

Application for Temporary Protected Status

USCIS Form I-821

OMB No. 1615-0043 Expires 02/28/2027

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

	For USCI	S Use Only		
Receipt		Action Block		Case ID:
				A-Number:
				Returned:
				Resubmitted:
D 1				Relocated:
Remarks				Received:
				Sent:
To be completed by an Attorney or Accredited Representative (if any). Select the Form G G-28I is attached	-28 or (if applica	State Bar Number	-	Accredited Representative ine Account Number (if any)
> START HERE - Type or print in blac	k ink.			
Part 1. Type of Application (select	one)	Are you also filing	g a request for	r employment authorization?
NOTE: Select the box for Item Number 1.a applicable, select the box for Item Number 3. Item Number 4., enter the name of the designation. This is my initial (first time) application Temporary Protected Status (TPS) have TPS.	3.a. or 3.b. For nated TPS country.	Docume Applicat with my	ent (EAD), and tion for Emplo Form I-821.	n Employment Authorization I I am filing Form I-765, byment Authorization, together requesting an EAD.
1.b. This is my re-registration applicati currently have TPS, and am applyi		4. Name of designation applying.	ignated TPS co	ountry under which you are
NOTE: If you have previously ap				
pending application for TPS, but d have TPS, select Item Number 1 .		Part 2. Inforn	nation Abou	ut You
each time that you previously appl receipt number (if available) and the	ed, including the	Your Full Nam	ie	
of each application. If you current	ly have a pending	1.a. Family Name (Last Name)		
TPS application, please also descri it and the application receipt numb	-	1.b. Given Name		
Part 11. Additional Information, recall or have incomplete informat TPS applications, please provide the can, even if incomplete.	on on your prior	(First Name) 1.c. Middle Name		
2. If you selected Item Number 1.b. , plea granted you TPS.	se indicate who			
USCIS				
☐ Immigration Judge/Board of Immi	gration Appeals			

Pai	rt 2. Information About You (continued)	Oth	ner Information
04	N7	7.	Alien Registration Number (A-Number) (if any)
Oth	ner Names Used		► A-
alias	ide all other names you have used since birth, including es, maiden name, and nicknames. If you need extra space	8.	USCIS Online Account Number (if any)
	omplete this section, use the space provided in Part 11. itional Information.		
	Family Name	9.	U.S. Social Security Number (if any)
	(Last Name)		
2.b.	Given Name (First Name)	10.	Date of Birth (mm/dd/yyyy)
2.c.	Middle Name	Oth	her Dates of Birth Used (if any)
	Family Name (Last Name) Given Name	extra	ride all other dates of birth you have ever used. If you need a space to complete this section, use the space provided in
າ.ນ.	(First Name)		t 11. Additional Information.
3.c.	Middle Name	11.a	Other Date of Birth (mm/dd/yyyy)
U.S	S. Mailing Address (USPS ZIP Code Lookup)	11.b	Other Date of Birth (mm/dd/yyyy)
1.a.	In Care Of Name	12.	Gender Male Female
		13.	City/Town/Village of Birth
1.b.	Street Number and Name		
1.c.	Apt. Ste. Flr.	14.	Country of Birth
1.d.	City or Town		
		Cou 15.a	ntries of Residence (Before entering the U.S.)
1.e. -		15.a 15.b	
5.	Is your current mailing address the same as your physical address (where you live)?	15.c	
C		15.d	
	u answered "No" to Item Number 5. , please provide your ical address below.	13.0	•
			ntry or Countries of Citizenship or Nationality (if any) tall countries that apply.)
U.S	S. Physical Address	16.a	
5.a.	Street Number and Name	16.b	
5.b.	Apt. Ste. Flr.	16.c	
5.c.	City or Town	16.d	
	State 6.e. ZIP Code	You	ur Marital Information
	3.55 24 5500	17.	Current Marital Status (Select only one box)
			Single, Never Married Married
			Divorced Widowed
			Separated Marriage Annulled
			Other

Par	t 2. Information About You (continued)	You	ur Current Immigration Sta	tus
18.	Date of Current Marriage (if currently	/ married)	31.	Current Immigration Status or L	ack of Status
	(mm/dd/yyyy)				
U.S	. Entry Information		32.	Are you now or were you EVEF proceedings?	R in immigration Yes No
19.	Date of Last Entry into the United Sta (mm/dd/yyyy)	ntes		ou answered "Yes" to Item Number owing information.	er 32., provide the
20.	Immigration Status (or Lack of Status		Туре	e of Proceedings (Select all boxes	that apply):
	Entered the United States (for example no status)	le, visitor, student,	33.a		an Immigration Judge)
	in status,		33.b	Board of Immigration Appe	als (BIA)
Place 21.	e of Last Entry into the United States U.S. Port of Entry (if any)		33.c	I am no longer in Department Department of Homeland So immigration proceedings, bu court proceedings regarding	ecurity (DHS) ut I am or was in Federal
22.a.	City or Town		34.	Locations Where Your DOJ and were Held (or are currently being	
22.b. 23.	State Form I-94 Arrival-Departure Record	Number (if any)	35.	Locations Where Your Federal C Regarding Immigration Issues w being held) (if applicable)	
20.	▶ Departure Record				
24.	Date Your Authorized Period of Stay Expired or Will Expire (as shown on Crewman's Landing Permit (Form I-9 duration of status (D/S)	Form I-94 or	NO's	es for Your Proceedings FE: If your proceedings are ongoing the second in the second reach that the second reach the second reach that the second reach that the second reach th	one type of proceedings,
25.	Passport Number (most recent passport have other expired or valid passports,		36.a	• From (mm/dd/yyyy)	
	them and provide all information requ				
	each passport.)			To (mm/dd/yyyy)	
			36.c	. Present	
26.	Travel Document Number (if any)		D	D: L: . I	
				rt 3. Biographic Information	ON
27.	Additional Passport or Travel Docum	ent Number	1.	Ethnicity (Select only one box)	
20	A 11'C and Decrease at The 11D and	and N. make a		Hispanic or Latino	
28.	Additional Passport or Travel Docum	ent Number		Not Hispanic or Latino	
20	Country of Louisian for most mount	Decement on Tressel	2.	Race (Select all applicable boxe	es)
29.	Country of Issuance for most recent F Document	assport or Travel		White	
				Asian	
30.	Expiration Date for most recent Passp	oort or Travel		Black or African American	T-4:
	Document (mm/dd/yyyy)			American Indian or Alaska N	
				Native Hawaiian or Other Pa	CITIC Islander

Par	et 3. Biographic Information (continued)	Mat	iling Address of Spouse
3.	Height Feet Inches	4.a.	Street Number and Name
4.	Weight Pounds Dunds	4.b.	Apt. Ste. Flr.
5.	Eye Color (Select only one box)	4.c.	City or Town
	Black Blue Brown	4.d.	State 4.e. ZIP Code
	Gray Green Hazel Maroon Pink	4.f.	Province
	Unknown/Other		Postal Code
6.	Hair Color (Select only one box)	4.h.	Country
	Bald (No hair) Black Blond		
	☐ Brown ☐ Gray ☐ Red	Oth	ner Information About Your Current Spouse
	Sandy White Unknown/Other	5.	Your Spouse's Date of Birth (mm/dd/yyyy)
		6.	Date of Marriage to Your Current Spouse
Par	t 4. Information About Your Current Spouse	υ.	(mm/dd/yyyy)
(if any)		-	
Complete this section only if you are filing a late initial		7.	Place of Marriage to Your Current Spouse
	cation for TPS. See the form instructions for information equirements for late initial filing for TPS. If you need extra		
space	e to complete this section on all former spouses and all of	8.a.	City or Town
	children, please use the space provided in Part 11. itional Information.	8.b.	State
Prov marr	ide the following information about your current spouse (if ied).	8.c.	Province (if any)
1.	USCIS Online Account Number (if any and if known)	8.d.	Country
	>		
2.	A-Number (if any and if known)	9.	If you know, has your current spouse EVER had TPS?
	► A-		Yes No
3.a.	Family Name (Last Name)		es, what dates did he or she have TPS?
3.b.			From (mm/dd/yyyy)
3.c.	Middle Name	10.b.	To (mm/dd/yyyy)
		10.c.	
		10.d.	
		11.	Is your spouse's TPS still valid? (if known)
3.c.	Middle Name	10.c. 10.d.	Present I do not know the dates
			Yes No I Do Not Know

Part 5. Information About Your Former Spouses (if any)

Complete this section only if you are filing a **late initial** application for TPS. See the form instructions for information on requirements for late initial filing for TPS. If you need extra space to complete this section on all former spouses or all of your children, please use the space provided in **Part 11**. **Additional Information**.

Nar	nes of All Your Former	Spouse	s (if any)
First	Marriage		
1.a.	Family Name (Last Name)		
1.b.	Given Name (First Name)		
1.c.	Middle Name		
2.	Nationalities of Former Spou	ise	
3.	A-Number of Former Spouse ▶ A-	e (if any	and if known)
4.	Date of Birth of Former Spot (mm/dd/yyyy)	ise	
5.	Date of Death if Former Spot (mm/dd/yyyy)	use Dece	eased
Date	s of Marriage to Former Spous	se	
6.a.	From (mm/dd/yyyy)		
6.b.	To (mm/dd/yyyy)		
7.	How Marriage Ended (for exannulled)	ample, d	livorce, widowed,
8.	Did or does this former spour	se have [ΓPS (if known)? ☐ I Do Not Know
If ye	s, what dates did he or she hav	e TPS (i	f known)?
9.a.	From (mm/dd/yyyy)		
9.b.	To (mm/dd/yyyy)		
9.c.	Present		
9.d.	I do not know the dates		
10.	Is this former spouse current registering for TPS (if known		ng for or re-
	Yes	No	I Do Not Know

2000	nd Marriage			
11.a.	Family Name (Last Name)			
11.b.	Given Name (First Name)			
11.c.	Middle Name			
12.	Nationalities of	f Former Spo	ouse	
13.	A-Number of I	Former Spou	se (if any	and if known)
		A- [
14.	Date of Birth of (mm/dd/yyyy)	f Former Sp	ouse	
15.	Date of Death	if Former Sp	ouse Dec	eased
	(mm/dd/yyyy)			
Date	s of Marriage to	Former Spo	use	
16.a.	From (mm/dd/	уууу)		
16.b.	To (mm/dd/yy	уу)		
17.	How Marriage annulled)	Ended (for e	example, o	divorce, widowed,
18.	Did or does thi	s former spo	use have	TPS (if known)?
		Yes	No	I Do Not Know
If ye	s, what dates did	he or she ha	ive TPS (if known)?
19.a.	From (mm/dd/	уууу)		
19.b.	To (mm/dd/yy	уу)		
19.c.	Present			
19.d.	. I do not kno	ow the dates		
20.	T 11 C	nouse currer	ıtly apply	ing for or ro
20.	Is this former s registering for			ing for or re-
20.				☐ I Do Not Know
20.		TPS (if know	vn)?	_
20.		TPS (if know	vn)?	_
20.		TPS (if know	vn)?	_
20.		TPS (if know	vn)?	_
20.		TPS (if know	vn)?	_
20.		TPS (if know	vn)?	_

	rt 6. Information About Your Children	Chile	12
(if a	any)	8.a.	Family Name (Last Name)
	plete this section only if you are filing a late initial cation for TPS. See the form instructions for information	8.b.	Given Name
	equirements for late initial filing for TPS. If you need extra	_	(First Name)
	e to complete this section on all former spouses or all of	8.c.	Middle Name
•	children, please use the space provided in Part 11. itional Information.	9.	USCIS Online Account Number (if any and if known)
Provi	ide the following information about each of your children		
(if an	ny). If you need extra space to complete this section, use pace provided in Part 11. Additional Information .	10.	Alien Registration Number (A-Number) (if any and if known)
Chile	•		▶ A-
	Family Name (Last Name)	11.	Date of Birth (mm/dd/yyyy)
1.b.	Given Name	Mai	iling Address
	(First Name)		
1.c.	Middle Name	12.a.	Street Number and Name
2.	USCIS Online Account Number (if any and if known)	12 h	Apt. Ste. Flr.
		12.0.	Apt. Ste. Flr.
3.	Alien Registration Number (A-Number) (if any and if	12.c.	City or Town
	known) • A-	12.d.	State 12.e. ZIP Code
4.	Date of Birth (mm/dd/yyyy)	12.f.	Province
Mat	iling Address	12.g.	Postal Code
5.a.	Street Number	12.h.	Country
	and Name		
5.b.	Apt. Ste. Flr.		s child has or had TPS, please provide the dates of his or PS (if known).
5.c.	City or Town		
5.d.	State 5.e. ZIP Code	13.a.	From (mm/dd/yyyy)
- c	Pussings	13.b.	To (mm/dd/yyyy)
5.f.	Province	14.	If you know, is this child currently applying for or re-
5.g.	Postal Code		registering for TPS (if known)? Yes No
5.h.	Country		
		Par	t 7. Eligibility Standards
	s child has or had TPS, please provide the dates of his or	Bas	is for Eligibility
	TPS (if known).	Provi	ide the following information:
6.a.	From (mm/dd/yyyy)		I am a national of (or a person having no nationality who
6.b.	To (mm/dd/yyyy)		last habitually resided in the country of):

registering for TPS (if known)?

7.

If you know, is this child currently applying for or re-

Yes No

Par	rt 7. Eligibility Standards) (continued)	Your Immigration and Criminal History
1.b. 1.c.	I entered the United States on the following date, and have resided in the United States since that time. (mm/dd/yyyy) Have you EVER traveled to and entered another country, other than the one listed in Item Number 1.a. before you	To be eligible for TPS, you must be admissible as an immigrant to the United States, with certain exceptions. The questions below and your responses to these questions will help USCIS determine if you are eligible for TPS. See the Who Is Eligible for TPS section of the Instructions for additional information on admissibility and available waivers.
infor coun State	u answered "Yes" to Item Number 1.c. , provide the rmation requested in Item Numbers 2 5. for EACH try you traveled to and entered prior to entering the United es. If you need extra space to complete this section, use the e provided in Part 11. Additional Information .	If any of the questions apply to you, please provide information about the events, including the places and dates of occurrence. Provide a full explanation of the circumstances related to the specific event. If you need additional space to respond to a question, use the space provided in Part 11. Additional Information .
2.	Name of All the Other Countries to Which You Traveled	Criminal Offenses
	and Entered Prior to Entering the United States	If you were EVER arrested or detained for an offense, you must provide information about the event regardless of the country where the event occurred. If you were arrested,
	s That You Were in the Other Country or Countries From (mm/dd/yyyy)	charged, or convicted for an offense, you must provide certified court dispositions showing the court proceedings' outcome wherever possible. You also must provide copies of arrest reports, statements of charges, indictment information, or
3.b.	To (mm/dd/yyyy)	any other charging document issued against you. If you were
4.	Your Immigration Status, if Any, in the Other Country (for example, citizen, legal permanent resident, refugee, asylee, visitor, student, temporary resident, or no status)	not charged with any crime or offense, provide a statement or other documentation from the arresting authority or prosecutor's office to show that you were not charged with any crime or offense.
5.6.	Have you EVER been offered any immigration status by another country that you did not accept? Yes No If you answered "Yes" to Item Number 5. , please	NOTE: If you are not able to provide the documentation requested above, provide a signed statement as to why you cannot provide such documentation. USCIS usually needs supporting documentation, however, we do recognize that country conditions in certain TPS-designated countries may not allow an applicant to obtain the documents. Each statement
	describe the country or countries, the nature of the immigration status you were offered, and the dates when	will be carefully reviewed by USCIS, and we may need to ask you for additional information.
	it was offered.	Please carefully read Item 6. in the General Requirements section of the Instructions for additional information that you must provide if official documents regarding your criminal history are not available to you.
7.	If you answered "Yes" to Item Number 5. , please	Human Rights Violations
7.	describe why you chose not to accept the immigration status offered to you by the other country or countries.	If you have ever engaged in, ordered, incited, assisted, or otherwise participated in any human rights violations, you must provide information about the events, including the place and date, and a description of the event regardless of the country where the events occurred.
		Have you EVER been convicted of:
		8.a. Any felony committed in the United States? Yes No
		8.b. Any misdemeanor committed in the United States?

or other benefit from the unlawful activity se (including former spouses) or parents, and reasonably should have known, that the other benefit was the product of such illicit Yes No ngaged, or do you plan to engage, solely, dentally, in any of the following: to violate any law of the United States pionage or sabotage? Yes No to violate or evade any law prohibiting the the United States of goods, technology, or ormation? Yes No alawful activity in the United States? Yes No in which a purpose is to oppose, control, or the Government of the United States by force, other unlawful means, including but not reticipating in such activities, giving support
yes No ngaged, or do you plan to engage, solely, dentally, in any of the following: to violate any law of the United States pionage or sabotage? Yes No to violate or evade any law prohibiting the the United States of goods, technology, or ormation? Yes No alawful activity in the United States? Yes No in which a purpose is to oppose, control, or the Government of the United States by force, other unlawful means, including but not
pionage or sabotage? Yes No to violate or evade any law prohibiting the che United States of goods, technology, or ormation? Yes No alawful activity in the United States? Yes No in which a purpose is to oppose, control, or e Government of the United States by force, other unlawful means, including but not
the United States of goods, technology, or ormation? Yes No alawful activity in the United States? Yes No in which a purpose is to oppose, control, or e Government of the United States by force, other unlawful means, including but not
Yes No in which a purpose is to oppose, control, or e Government of the United States by force, other unlawful means, including but not
e Government of the United States by force, other unlawful means, including but not
olved in such activities, or being a member or
e of a terrorist organization?
/ER or are you NOW engaged in terrorist
/ER or are you NOW engaged in or plan to ivities in the United States that would have
erious adverse foreign policy consequences d States? Yes No
FER been or are you NOW a member of the or other totalitarian party, except when was involuntary?
YER participated in Nazi persecution or
Yes No
whether in the United States or any other
breaking or violating any law or ordinance, nor traffic violations? Yes No
ed, or indicted, for breaking or violating any unce, excluding minor traffic violations?
Yes No ed, fined, imprisoned, placed on probation, spended sentence or deferral of adjudication or violating any law or ordinance, excluding violations?

Par	t 7. Eligibility Standards (continued)	23.a. Do you NOW have a communicable disease of public health significance?
16.	Have you EVER been the beneficiary of a pardon,	
	amnesty, rehabilitation decree, other act of clemency, or similar action? Yes No	23.b. Do you NOW have or have you EVER had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has
17.	Have you EVER committed a serious criminal offense in the United States and asserted immunity from	posed or may pose a threat to the property, safety, or welfare of yourself or others?
	prosecution? Yes No	23.c. Are you NOW or have you EVER been a drug abuser or
18.a.	Have you EVER , within the past 10 years, or are you NOW engaged in prostitution or procurement of	drug addict? Yes No
	prostitution? Yes No	24. Have you EVER entered the United States as a stowaway? Yes No
18.b.	Have you EVER , within the past 10 years (either directly or indirectly) procured or attempted to procure or import prostitutes or persons for the purpose of prostitution? Yes No	25. Did the former Immigration and Naturalization Service (INS) EVER impose, or has DHS EVER imposed, civil monetary penalties on you for producing or using false
18.c.	Have you EVER , within the past 10 years, received, in	documentation to obtain an immigration benefit? Yes No
	whole or in part, the proceeds of prostitution? Yes No	26. Are you NOW subject to a final order for violation of section 274C (producing and/or using false
19.	Have you EVER been or do you intend to be involved in any other commercial vice?	documentation to unlawfully satisfy a requirement of the Immigration and Nationality Act)? Yes No
20.a.	Have you EVER been ordered removed, and been deported from the United States? Yes No	27. Do you NOW practice polygamy? Yes No
	Have you EVER voluntarily departed the United States under an order of removal? Yes No If you answered "Yes" to either Item Number 20.a. or	28. Are you NOW the guardian of, and are you accompanying, another individual who has been found to be inadmissible and who has been certified by a medical examiner to be helpless due to sickness, physical or mental disability, or infancy? Yes No
20.d.	20.b. above, have you re-entered the United States unlawfully at any time after you were deported or you voluntarily departed? Yes No If you answered "Yes" to Item Number 20.c. above, has	29. Have you EVER detained, retained, or withheld the custody of a child having a lawful claim to U.S. citizenship, outside the United States, from a U.S. citizen granted custody?
	DHS reinstated your prior order of removal?	Have you EVER ordered, incited, called for, committed,
20.e.	Yes No I Do Not Know Have you EVER failed to attend or remain in attendance	assisted, helped with, or otherwise participated in any of the following:
	at any immigration proceedings to determine your admissibility or deportability? Yes No	30.a. Acts involving torture or genocide? Yes No
21.	Have you EVER , by fraud or willfully misrepresenting a	30.b. Killing any person?
	material fact, sought to obtain a visa or other documentation, admission to the United States, or any other immigration benefit?	30.c. Intentionally and severely injuring any person? \[\subseteq \text{Yes} \subseteq \text{No} \]
22.	Have you EVER assisted any other person to enter the United States in violation of the law? Yes No	30.d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?Yes No
		30.e. Limiting or denying any person's ability to exercise religious beliefs?

Par	t 7. Eligibility Standards (continued)		spouse or child of, or are you yourself, ringly aided, abetted, assisted,
Have	you EVER :		ded with a human trafficker?
31.a.	Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? Yes No	any financial or ot activity of your sp	Yes No us five years, have you EVER obtained her benefit from the human trafficking ouse (including former spouses) or knew, or reasonably should have
31.b.	Served or worked in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No	known, that the fir	nancial or other benefit that you from such human trafficking?
32.	Have you EVER been a member of, assisted in, 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?		have you EVER engaged in money ribed in section 1956 or 1957 of Title Code? Yes No
33.	Have you EVER assisted with or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes No	abettor, assister, comoney laundering40. Have you EVER to out particularly se defined in section	been responsible for or directly carried vere violations of religious freedom, as 3 of the International Religious
34.	Have you EVER received any type of military, paramilitary, or weapons training? Yes No		998 (22 U.S.C. section 6402) while n government official?
35.	Have you EVER unlawfully voted in a United States Federal, state, or local election? Yes No		on judge or the Board of Immigration etermined that you filed a frivolous in the past?
36.	Have you EVER claimed to be a U. S. citizen (in writing or in any other way)? Yes No		1 Les Ino
37.a.	Have you EVER recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? Yes No	Information, Certi	s Statement, Contact fication, and Signature ties section of the Form I-821
37.b.	Have you EVER used any person under 15 years of age to take part in hostilities or to help or provide services to		pleting this part. You must file Form
	people in combat? Yes No	Applicant's Stateme	ent
38.a.	Have you EVER committed or conspired to commit human trafficking offenses, as defined in the section 103 of the Victims of Trafficking and Violence Protection Act of 2000, in the United States or outside the United States? YesNo	applicable, select the boat 1.a. I can read and and understan	For either Item Number 1.a. or 1.b. If a for Item Number 2. understand English, and I have read d every question and instruction on this d my answer to every question.
38.b.	Have you EVER knowingly aided, abetted, assisted, conspired, or colluded with a human trafficker? Yes No	question and i	
38.c.	Are you NOW the spouse or child of an alien who committed or conspired to commit human trafficking offenses? Yes No	everything. 2.	which I am fluent, and I understood t, the preparer named in Part 10. , application for me based only upon provided or authorized.

Part 8. Applicant's Statement, Contact Information, Certification, and Signature (continued)

Applicant's	Contact.	Inform	ation
pp ***** **		, ~	

A 1' (1 7) #	1.1 TO 1 1 N	1 ('C)
Applicant's Mo	bile Telephone Nu	imber (if any)
Applicant's Em	ail Address (if any	7)

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this application, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my application;
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

6.a.	Applicant's Signature	
\Rightarrow		
6.b.	Date of Signature (mm/dd/yyyy)	

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Inte	erpreter's Full Name					
1.a.	Interpreter's Family Name (Last Name)					
1.b.	Interpreter's Given Name (First Name)					
_						
2.	Interpreter's Business or Organization Name (if any)					
Inte	Interpreter's Mailing Address					
3.a.	Street Number and Name					
3.b.	Apt. Ste. Flr.					
3.c.	City or Town					
3.d.	State 3.e. ZIP Code					
3.f.	Province					
3.g.	Postal Code					
3.h.	Country					
Inte	erpreter's Contact Information					
4.	Interpreter's Daytime Telephone Number					
5.	Interpreter's Mobile Telephone Number (if any)					
6.	Interpreter's Email Address (if any)					

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and

which is the same language specified in **Part 8.**, **Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

1	t 9. Interpreter's Contact Information,	Preparer's Statement					
	erpreter's Signature	7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.					
7.a. 7.b.	Interpreter's Signature Date of Signature (mm/dd/yyyy)	7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.					
Sig:	et 10. Contact Information, Declaration, and nature of the Person Preparing this plication, if Other Than the Applicant ide the following information about the preparer.	NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States with this application.					
Pre	parer's Full Name	Preparer's Certification					
1.a. 1.b.	Preparer's Family Name (Last Name) Preparer's Given Name (First Name)	By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant's Contification, and that all of this					
2.	Preparer's Business or Organization Name (if any)	including the Applicant's Certification , and that all of this information is complete, true and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.					
Pre	parer's Mailing Address						
3.a.	Street Number and Name	Preparer's Signature 8.a. Preparer's Signature					
3.b.	Apt. Ste. Flr.						
3.c.	City or Town	8.b. Date of Signature (mm/dd/yyyy)					
3.d.	State 3.e. ZIP Code						
3.f.	Province						
3.g.	Postal Code						
	Country						
	parer's Contact Information						
4.	Preparer's Daytime Telephone Number						
5.	Preparer's Mobile Telephone Number (if any)						
6.	Preparer's Email Address (if any)						

Par	t 11. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
withing spaces to constant the sheet the sheet Num	u need extra space to provide any additional information in this application, use the space below. If you need more than what is provided, you may make copies of this page implete and file with this application or attach a separate of paper. Type or print your name and A-Number (if any) to top of each sheet; indicate the Page Number , Part and Item Number to which your answer refers; and and date each sheet.	5.d.					
	Family Name (Last Name) Given Name						
1 բ	(First Name) Middle Name						
2.	A-Number (if any) ► A-						
	Page Number 3.b. Part Number 3.c. Item Number	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.		6.d.					
4.a.	Page Number 4.b. Part Number 4.c. Item Number	7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
4.d.		7.d.					