

Application for Permission to Reapply for Admission Into the United States After Deportation or Removal

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-212 OMB No. 1615-00

OMB No. 1615-0018 Expires 12/31/2013

For DHS Use Only				
Alien Registration Number	Fee Stamp			Action Block
A-				
Initial Receipt Transferred In	DRA	4	EΤ	
Approved	Relocated Returned	Remarks		
☐ INA 212(a)(9)(A) for Advance Approval ☐ INA 212(a)(9)(A)				DHS Office Name/Location
	Transferred Out			
Denied				
► Start Here. Type or print in	black ink.			
Part 1. Information About Y	You	Mai	ling Address	
1. Alien Registration Number (A- ► A-	-Number) (if any)	maili	ng address, if ava	ntside the United States, provide a U.S. ailable. If a U.S. mailing address is not our mailing address abroad.
Your Full Name		4. a.	In Care Of Nam	<u>ie</u>
2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name	ODL		Street Number and Name Apt. Ste. City or Town	Flr.
Other Name <mark>s U</mark> sed		4.e.	State	4.f. ZIP Code
List all other names you have ever us names, aliases, and nicknames. If yo complete this section, use the space p Additional Information.	ou need extra space to	4 .g.	Province Postal Code	
3.a. Family Name (Last Name)		4.i.	Country	
3.b. Given Name (First Name)		5.		address the same address where you obysical address)? Yes No
3.c. Middle Name			currently live (p	address and the address where you physical address) are not the same, provide ysical address in the next section.

Par	t 1. Information About You (continued)	If you are seeking consent to reapply in connection with your application to adjust your status to that of a lawful permanent
Phy	esical Address	resident, provide information in Item Numbers 15.a 15.c.
6.a.	Street Number and Name	15.a. USCIS Receipt Number (if any)
6.b.	Apt. Ste. Flr.	15.b. Where did you file your application (for example, "USCIS Office Name" or "Lockbox")?
6.c.	City or Town	OBCID Office Name of Edekbox).
6.d.	State 6.e. ZIP Code	15.c. Date Filed (mm/dd/yyyy) ▶
6.f.	Province	Are you submitting Form I-601, Application for Waiver of Grounds of Inadmissibility, along with this application
6.g.	Postal Code	Yes No
6.h.	Country	If you answered "No," provide the information requested below about previously filed Forms I-601 (if any):
Oth	er Information About You	17.a. USCIS Receipt Number for Form I-601 (if any)
7.	U.S. Social Security Number (if any)	17.b. Where did you file your application (for example, "USCIS Office Name" or "Lockbox")?
8.	Gender Male Female	
9.	Date of Birth (mm/dd/yyyy) ▶	17.c. Date Filed (mm/dd/yyyy) ▶
10.	City or Town of Birth	Post 2. Posses Ves Aug Eiling Franc I 212
		Part 2. Reasons You Are Filing Form I-212
11.12.	State or Province of Birth (if applicable) Country of Birth	If you are inadmissible to the United States for the following reason, select "Yes" and then select the appropriate boxes. If you need extra space to complete this section, use the space provided in Part 8. Additional Information .
13.	Country of Citizenship or Nationality	Removal as an Arriving Alien (INA section $212(a)(9)(A)(i)$)
will imm	u seek an immigrant or nonimmigrant visa and you are or be filing your application for consent to reapply with your igrant or nonimmigrant visa application, provide the	1.a. I have been removed as an arriving alien in expedited removal proceedings under INA section 235(b)(1) or I was removed at the end of proceedings under INA section 240 as an arriving alien. Yes No
infor	mation requested in Itom Numbers 14 c. 14 b.	
	mation requested in Item Numbers 14.a 14.b. The Department of State (DOS) Consular Case Number (if available)	1.b. I have only been removed once, and my last removal was less than five years ago.
14.a.	The Department of State (DOS) Consular Case Number	was less than five years ago. 1.c. I have been removed at least two or more times, and
14.a.	The Department of State (DOS) Consular Case Number (if available) The location of the U.S. Embassy or U.S. Consulate where your application for an immigrant visa is being or will be made	was less than five years ago. 1.c. I have been removed at least two or more times, and my last removal was less than 20 years ago. 1.d. I have been convicted of an aggravated felony in the United States or abroad, before or after my removal from the United States. Provide information on your aggravated felony convictions in Part 8. Additional

Part 2. Reasons You Are Filing Form I-212		Periods of Unlawful Presence		
(cor	ntinued)	5. b .	From (<i>mm/dd/yyyy</i>) ▶	
2.a.	Date you were removed from the United States (mm/dd/yyyy) ►	5.c.	To (<i>mm/dd/yyyy</i>) ▶	
2.b.	Location from where you were removed City or Town	6.a.	Date you departed the United States after your period of unlawful presence (mm/dd/yyyy) ►	
	State noval as a Deportable Alien (INA section	6.b.	Location where you departed the United States after your period of unlawful presence City or Town State	
	(a)(9)(A)(ii))			
3.a.	I have been removed as a deportable alien under INA section 240 or any other provision of the law, or I departed the United States while an order of removal was outstanding. Yes No	6.c.	Location where you reentered or attempted to reenter the United States City or Town	
3.b.	I have only been removed once and my removal was less than 10 years ago.		State	
3.c.	I have been removed at least two or more times, and my last removal was less than 20 years ago.	6.d.	Date you attempted to unlawfully enter or reenter the	
3.d.	I have been convicted of an aggravated felony in the United States or abroad, before or after my removal from the United States. Provide information on your		United States after period of unlawful presence (mm/dd/yyyy) ►	
	aggravated felony convictions in Part 8. Additional Information and include the required evidence.		try After Removal (INA section C(a)(9)(C)(i)(II))	
4.a.	Date you were excluded, deported, or removed from the United States (mm/dd/yyyy) ▶	7.a	I entered or attempted to enter the United States without being admitted or paroled after having been excluded,	
4.b.	Location from where you were removed City or Town	the d	deported, or removed. Yes No TE: If you answered "Yes" to Item Number 7.a., list all lates when you were excluded, deported, or removed from United States. If you need extra space to complete this	
	State 7/0C	Info	on, use the space provided in Part 8. Additional rmation. Date you were excluded, deported, or removed from the	
	ry After Unlawful Presence in the Aggregate of		United States (mm/dd/yyyy) ▶	
	I entered or attempted to enter the United States without being admitted or paroled, after having been unlawfully present in the United States on or after April 1, 1997, for a period of more than one year, in the aggregate. Yes No	8.a.	Location where you reentered or attempted to reenter the United States after your exclusion, deportation, or removal City or Town	
time j Unite lawfu prese	E: If you answered "Yes" to Item Number 5.a. , list all the periods during which you were unlawfully present in the ed States (including any periods in which you overstayed your al status). Begin with your most recent period of unlawful nec. Also attach evidence demonstrating that you have ined outside the United States for 10 years since your last true.	8.b.	Date you entered or attempted to reenter the United States after exclusion, deportation, or removal (mm/dd/yyyy) ▶	

	t 3. Reasons For Your Request For	5.	Eye Color (Select only one box)
	mission to Reapply		Black Blue Brown
	Department of Homeland Security (DHS) permits you to er the United States, what immigration status will you seek?		Gray Green Hazel Maroon Pink Unknown/Other
1.a.	Permanent Resident	6.	Hair Color (Select only one box)
1.b.	Visitor		Bald (No hair) Black Blond
1.c.	Student	_	Brown Gray Red
1.d.	Other (Explain)		Sandy White Unknown/ Other
2.	Explain why you would like to reenter the United States	US	ct 5. Applicant's Statement, Certification, CIS ASC Acknowledgement, Signature, and ntact Information
	E: If you need extra space to complete this section, use pace provided in Part 8. Additional Information .		E: Select the box for either Item Number 1.a. or 1.b. If cable, select the box for Item Number 2.
men	citizen or lawful permanent resident family nbers (if any)	1.a.	I can read and understand English, and have read and understand each and every question and instruction on this application, as well as my answer to each
3.a.	Family Name (Last Name)		question. I have read the Acknowledgement of Required Appointment at USCIS ASC.
3.b.	Given Name (First Name)	1.b.	The interpreter named in Part 6. has read to me each and every question and instruction on this application,
3.c.	Middle Name	/	as well as my answer to each question, in
3.d. My ro 4.a. 4.b.	Relationship clative is (choose one): a lawful permanent resident. a U.S. citizen.		a language in which I am fluent. I understand each and every question and instruction on this application as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in Part 6. also has read the Acknowledgement of Required Appointment at USCIS ASC to me, in the language in which I am fluent, and I understand this
Par	t 4. Biographic Information		USCIS ASC Acknowledgement as read to me by my
1.	Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino	2.	interpreter. ☐ I have requested the services of and consented to ☐
2.	Race (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander		who is is not an attorney or accredited representative, preparing this application for me. My attorney or accredited representative, as named in Part 6 and any other person who assisted me in preparing my application has reviewed the Acknowledgement of Required Appointment at USCIS ASC with me and I understand the USCIS ASC Acknowledgement.
3.	Height Feet Inches		
4.	Weight Pounds		

Part 5. Applicant's Statement, Certification,	4.	Applicant's Mobile Telephone Number		
USCIS ASC Acknowledgement, Signature, and				
Contact Information (continued)	5.	Applicant's Email Address		
Acknowledgement of Required Appointment at		rippicant's Email reducess		
USCIS ASC				
	App	licant's Signature		
inderstand that the purpose of a USCIS Application Support	6.a.	Applicant's Signature		
Center (ASC) appointment is for me to provide fingerprints,	Λ	The state of the s		
photographs, and/or signature and to verify that all of the	6.b.			
information in my application is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the		Date of Signature (mm/dd/yyyy) ▶		
ime I provide my fingerprints, photographs, and/or signature luring my USCIS ASC appointment:		Part 6. Interpreter's Certification, Signature, and Contact Information		
By signing here, I declare under penalty of perjury that I	anu	Contact Information		
have reviewed and understand my application, as identified	Inte	Interpreter's Full Name		
by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or	Provi	Provide the following information concerning the interpreter:		
requests filed with my application that I (or my attorney or	1.a.	Interpreter's Family Name (Last Name)		
accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and				
correct.	1.b.	Interpreter's Given Name (First Name)		
also understand that when I sign my name, provide my	_ \			
ingerprints, and am photographed at the USCIS ASC, I will	2.	Interpreter's Business or Organization Name (if any)		
verify that I willingly submit this application; I have reviewed the contents of this application; all of the information in my		3		
pplication are complete, true, and correct; and if I was assisted in				
completing this application, the person assisting me also eviewed this Acknowledgement of Required Appointment at	Inte	Interpreter's Mailing Address		
JSCIS ASC with me.		Street Number and Name		
Applicant's Certification	3 h	Apt. Ste. Flr.		
certify, under penalty of perjury under the laws of the United States of America, that the information in my application and	3.c.	City or Town		
any document submitted with my application are complete, true, and correct. Copies of documents submitted are exact	3.d.	State 3.e. ZIP Code		
photocopies of unaltered original documents, and I understand	3.f.	Province		
hat I may be required to submit original documents at a later late. Furthermore, I authorize the release of any information	2 0	Postal Code		
rom my records that may be needed to determine my eligibility	3.g.	Postal Code		
or the immigration benefit that I seek.	3.h.	Country		
furthermore authorize release of information contained in this pplication, in supporting documents, and in my immigration				
ecords, to other entities and persons where necessary for the	Inte	rpreter's Contact Information		
dministration of U.S. immigration laws.		•		
Applicant's Contact Information	4.	Interpreter's Daytime Telephone Number		
V	·	Intermedial Consil Address		
Applicant's Daytime Telephone Number	5.	Interpreter's Email Address		

Part 6. Interpreter's Certification, Signature, Preparer's Mailing Address and Contact Information (continued) 3.a. Street Number and Name Interpreter's Certification **3.b.** Apt. Ste. Flr. I certify that: City or Town I am fluent in English and which is the same language provided in Part 5., Item Number 3.d. State 3.e. ZIP Code 1.b.; 3.f. Province I have read to this applicant each and every question and instruction on this application, as well as the answer to each 3.g. Postal Code question, in the language provided in Part 5., Item Number 1.b.; Country 3.h. I have read the **Acknowledgement of Required Appointment** at USCIS ASC to the applicant in the same language provided in Part 5., Item Number 1.b.; Preparer's Contact Information The applicant has informed me that he or she understands each Preparer's Daytime Telephone Number and every instruction and question on the application, as well as the answer to each question. The applicant also has informed me that he or she understands the USCIS ASC Acknowledgement and that by appearing for a USCIS ASC biometric services 5. Preparer's Fax Number appointment and providing his or her fingerprints, photographs, and/or signature, he or she is affirming that the contents of this application and all supporting documentation are complete, true, Preparer's Email Address and correct. Interpreter's Signature Preparer's Statement **6.a.** Interpreter's Signature I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent. **6.b.** Date of Signature (mm/dd/yyyy) I am an attorney or accredited representative and my representation of the applicant in this case (choose one) extends does not extend Part 7. Name, Contact Information, Certification, beyond the preparation of this application. and Signature of the Person Preparing this Application, If Other Than the Applicant Preparer's Declaration **NOTE:** If you are an attorney or accredited representative, you By my signature, I certify, swear or affirm, under penalty of must submit a completed Form G-28, Notice of Entry of perjury, that I prepared this application on behalf of, at the Appearance as Attorney or Accredited Representative, with this request of, and with the express consent of, the applicant. I application. completed the application based only on responses the applicant provided to me. After completing the application, I reviewed it Preparer's Full Name and all of the applicant's responses with the applicant, who agreed with each and every answer provided for each question on the Provide the following information concerning the preparer: application and, when required, supplied additional information Preparer's Family Name (Last Name) to respond to a question on the application. I also have read the Acknowledgement of Required Appointment at USCIS ASC to the applicant and the applicant has informed me that he or she **1.b.** Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name (if any)

Part 7. Name, Contact Information, Certification, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

understands the USCIS ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photographs, and/or signature, he or she will affirm that the contents of this application and all supporting documentation are complete, true, and correct.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

NOTE: We recommend that you print a copy of your completed application for your records. If you are required to appear for a biometric services appointment at a USCIS ASC, you should bring a copy of your completed application with you.

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Part 8. Additional Information	5.a.	Page Number 5.b. Part Number 5.c. Item Number
If you need extra space to provide any additional information within this application, use the space below or attach a separate sheet of paper. If you need more space than what is provided, you may make copies of this page to complete and file with this application. Include 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.	5.d.	
1.a. Family Name (Last Name)		
1.b. Given Name (First Name)		
1.c. Middle Name	6.a.	Page Number 6.b. Part Number 6.c. Item Number
2. A-Number (if any) ► A-	6.d.	
3.a. Page Number 3.b. Part Number 3.c. Item Number		
3.d.	_	
PRODI	7,a.	Page Number 7.b. Part Number 7.c. Item Number
	7.d.	
4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d.		2014
	_	
	-	
	-	
	-	
	8.a.	Applicant's Signature
	8.b.	Date of Signature (mm/dd/yyyy) ►