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

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

USCIS
Form I-485
OMB No. 1615-0023
Expires 02/28/2027

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

►**START HERE - Type or print in black ink.**

Part 1. Information About You

1. Your Current Legal Name

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

2. U.S. Mailing Address *(USPS ZIP Code Lookup)*

In Care Of Name (if any)

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Other Information

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

4. USCIS Online Account Number (if any)
►

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

6. Country of Birth

7. Country of Citizenship or Nationality

DRAFT NOT FOR PRODUCTION 10/29/2026

Part 2. Eligibility

Basis of INA Section 245(i) Eligibility

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

1.a. ☐ You are or were the **principal beneficiary** of an immigrant petition or application for permanent labor certification filed on or before January 14, 1998.

1.b. ☐ You are or were the **principal beneficiary** of an immigrant petition or application for permanent labor certification filed on or after January 15, 1998, and on or before April 30, 2001, **and** you were physically present in the United States on December 21, 2000.

1.c. ☐ You are or were the **derivative beneficiary** of an immigrant petition or application for permanent labor certification filed on or before January 14, 1998.

Part 2. Eligibility (continued)

1.d. ☐ You are or were the **derivative beneficiary** of an immigrant petition or application for permanent labor certification filed on or after January 15, 1998, and on or before April 30, 2001, **and** the principal beneficiary was physically present in the United States on December 21, 2000.

1.e. ☐ You are currently the **spouse** applying to accompany or follow-to-join your spouse **OR** you are a **child** (unmarried and under 21 years of age) applying to accompany or follow-to-join your parent described above in **Item Numbers 1.a. - 1.d.**

Qualifying Petition or Application

Provide the following information about the immigrant petition or application for permanent labor certification filed on or before April 30, 2001 that qualifies you to adjust status under INA section 245(i).

2. Receipt Number of Petition (if any)

Information on Principal Beneficiary of Petition or Application

3. Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable)

4. Principal Applicant's A-Number (if any)

► **A-**

DRAFT NOT FOR PRODUCTION 10/29/2026

Immigrant Category

5. Type or print the family-based, employment-based, special immigrant, or Diversity Visa immigrant category you selected on Form I-485, **Part 2. Application Type or Filing Category**, in **Item Numbers 3.a. - 3.g.**

Part 3. Bars to Adjustment

You are applying to adjust under INA section 245(i) because one or more of the following bars to adjustment apply to you (Select **all applicable** boxes):

1.a. ☐ You last entered the United States without being admitted or paroled after inspection by an immigration officer.

1.b. ☐ You last entered the United States as a nonimmigrant crewman.

1.c. ☐ You are now employed or have ever been employed in the United States without authorization.

1.d. ☐ You are not in lawful immigration status on the date of filing your application for adjustment of status.

1.e. ☐ You have ever failed to continuously maintain a lawful status since entry into the United States, unless your failure to maintain status was through no fault of your own or for technical reasons.

1.f. ☐ You were last admitted to the United States in transit without a visa.

1.g. ☐ You were last admitted to the United States as a nonimmigrant visitor without a visa under the Guam and Commonwealth of the Northern Mariana Islands Visa Waiver Program, and you are not a Canadian citizen.

1.h. ☐ You were last admitted to the United States as a nonimmigrant visitor without a visa under the Visa Waiver Program (See **https://travel.state.gov/content/travel/en/us-visas/tourism-visit/visa-waiver-program.html**).

1.i. ☐ You are seeking employment-based adjustment of status and you are not maintaining a lawful nonimmigrant status on the date of filing your application for adjustment of status.

1.j. ☐ You have ever violated the terms of your nonimmigrant status.

Part 4. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number

2. Applicant's Mobile Telephone Number (if any)

3. Applicant's Email Address (if any)

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my supplement, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 5.**, understood, all of the responses and information contained in, and submitted with, my supplement, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that U.S. Citizenship and Immigration Services (USCIS) may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature

Date of Signature (mm/dd/yyyy)

DRAFT NOT FOR PRODUCTION 10/29/2026

Part 5. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

4. Interpreter's Mobile Telephone Number (if any)

5. Interpreter's Email Address (if any)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the supplement and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the supplement.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

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

Preparer's Full Name

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

4. Preparer's Mobile Telephone Number (if any)

5. Preparer's Email Address (if any)

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this supplement for the applicant at the request of the applicant and with express consent and that all of the responses and information contained in and submitted with the supplement are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the supplement.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)

DRAFT
NOT FOR
PRODUCTION
10/29/2026