](#)



Did Not Receive Notice by Mail

Think a notice is lost or missing?

[Submit Case Inquiry](#)



Did Not Receive Card by Mail

Think a card is lost or missing?

[Submit Case Inquiry](#)



Did Not Receive Document by Mail

Think a document is lost or missing?

[Submit Case Inquiry](#)



Service Request

Appointment Accommodations

Request accommodations for an interview appointment.

[Submit Service Request](#)



Typographic Error

Make typographic corrections for a case.

[Submit Service Request](#)



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Privacy Act Statement

Authorities

The information requested is collected pursuant to the Immigration and Nationality Act of 1952, Public Law 82-414, as amended.

Purpose

The primary purpose for collecting your case receipt number is to provide you with a status update and estimated processing times for a pending immigration benefit application or petition.

Disclosure

The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing a status update on your pending case.

Routine Uses

The information may be used by and disclosed to DHS personnel and contractors who need the information to assist in activities related to providing status information on a pending immigration benefit application or petition. Additionally, DHS may share the information with law enforcement or other government agencies as necessary to respond to potential or actual threats to national security pursuant to the agency's published Privacy Policy, published routine uses [DHS-USCIS-007 Benefits Information System of Records Notice, DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System], and published privacy impact assessments [DHS/USCIS/PIA-016 Computer Linked Application Information Management System (CLAIMS 3), DHS/USCIS/PIA-019 Customer Relationship Interface System (CRIS), DHS/USCIS/PIA-027 USCIS Asylum Division, DHS/USCIS/PIA-027 USCIS Asylum Division].

OMB Control Number 1615-0165

Expiration Date 12-31-2026

OK



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and Immigration
Services

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Case Inquiry

Check Case Progress

Think your case is ready?

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Did Not Receive Card

Think a card is lost?

[Submit Case Inquiry](#)

Service Request

Appointment Request

Request accommodation

[Submit Service Request](#)

Paperwork Reduction Act Burden Disclosure Notice

USCIS 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 0.30 hours 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. 1615-0165

Expires: 12/31/2026

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Disability Accommodations for Appointments

If you need a disability accommodation so that you can participate in a scheduled USCIS appointment, request your accommodation by answering the questions below.

Examples of USCIS appointments: Interview, Fingerprint, Biometrics, Oath Ceremony

Note:

- If you need an accommodation but you do not have a receipt number, you can make your request by calling the USCIS Contact Center at 800-375-5283 (TTY 800-767-1833).
- Do not submit a request if you are a naturalization applicant seeking a medical exception from the English and/or civics testing requirements. You must make your request by completing the Form N-648, Medical Certification for Disability Exceptions.
- An accommodation request must be submitted each time you need one, for each appointment.
- All USCIS offices are wheelchair-accessible. Please [Visit Disability Accommodations](#) for more

What you'll need

- Receipt Number
- Appointment Notice
- Email Address
- Visit Disability Accommodations

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Case Information

Please enter a valid receipt number to confirm the date filed and form number.

Receipt Number

EAC-1234567890

Date Filed (MM/DD/YYYY)

08/25/2024

Form Number

02510365



Form Sub Type



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Form Number

02510365

Form Sub Type

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1 of 3 Applicant or Petitioner Information

Completed By

This form is being completed by *

Email Address *

example@example.com

An email address is required in order to receive a response from USCIS and the confirmation for the request

Applicant or Petitioner Information

First name *

Applicant or Petitioner Information

First name *

☐ No First Name

Middle name or Middle initial

Last name *

Last name must be filled.

Date of Birth *



A-Number ?

A-

☐ Member of the U.S. Military, or recently discharged from service, or spouse of a member of the U.S. Military

Zip Code Lookup

Zip Code *

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Last name *

Last name must be filled.

Date of Birth *



A-Number ?

A-

Text...

☐

Member of the U.S. Military, or recently discharged from service, or spouse of a member of the U.S. Military

Zip Code Lookup

Zip Code *

20109

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Accommodations

If you need an accommodation for a USCIS appointment, have you received an Appointment Notice from USCIS?

- ☒ Yes
☐ No

Disability Type *

Date of Appointment *



Date of Appointment *



Time of Appointment

hh:mm

Location of Appointment *

Special Accommodations

- ☐ If you need a sign language interpreter, Check here.
- ☐ If you need braille, check here.
- ☐ If you need large print. check here.
- ☐ If you need your USCIS appointment to take place in the hospital, other healthcare facility, or your home, due to a serious medical condition that prevents you from attending your appointment at USCIS facilities, check here.
- ☐ If you need an accommodation for a disability or condition that is not listed above, check here.

State the specific accommodation you are seeking and a brief reason for the request.

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Date Filed (MM/DD/YYYY)

08/25/2024

Form Number

02510365

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Completed By

This form is being filed by

Applicant or Petitioner

Email Address

someone@email.com

Applicant or Petitioner Information

First name

FirstName

Middle initial

M

Last name

LastName

Date of Birth

06/25/1986

A-Number

A- 6502520

☐ Member of the U.S. Military, or recently discharged from service, or spouse of a member of the U.S. Military

Accommodations

Disability Type *

Deaf, Hard of Hearing

Date of Appointment *

06/25/1986

Time of Appointment

08:30

Location of Appointment *

Lorem ipsum dolar sit.

Special Accommodations

☒ If you need a sign language interpreter, Check here.

☐ If you need braille, check here.

☐ If you need large print. check here.

☐ If you need your USCIS appointment to take place in the hospital, other healthcare facility, or your home, due to a serious medical condition that prevents you from attending your appointment at USCIS facilities, check here.

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State the specific accommodation you are seeking and a brief reason for the request.

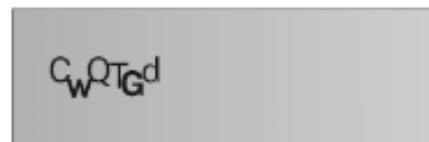
Lorem ipsum dolar sit amet, consectetur.

Zip Code Lookup

Security Check

Enter the letters shown below into the box. The letters are not case sensitive.

Can't read the letters? Click the Refresh Image Button for new letters or try the Audio Button.



Audio

Refresh Image

☐ By accepting this electronic signature, the applicant or petitioner, parent or guardian, or legal representative certifies under penalty of perjury that all information provided is true and correct. *

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Completed By

This form is being completed by *

Legal Representative



First name *

Text...

Last name

Last name must be filled.

Firm or Organization *

Text...

Email Address *

example@example.com

example@example.com

An email address is required in order to receive a response from USCIS and the confirmation for the request

Date G-28 Filed *



Applicant or Petitioner Information

First name *

☐ No First Name

Middle name or Middle initial

Last name *

Last name must be filled.

Date of Birth *



A-Number ?

A-

☐ Member of the U.S. Military, or recently discharged from service, or spouse of a member of the U.S. Military

Zip Code Lookup

Zip Code *

Accommodations

If you need an accommodation for a USCIS appointment, have you received an Appointment Notice from USCIS?

☒ Yes

☐ No

Disability Type *

If you need an accommodation for a USCIS appointment, have you received an Appointment Notice from USCIS?

☒ Yes

☐ No

Disability Type *

Date of Appointment *

Time of Appointment

hh:mm

Location of Appointment *

Special Accommodations

☐ If you need a sign language interpreter, Check here.

☐ If you need braille, check here.

☐ If you need large print, check here.

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State the specific accommodation you are seeking and a brief reason for the request.

Security Check

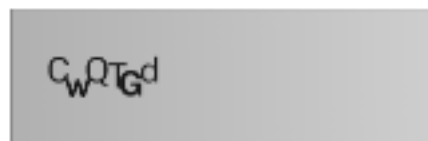
Enter the letters shown below into the box. The letters are not case sensitive.

Can't read the letters? Click the Refresh Image Button for new letters or try the Audio Button.

Security Check

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Audio

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Non-Delivery of Card

For certain types of immigration benefits USCIS will issue a card as proof of the benefit or legal status. Examples of cards USCIS may issue include an Employment Authorization Card (EAD) or a Permanent Resident Card (Also known informally as a "Green Card"). If a card is lost, stolen, or mutilated, an individual can apply to USCIS for a replacement card.

Also, if a card has a specific expiration date, the individual may need to apply to USCIS for renewal and to receive a new card. Once USCIS approves an immigration benefit for which a card issued, USCIS will mail the card to your address of record. If you do not receive a card that was mailed to your address of record, you may submit an inquiry.

Recently Approved Application —

Please do not submit an inquiry about a card associated with a recently approved application until at least 90 days after you receive the approval notice.

United States Postal Service tracking number +

What you'll need

- Receipt Number
- A-Number (if applicable)
- Date when filed
- Application or Petition filed
- Item not received
- Email Address

notice.

United States Postal Service tracking number	+
--	---

Please complete all of the required fields marked with an * asterisk

Case Information

Please enter a valid receipt number to confirm the date filed and form number.

Receipt Number ?

EG: EAC-1234567890

Date Filed (MM/DD/YYYY)

Form Number

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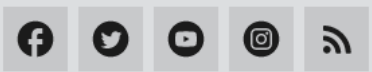
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Receipt Number [?]

EG: EAC-1234567890

Date Filed (MM/DD/YYYY)

Form Number

Form Sub Type



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2

Applicant or Petitioner Information Review and Submit

1 of 2 Applicant or Petitioner Information

Completed By

This form is being completed by *



Email Address *

example@example.com

An email address is required in order to receive a response from USCIS and the confirmation for the request

Applicant or Petitioner Information

First name *

Text...

☐

No First Name

Middle name or Middle initial

Middle name or Middle initial

T..

Last name

Last name must be filled.

Date of Birth



A-Number 

A-

Text...

☐

Member of the U.S. Military, or recently discharged from service, or spouse of a member of the U.S. Military

Zip Code Lookup

Zip Code *

20109

Card Type

What notice was not received? *

-Select One



Provide Last Action on Your Case

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Zip Code Lookup

Zip Code *

Card Type

What notice was not received? *



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Receipt Number [?]

EG: EAC-1234567890

Date Filed (MM/DD/YYYY)

Form Number

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2 of 2 Review and Submit

Completed By

This form is being filed by

[Edit Information on Step 1](#)

Applicant or Petitioner

Email Address

someone@email.com

Applicant or Petitioner Information

First name

[Edit Information on Step 1](#)

FirstName

Middle initial

M

Last name

LastName

Date of Birth

06/25/1986

A-Number

Date of Birth

06/25/1986

A-Number

A- 6502520

Zip Code Lookup

Zip Code

[Edit Information on Step 1](#)

22150

Card Type

What notice was not received?

[Edit Information on Step 1](#)

Notice Type 1

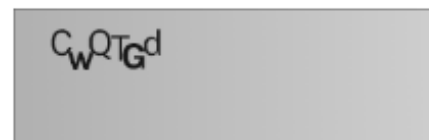
Provide Last Action on Your Case

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Security Check

Enter the letters shown below into the box. The letters are not case sensitive.

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11/11/2019

Audio

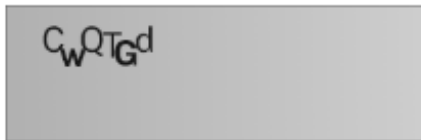
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Non-Delivery of Card

For certain types of immigration benefits USCIS will issue a card as proof of the benefit or legal status. Examples of cards USCIS may issue include an Employment Authorization Card (EAD) or a Permanent Resident Card (Also known informally as a "Green Card"). If a card is lost, stolen, or mutilated, an individual can apply to USCIS for a replacement card.

Also, if a card has a specific expiration date, the individual may need to apply to USCIS for renewal and to receive a new card. Once USCIS approves an immigration benefit for which a card issued, USCIS will mail the card to your address of record. If you do not receive a card that was mailed to your address of record, you may submit an inquiry.

Recently Approved Application



Please do not submit an inquiry about a card associated with a recently approved application until at least 90 days after you receive the approval notice.

United States Postal Service tracking number



What you'll need

- Receipt Number
- A-Number (if applicable)
- Date when filed
- Application or Petition filed
- Item not received
- Email Address

Case Information

Please enter a valid receipt number to confirm the date filed and form number.

Receipt Number 

EG: EAC-1234567890

Date Filed (MM/DD/YYYY)

Form Number

Form Sub Type

[View all USCIS Service Online Tools](#)

[Privacy Act Statement](#)

Completed By

This form is being completed by *

Legal Representative

First name *

Text...

Last name

Last name must be filled.

Firm or Organization *

Text...

Email Address *

example@example.com

An email address is required in order to receive a response from USCIS and the confirmation for the request

Date G-28 Filed *



Applicant or Petitioner Information

Applicant or Petitioner Information

First name *

☐ No First Name

Middle name or Middle initial

Last name *

Last name must be filled.

Date of Birth *



A-Number 

A-

☐ Member of the U.S. Military, or recently discharged from service, or spouse of a member of the U.S. Military

Zip Code Lookup

Zip Code *

Card Type

What notice was not received? *

-Select One



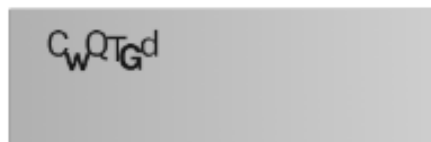
Provide Last Action on Your Case

Security Check

Security Check

Enter the letters shown below into the box. The letters are not case sensitive.

Can't read the letters? Click the Refresh Image Button for new letters or try the Audio Button.



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info@agency.gov



Non-Delivery of Document

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NOTE: You can check the status of your case using the My Case Status Tool. If Case Status Online indicates that the document was mailed, please allow approximately 30 days to receive your document.

What you'll need

- Receipt Number
- A-Number (if applicable)
- Date when filed
- Application or Petition filed
- Item not received
- Email Address

Case Information

Please enter a valid receipt number to confirm the date filed and form number.

Receipt Number 

EAC-1234567890

Date Filed (MM/DD/YYYY)

08/25/2024

Form Number

02510365

Form Sub Type

My Case Status Tool. If Case Status Online indicates that the document was mailed, please allow approximately 30 days to receive your document.

Case Information

Please enter a valid receipt number to confirm the date filed and form number.

Receipt Number 

EAC-1234567890

Date Filed (MM/DD/YYYY)

08/25/2024

Form Number

02510365

Form Sub Type

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- Petition filed
- Item not received
- Email Address

Case Information

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Receipt Number 

EAC-1234567890

Date Filed (MM/DD/YYYY)

08/25/2024

Form Number

02510365

Form Sub Type

1

2

Applicant or Petitioner Information

Review and Submit

1 of 2 Applicant or Petitioner Information

Completed By

This form is being completed by *

Email Address *

An email address is required in order to receive a response from USCIS and the confirmation for the request

Applicant or Petitioner Information

First name *

☐ No First Name

Middle name or Middle initial

Last name *

Last name must be filled.

Date of Birth *



A-Number ?

A-

☐ Member of the U.S. Military, or recently discharged from service, or spouse of a member of the U.S. Military

☐ Member of the U.S. Military, or recently discharged from service, or spouse of a member of the U.S. Military

Zip Code Lookup

Zip Code *

20109

Docuement Type

What document was not received? *

-Select One



Provide Last Action on Your Case

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Non-Delivery of Document

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Receipt Number 

EAC-1234567890

Date Filed (MM/DD/YYYY)

08/25/2024

Form Number

02510365

Form Sub Type



2 of 2 Review and Submit

Completed By

This form is being filed by

Applicant or Petitioner

Email Address

someone@email.com

Applicant or Petitioner Information

First name

FirstName

Middle initial

M

Last name

LastName

Date of Birth

06/25/1986

A-Number

A- 6502520

☐ Member of the U.S. Military, or recently discharged from service, or spouse of a member of the U.S. Military

Zip Code Lookup

Zip Code

22150

Document Type

Zip Code

22150

Docuemtent Type

What doecument was not received?

Naturalization Certificate

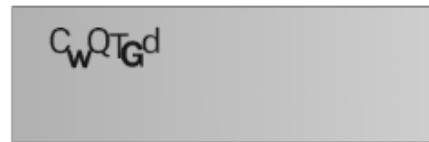
Provide Last Action on Your Case

Lorem ipsum dolar sit amet.

Security Check

Enter the letters shown below into the box. The letters are not case sensitive.

Can't read the letters? Click the Refresh Image Button for new letters or try the Audio Button.



Audio

Refresh Image

☐

By accepting this electronic signature, the applicant or petitioner, parent or guardian, or legal representative certifies under penalty of perjury that all information provided is true and correct. *

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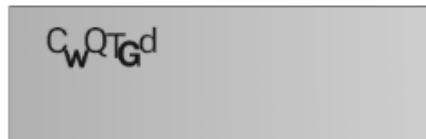
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Your email address

Security Check

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- Receipt Number
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- Date when filed
- Application or
- Petition filed
- Item not received
- Email Address

Case Information

Please enter a valid receipt number to confirm the date filed and form number.

Receipt Number 

EAC-1234567890

Date Filed (MM/DD/YYYY)

08/25/2024

Form Number

02510365

Form Sub Type

[View all USCIS Service Online Tools](#)[Privacy Act Statement](#)

Completed By

This form is being completed by *

First name *

Last name

Last name must be filled.

Firm or Organization *

Email Address *

An email address is required in order to receive a response from USCIS and the confirmation for the request

Date G-28 Filed *



Applicant or Petitioner Information

First name *

☐ No First Name

Middle name or Middle initial

Last name *

Last name must be filled.

Last name *

Last name must be filled.

Date of Birth *



A-Number ?

A-

☐ Member of the U.S. Military, or recently discharged from service, or spouse of a member of the U.S. Military

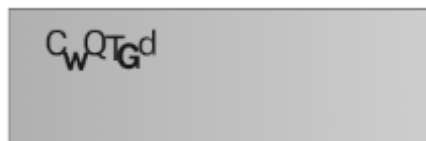
Zip Code Lookup

Zip Code *

Security Check

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Can't read the letters? Click the Refresh Image Button for new letters or try the Audio Button.



Audio

Refresh Image

Docuement Type

What document was not received? *

-Select One

Provide Last Action on Your Case

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Docuement Type

What document was not received? *

-Select One



Provide Last Action on Your Case

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Non-Delivery of Notice

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Do not submit an inquiry if you recently filed an application. You should receive a receipt notice within 30 days after filing at a Service Center or 30 days after filing at a Lockbox.

What you'll need

- Receipt Number
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- Application or Petition filed
- Item not received
- Email Address

Please complete all of the required fields marked with an * asterisk

Case Information

Please enter a valid receipt number to confirm the date filed and form number.

Receipt Number 

EG: EAC-1234567890

Date Filed (MM/DD/YYYY)

Form Number

Form Sub Type

1

2

Applicant or Petitioner Information

Review and Submit

1 of 2 Applicant or Petitioner Information

Completed By

This form is being completed by *

Email Address *

An email address is required in order to receive a response from USCIS and the confirmation for the request

Applicant or Petitioner Information

First name *

☐ No First Name

Middle name or Middle initial

Last name *

Last name must be filled.

Date of Birth *



A-Number ?

Zip Code Lookup

Zip Code *

Notice Type

What notice was not received? *



Provide Last Action on Your Case

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Date Filed (MM/DD/YYYY)

Form Number

Form Sub Type

Form Sub Type

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2 of 2 Review and Submit

Completed By

This form is being filed by

Applicant or Petitioner

Email Address

someone@email.com

Applicant or Petitioner Information

First name

FirstName

Middle initial

M

Last name

LastName

Date of Birth

06/25/1986

A-Number

A- 6502520

☐

Member of the U.S. Military, or recently discharged from service, or spouse of a member of the U.S. Military

Zip code Lookup

Zip Code

22150

Zip Code

22150

Notice Type

What notice was not received? *

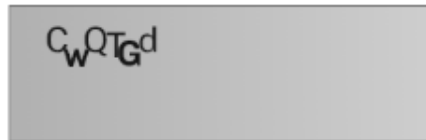
 

Provide Last Action on Your Case

Security Check

Enter the letters shown below into the box. The letters are not case sensitive.

Can't read the letters? Click the Refresh Image Button for new letters or try the Audio Button.



Audio

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☐ By accepting this electronic signature, the applicant or petitioner, parent or guardian, or legal representative certifies under penalty of perjury that all information provided is true and correct. *

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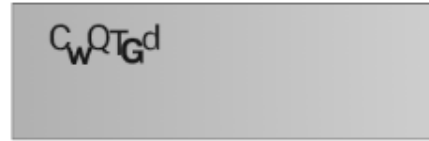
Submit

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Security Check

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Non-Delivery of Notice

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Case Information

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Receipt Number 

EG: EAC-1234567890

Date Filed (MM/DD/YYYY)

Form Number

Form Sub Type

Completed By

This form is being completed by *

Legal Representative

First name *

Text...

Last name

Last name must be filled.

Firm or Organization *

Text...

Email Address *

example@example.com

An email address is required in order to receive a response from USCIS and the confirmation for the request

Date G-28 Filed *



Applicant or Petitioner Information

First name *

Text...

☐ No First Name

Middle name or Middle initial

T..

Last name *

Last name must be filled.

Last name must be filled.

Firm or Organization *

Email Address *

An email address is required in order to receive a response from USCIS and the confirmation for the request

Date G-28 Filed *



Applicant or Petitioner Information

First name *

☐ No First Name

Middle name or Middle initial

Last name *

Last name must be filled.

Date of Birth *



A-Number 

A-

☐ Member of the U.S. Military, or recently discharged from service, or spouse of a member of the U.S. Military

Zip Code Lookup

Zip Code *

Notice Type

What notice was not received? *

-Select One

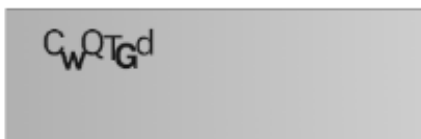


Provide Last Action on Your Case

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Refresh Image

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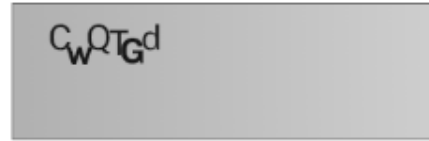
Your email address

Sign up

Security Check

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Outside Normal Processing Time

Do you have a case pending with USCIS that is outside the normal processing time? You can get an idea of how long it will take to process your case on our website a [Check Processing Times](#). For most applications, you can send us an inquiry if your case has been pending longer than the processing time posted.

NOTE: We are actively processing your case if, in the past 60 days, you:

- Received a notice from us about your case,
- Responded to a request for evidence, OR
- Received an online update to your case status.

Application Type Not Listed



If your application type is not listed in the processing time table on our website, our goal is to make a decision on your application within 6 months of filing. Please wait six months before submitting an inquiry

H-2A Temporary Agricultural Worker



DACA renewal applicant



What you'll need

- Receipt Number
- A-Number (if applicable)
- Date when filed
- Application or
- Petition filed
- Email Address

Rosario v. USCIS	+
More Information	+

Please complete all of the required fields marked with an * asterisk

Case Information

Please enter a valid receipt number to confirm the date filed and form number.

Receipt Number ?

EG: EAC-1234567890

Date Filed (MM/DD/YYYY)

Form Number

Form Sub Type

[View all USCIS Service Online Tools](#)

[Privacy Act Statement](#)



Applicant or Petitioner Information Review and Submit

1 of 2 Applicant or Petitioner Information

Completed By

This form is being completed by *

Email Address *

example@example.com

An email address is required in order to receive a response from USCIS and the confirmation for the request

Applicant or Petitioner Information

First name *

Text... ☐ No First Name

Middle name or Middle initial

T..

Last name *

Last name must be filled.

Date of Birth *



<< < December 2022 > >>

S	M	T	W	Th	F	S
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2

A-Number ?

A- Text...

☐ Member of the U.S. Military, or recently discharged from service, or spouse of a member of the U.S. Military

Mailing Address

Zip Code *

20109

Last Action Taken on Case

Based on the processing time table, you believe the case to be outside normal processing times.
Please provide details of the last action that you received on your case in the space below.

A-

☐ Member of the U.S. Military, or recently discharged from service, or spouse of a member of the U.S. Military

Mailing Address

Zip Code ★

Last Action Taken on Case

Based on the processing time table, you believe the case to be outside normal processing times.
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Rosario v. USCIS	+
More Information	+

Please complete all of the required fields marked with an * asterisk

Case Information

Please enter a valid receipt number to confirm the date filed and form number.

Receipt Number [?]

EG: EAC-1234567890

Date Filed (MM/DD/YYYY)

Form Number

Form Sub Type

[View all USCIS Service Online Tools](#)

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1 of 2 Applicant or Petitioner Information

Completed By

This form is being completed by *

Legal Representative

First name *

Text...

Last name

Last name must be filled.

Firm or Organization *

Last name
Last name must be filled.

Firm or Organization *

Email Address *

An email address is required in order to receive a response from USCIS and the confirmation for the request

Date G-28 Filed *

Applicant or Petitioner Information

First name *

☐ No First Name

Middle name or Middle initial

Last name *
Last name must be filled.

Date of Birth *

A-Number 

A-

☐ Member of the U.S. Military, or recently discharged from service, or spouse of a member of the U.S. Military

Zip Code Lookup

Zip Code *

A

☐ Member of the U.S. Military, or recently discharged from service, or spouse of a member of the U.S. Military

Zip Code Lookup

Zip Code *

Last Action Taken on Case

Based on the processing time table, you believe the case to be outside normal processing times.
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Rosario v. USCIS	+
More Information	+

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Case Information

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Receipt Number ?

EG: EAC-1234567890

Date Filed (MM/DD/YYYY)

Form Number

Form Sub Type

▼

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[Privacy Act Statement](#)



2 of 2 Review and Submit

Completed By

This form is being filed by

Applicant or Petitioner

Email Address

someone@email.com

Applicant or Petitioner Information

First name

FirstName

Middle initial

M

Last name

LastName

Date of Birth

06/25/1986

A-Number

A- 6502520

☐ Member of the U.S. Military, or recently discharged from service, or spouse of a member of the U.S. Military

Present Physical Address

Zip Code

22150

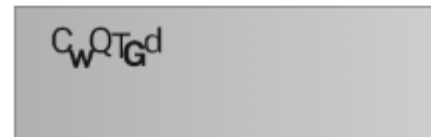
Last Action Taken on Case

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.

Security Check

Enter the letters shown below into the box. The letters are not case sensitive.

Can't read the letters? Click the Refresh Image Button for new letters or try the Audio Button.



Audio

Refresh Image

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Submit

Rosario v. USCIS



More Information



Please complete all of the required fields marked with an * asterisk

Case Information

Please enter a valid receipt number to confirm the date filed and form number.

Receipt Number



EG: EAC-1234567890

Date Filed (MM/DD/YYYY)

Form Number

Form Sub Type



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Applicant or Petitioner Information

Completed By

This form is being completed by *



Email Address *

example@example.com

An email address is required in order to receive a response from USCIS and the confirmation for the request

Applicant or Petitioner Information

First name *



Outside Normal Processing Time

Do you have a case pending with USCIS that is outside the normal processing time? You can get an idea of how long it will take to process your case on our website a [Check Processing Times](#). For most applications, you can send us an inquiry if your case has been pending longer than the processing time posted.

NOTE: We are actively processing your case if, in the past 60 days, you:

- Received a notice from us about your case,
- Responded to a request for evidence, OR
- Received an online update to your case status.

Application Type Not Listed



If your application type is not listed in the processing time table on our website, our goal is to make a decision on your application within 6 months of filing. Please wait six months before submitting an inquiry

H-2A Temporary Agricultural Worker



DACA renewal applicant



What you'll need

- Receipt Number
- A-Number (if applicable)
- Date when filed
- Application or
- Petition filed
- Email Address

DACA renewal applicant	+
Rosario v. USCIS	+
More Information	+

Please complete all of the required fields marked with an * asterisk

Case Information

Please enter a valid receipt number to confirm the date filed and form number.

Receipt Number 

EG: EAC-1234567890

Date Filed (MM/DD/YYYY)

Form Number

Form Sub Type

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Applicant or Petitioner Information

Completed By

This form is being completed by *

Email Address *

example@example.com

An email address is required in order to receive a response from USCIS and the confirmation for the request

Applicant or Petitioner Information

First name *

☐ No First Name

Middle name or Middle initial

Last name *

Last name must be filled.

Date of Birth *



A-Number ?

A-

☐ Member of the U.S. Military, or recently discharged from service, or spouse of a member of the U.S. Military

Mailing Address

Zip Code *

Last Action Taken on Case

Based on the processing time table, you believe the case to be outside normal processing times.
Please provide details of the last action that you received on your case in the space below.

Security Check

Enter the letters shown below into the box. The letters are not case sensitive.

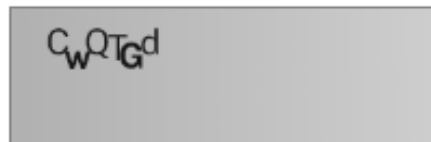
Can't read the letters? Click the Refresh Image Button for new letters or try the Audio Button.



Security Check

Enter the letters shown below into the box. The letters are not case sensitive.

Can't read the letters? Click the Refresh Image Button for new letters or try the Audio Button.



Audio

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selected the appropriate military state and zip-code before submitting the request.

Lorem ipsum
dolor sit
amet, consectetur
adipiscing elit.

Security

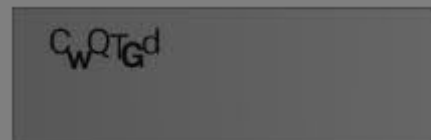
Please press **Submit** if you want to complete the form or click **go back** to edit the form.

Submit

[Go back to Step 1](#)

Enter the letters shown below into the box. The letters are not case sensitive.

Can't read the letters? Click the Refresh Image Button for new letters or try the Audio Button.



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Typographic Error

Did you receive a notice, document or card from USCIS and it contains a typographic error? We can assist you in correcting the error.

What you'll need

Receipt Number
A-Number (if applicable)
Item that contains the error
Date when filed
Email Address

Case Information

Please enter a valid receipt number to confirm the date filed and form number.

Receipt Number 

EAC-1234567890

Date Filed (MM/DD/YYYY)

08/25/2024

Form Number

02510365

Form Sub Type

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USCIS:
Date when filed
Email Address

Case Information

Please enter a valid receipt number to confirm the date filed and form number.

Receipt Number ?

EAC-1234567890

Date Filed (MM/DD/YYYY)

08/25/2024

Form Number

02510365

Form Sub Type

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Receipt Number

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Date Filed (MM/DD/YYYY)

08/25/2024

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Form Sub Type

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1 of 2 Applicant or Petitioner Information

Completed By

This form is being completed by *

Email Address *

An email address is required in order to receive a response from USCIS and the confirmation for the request

Applicant or Petitioner Information

First name *

☐ No First Name

Middle name or Middle initial

Last name *

Last name must be filled.

Date of Birth *



A-Number ?

A-

☐ Member of the U.S. Military, or recently discharged from service, or spouse of a member of the U.S. Military

Zip Code Lookup

Zip Code Lookup

Zip Code *

Typographical Error

What has the Typographic error ? *



Please describe the error

Please enter the correction

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Please describe the error

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Completed By

This form is being filed by

Applicant or Petitioner

Email Address

someone@email.com

Applicant or Petitioner Information

First name

FirstName

Middle initial

M

Last name

LastName

Date of Birth

06/25/1986

A-Number

A- 6502520

☐ Member of the U.S. Military, or recently discharged from service, or spouse of a member of the U.S. Military

Zip Code Lookup

Zip Code

22150

Notice Type

What notice was not received? *

Notice

Please describe the error

Notice

Please describe the error

Lorem ipsum dolar sit amet.

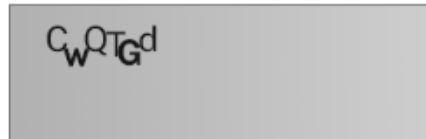
Please enter the correction

Lorem ipsum dolar sit amet.

Security Check

Enter the letters shown below into the box. The letters are not case sensitive.

Can't read the letters? Click the Refresh Image Button for new letters or try the Audio Button.



Audio

Refresh Image

☐ By accepting this electronic signature, the applicant or petitioner, parent or guardian, or legal representative certifies under penalty of perjury that all information provided is true and correct. *

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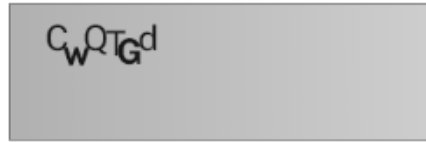
Your email address

Sign up

Security Check

Enter the letters shown below into the box. The letters are not case sensitive.

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Email Address

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Form Sub Type

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Completed By

Completed By

This form is being completed by *

Legal Representative



First name *

Text...

Last name

Last name must be filled.

Firm or Organization *

Text...

Email Address *

example@example.com

An email address is required in order to receive a response from USCIS and the confirmation for the request

Date G-28 Filed *



Applicant or Petitioner Information

First name *

Text...

☐

No First Name

Middle name or Middle initial

T..

Last name *

Last name must be filled.

Date of Birth *



Applicant or Petitioner Information

First name *

☐ No First Name

Middle name or Middle initial

Last name *

Last name must be filled.

Date of Birth *



A-Number ?

A-

☐ Member of the U.S. Military, or recently discharged from service, or spouse of a member of the U.S. Military

Zip Code Lookup

Zip Code *

Typographical Error

What has the Typographic error ? *

-Select One 

Please describe the error

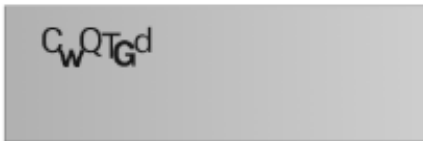
Please enter the correction



Security Check

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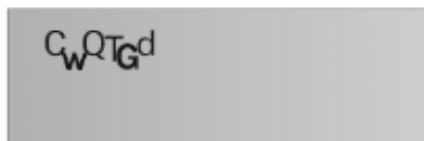
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Outside Normal Processing Time

Thank you for your request

USCIS will review and process the request

Expect a reply by: **September 26, 2023**

Your Request ID number is: **SR12345678901234DRM**

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