

Form I-881, Application for Suspension of Deportation or Special Rule Cancellation of Removal (Pursuant to Section 203 of Public Law 105-100, NACARA)

OMB No. 1615-0072

Expires 03/31/2019

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For USCIS Use Only

Returned

Resubmitted

Reloc Sent

Reloc Rec'd

Receipt

Decision

☐ **Granted** suspension of deportation or special rule cancellation of removal and adjustment of **status**

☐ Referred to Immigration Judge in accordance with 8 CFR section 240.70.

(Adjudicating Officer's Signature)

(Date of Action)

(Office Location)

EOIR Actions

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

Select this box if Form G-28 is attached.

Attorney State Bar Number (if applicable)

Attorney or Accredited Representative USCIS Online Account Number (if any)

START HERE - Type or print in black ink.

Part 1. Information About You

Your Current Legal Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Other Names You Have Used Since Birth (if applicable)

Provide all other names you have ever been known by or used, including aliases, maiden name, and nicknames. Make sure to include all variations of your name as it appears on identity documents, passports, birth certificates, bank loan documents, etc. If you need extra space to complete this section, use the space provided in **Part 15**.

Additional Information.

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

U.S. Mailing Address

4.a. In Care Of Name (if any)

4.b. Street Number and Name

4.c. Apt./Ste./Flr. Number

4.d. City or Town

4.e. State

4.f. ZIP Code

Other Information About You

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

6. Gender

Male

Female

7. City or Town of Birth

8. Country of Birth

9. Country of Citizenship or Nationality

10. Alien Registration Number (A-Number/USCIS Number) (if any)

11. USCIS Online Account Number (if any)

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

Part 2. Application Type

I am eligible to apply for suspension of deportation or special rule cancellation of removal under the Nicaraguan Adjustment and Central American Relief Act (NACARA) because I have not been convicted of an aggravated felony and **(Select all applicable boxes in Item Numbers 1. - 8.):**

1. Registered ABC Class Members

☐ I am a national of El Salvador who first entered the United States on or before September 19, 1990 and registered for benefits on time under the ABC settlement agreement in American Baptist Churches v. Thornburgh, 760 F. Supp. 796 (N.D. Cal. 1991), either directly or by applying for Temporary Protected Status (TPS) between January 1, 1991 and October 31, 1991; and I have not been apprehended at the time of entry after December 19, 1990.

☐ I am a national of Guatemala who first entered the United States on or before October 1, 1990, and registered for benefits on time under the ABC settlement agreement in American Baptist Churches v. Thornburgh, 760 F. Supp. 796 (N.D. Cal. 1991), and I have not been apprehended at the time of entry after December 19, 1990.

2. ☐ I am a national of Guatemala or El Salvador who filed an application for asylum on or before April 1, 1990.

3. ☐ I entered the United States on or before December 31, 1990; filed an application for asylum on or before December 31, 1991; and, at the time of filing, was a national of the Soviet Union (USSR), Russia, any republic of

the former Soviet Union, Latvia, Estonia, Lithuania, Poland, Czechoslovakia, Romania, Hungary, Bulgaria, Albania, East Germany, **or any state of the former Yugoslavia..**

4. Spouse, child, son, or daughter of someone who has already applied or is currently filing for suspension of deportation or special rule cancellation of removal under NACARA:

☐ I am the spouse **or** child (unmarried and under 21 years of **age**) of someone who has already applied, or **who is currently** filing with me, for suspension of deportation or special rule cancellation of removal under NACARA.

☐ I am the unmarried son or unmarried **daughter of someone who has already applied or who is currently filing with me, for suspension of deportation or special rule cancellation of removal under NACARA, and I entered the United States on or before October 1, 1990, or my parent was granted suspension of deportation or special rule cancellation of removal when I was under 21 years of age.**

NOTE: If you selected either checkbox in **Item Numbers 5.a. - 8.**, attach evidence of the relationship and provide the following information about the spouse or parent who has already applied or is currently filing with you:

Spouse or Parent's Name

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

6. A-Number (if any)

7. The person who has applied for suspension of deportation or special rule cancellation of removal is your:

☐ Spouse

☐ Parent

8. ☐ I am or was the spouse or child of an individual described in **Item Numbers 1. - 3.**, and I or my child has been battered or subjected to extreme cruelty by that individual described in **Item Numbers 1. - 3.**

Part 3. Information About Your Presence in the United States

Address History

Provide your physical addresses for the last 10 years. Include addresses for anywhere you resided for 60 days or more. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information.**

Physical Address 1 (current address)

1.a. Street Number and Name

1.b. Apt./Ste./Flr. Number

1.c. City or Town

1.d. State

1.e. ZIP Code

Date of Residence

2.a. From (mm/dd/yyyy)

2.b. To (mm/dd/yyyy)

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Physical Address 2

3.a. Street Number and Name

3.b. Apt./Ste./Flr. Number

- 3.c. City or Town
- 3.d. State
- 3.e. ZIP Code

Date of Residence

- 4.a. From (mm/dd/yyyy)
- 4.b. To (mm/dd/yyyy)

Information About Your First Entry Into the United States

Name Used When **You** First Entered the United **States**

- 5.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name

6. Place of First Entry Into the United **States**

7. Status When You First Entered the United **States**

8. Date of First Entry Into the United **States** (mm/dd/yyyy)

Period **Admitted Into the United States**

- 9.a. From (mm/dd/yyyy)
- 9.b. To (mm/dd/yyyy)

10.a. Did you change your nonimmigrant status after entry? Y/N

10.b. If you answered “Yes,” which nonimmigrant status did you obtain?

11. Date You First Changed **Status** (mm/dd/yyyy)

12. Date **Your** Last Extension of Stay **Expired** (mm/dd/yyyy)

Information About Your Departures From and to the United States

Provide information about any departure from and return to the United States you have made since your first **entry** into the U.S. List all departures, including short trips that lasted longer than 24 hours and visits to Canada and Mexico. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information**.

NOTE: If you have not departed the United States since your first date of entry, type or print “None” below.

Departure 1 (current or most recent)

13. Port of **Departure**

14. Departure **Date** (mm/dd/yyyy)

15. Purpose of **Travel**

16. Destination

Return 1

17. Port of **Entry**

18. Return **Date** (mm/dd/yyyy)

19. Status at **Entry**

20. Inspected and **Admitted** Y/N

21. Immigration Status in Which You Were Admitted

22. If you were admitted in a nonimmigrant status, were you granted a change of status after you were admitted?
Y/N

23. Which nonimmigrant status did you obtain?

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Departure 2

24. Port of Departure

25. Departure **Date** (mm/dd/yyyy)

26. Purpose of **Travel**

27. Destination

Return 2

28. Port of Entry

29. Return **Date** (mm/dd/yyyy)

30. Status at **Entry**

31. Inspected and **Admitted** Y/N

32. Immigration Status in Which You Were Admitted

33. If you were admitted in a nonimmigrant status, were you granted a change of status after you were admitted?
Y/N

34. Which nonimmigrant status did you obtain?

If you answer “Yes” or are unsure about any of your answers to any of the questions in **Item Numbers 35.a. - 35.e.**, use the space provided in **Part 15. Additional Information** to provide an explanation.

Have you **EVER**:

35.a. Been ordered deported or removed? Y/N

35.b. Departed the United States under an order of deportation or removal? Y/N

35.c. Overstayed a grant of voluntary departure from an immigration judge or **the Department of Homeland Security (DHS)**? Y/N

35.d. Departed the United States under a grant of voluntary departure or voluntary return? Y/N

35.e. Failed to appear for deportation or removal? Y/N

Part 4. Information About Your Employment and Financial Status

Employment History

Provide your employment history for the last 10 years. List your employment from most recent to the oldest, starting with information on your current employment first. Include all employment, even if it is not full-time. If you did the same type of work for three or more employers during any six-month period and you do not know the names and addresses of those employers, you may type or print "multiple employers." You should specify any periods of unemployment, unpaid work (such as a homemaker or intern), or school attendance. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information**.

Employer 1 (current or most recent)

1. Name of Employer or Company

Address of Employer/Company

2.a. Street Number and Name

2.b. Apt./Ste./Flr. Number

2.c. City or Town

2.d. State

2.e. ZIP Code

2.f. Province

2.g. Postal Code

2.h. Country

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3. Earnings per Week (U.S. dollars)

4. Your Occupation

Dates of Employment

5.a. From (mm/dd/yyyy)

5.b. To (mm/dd/yyyy)

Employer 2

6. Name of Employer or Company

Address of Employer/Company

7.a. Street Number and Name

7.b. Apt./Ste./Flr. Number

7.c. City or Town

7.d. State

7.e. ZIP Code

7.f. Province

7.g. Postal Code

7.h. Country

8. Earnings per Week (U.S. dollars)

9. Your Occupation

Dates of Employment

10.a. From (mm/dd/yyyy)

10.b. To (mm/dd/yyyy)

Financial Status

Provide information about your assets in the United States and other countries, including those held jointly with your spouse (if you are married) or with others. Do not include the value of clothing and household necessities. If married, provide information about your spouse's assets that he or she does not hold jointly with you. **If you need extra space to complete this section or to describe other assets listed, use the space provided in Part 15. Additional Information.**

Self (Including assets jointly owned with spouse or others)

- 11.a.** Cash, Checking, or Savings **Accounts** (U.S. dollars)
- 11.b.** Motor **Vehicles** (Minus any amount owed) (U.S. dollars)
- 11.c.** Real **Estate** (Minus any amount owed) (U.S. dollars)
- 11.d.** Other (U.S. dollars)
- 11.e.** Total (U.S. dollars)

Spouse (if applicable)

- 12.a.** Cash, Checking, or Savings **Accounts** (U.S. dollars)
- 12.b.** Motor **Vehicles** (Minus any amount owed) (U.S. dollars)
- 12.c.** Real **Estate** (Minus any amount owed) (U.S. dollars)
- 12.d.** Other (U.S. dollars)
- 12.e.** Total (U.S. dollars)

13.a. Have you filed a Federal income tax return while in the United States? Y/N

13.b. If you answered "Yes," indicate the years you filed and attach evidence that you filed the returns. If you did not file a tax return during any particular years, explain why you did not file. **If you need extra space to complete this section, use the space provided in Part 15. Additional Information.**

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Part 5. Information About Your Marital Status and Spouse

1. What is your current marital status?

Single, Never Married

Married

Widowed

Marriage Annulled

Legally Separated

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

If you are currently married, provide the following information about your current spouse.

Current Spouse's Legal Name

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3. A-Number (if any)

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

5. Current Spouse's Date of Marriage (mm/dd/yyyy)

Current Spouse's Place of Birth

- 6.a. City or Town
- 6.b. State or Province
- 6.c. Country

Current Spouse's Place of Marriage

- 7.a. City or Town
- 7.b. State or Province
- 7.c. Country

Address Where Current Spouse Resides

- 8.a. Street Number and Name
- 8.b. Apt./Ste./Flr. Number
- 8.c. City or Town
- 8.d. State
- 8.e. ZIP Code
- 8.f. Province
- 8.g. Postal Code
- 8.h. Country

Current Spouse's Status

9. If your spouse presently resides in the United States, your spouse's present status is:
- U.S. Citizen
 - Lawful Permanent Resident
 - Asylee
 - Asylum Applicant
 - Other (explain):

Current Spouse's Employment

10. Is your spouse employed? Y/N

If your spouse is employed, provide your spouse's name, address of employment, and his or her salary.

11. Name of Employer/Company

Address of Employer/Company

- 12.a. Street Number and Name
- 12.b. Apt./Ste./Flr. Number
- 12.c. City or Town
- 12.d. State
- 12.e. ZIP Code
- 12.f. Province
- 12.g. Postal Code
- 12.h. Country

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13. Earnings per Week (U.S. dollars)

14. Your Spouse's Occupation

Dates of Employment

- 15.a. From (mm/dd/yyyy)
- 15.b. To Present

Information About Your Previous Marriage (if applicable)

16. How many times have you been married?

If you were previously married, provide the following information about your prior spouses. If you have had more than one previous marriage, use the space provided in **Part 15. Additional Information** to provide the information below.

Prior Spouse's Legal Name

17.a. Family Name (Last Name)

17.b. Given Name (First Name)

17.c. Middle Name

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

19. Date of Marriage to Prior Spouse (mm/dd/yyyy)

20. Date Marriage to Prior Spouse Ended (mm/dd/yyyy)

Place Where Marriage to Prior Spouse Ended

21.a. City or Town

21.b. State or Province

21.c. Country

22. Manner in Which Marriage to Prior Spouse Was Terminated or Ended

Divorce

Death

Annulment

Other _____

23. Have you been ordered by any court or are you otherwise under any legal obligation to provide child support and/or spousal maintenance? Y/N

If you answered "Yes," use the space provided in **Part 15. Additional Information** to explain what type of obligation you have, to whom it is owed, and whether you are fulfilling that obligation.

Part 6. Information About Your Children

1.a. Do you have children? Y/N

If you answered "No," then skip to **Part 7.**

1.b. How many children do you have?

List all your children below, regardless of their age, and provide the requested information about each of them. If your child currently resides with you, please type or print "with me" as their current address. If your child does not live with you, provide his or her address and relationship to the person with whom he or she lives. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information.**

Child 1

Child's Current Legal Name

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3. A-Number (if any)

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

5. Country of Birth

6. Immigration Status

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Child's Current Address

7.a. Street Number and Name

7.b. Apt./Ste./Flr. Number

7.c. City or Town

7.d. State

7.e. ZIP Code

7.f. Province

7.g. Postal Code

7.h. Country

Child 2

Child's Current Legal Name

8.a. Family Name (Last Name)

8.b. Given Name (First Name)

8.c. Middle Name

9. A-Number (if any)

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

11. Country of Birth

12. Immigration Status

Child's Current Address

13.a. Street Number and Name

13.b. Apt./Ste./Flr. Number

13.c. City or Town

13.d. State

13.e. ZIP Code

13.f. Province

13.g. Postal Code

13.h. Country

Child 3

Child's Current Legal Name

14.a. Family Name (Last Name)

14.b. Given Name (First Name)

14.c. Middle Name

15. A-Number (if any)

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

17. Country of Birth

18. Immigration Status

Child's Current Address

19.a. Street Number and Name

19.b. Apt./Ste./Flr. Number

19.c. City or Town

19.d. State

19.e. ZIP Code

19.f. Province

19.g. Postal Code

19.h. Country

Part 7. Information About Your Parents

Information About Your Parent 1

Parent 1's Legal Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

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

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

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3. A-Number (if any)

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

5. City or Town of Birth

6. Country of Birth

7. Immigration Status

8. Country of Citizenship or Nationality

Current Address

9.a. Street Number and Name

9.b. Apt./Ste./Flr. Number

9.c. City or Town

9.d. State

9.e. ZIP Code

9.f. Province

9.g. Postal Code

9.h. Country

10. Estimated Total Assets (U.S. dollars)

11. Weekly Earnings (U.S. dollars)

Information About Your Parent 2

Parent 2's Legal Name

12.a. Family Name (Last Name)

12.b. Given Name (First Name)

12.c. Middle Name

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

13.a. Family Name (Last Name)

13.b. Given Name (First Name)

13.c. Middle Name

14. A-Number (if any)

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

16. City or Town of Birth

17. Country of Birth

18. Immigration Status

19. Country of Citizenship or Nationality

Current Address

20.a. Street Number and Name

20.b. Apt./Ste./Flr. Number

20.c. City or Town

20.d. State

20.e. ZIP Code

20.f. Province

20.g. Postal Code

20.h. Country

21. Estimated Total Assets (U.S. dollars)

22. Weekly Earnings (U.S. dollars)

Part 8. Biographic Information

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

Hispanic or Latino

Not Hispanic or Latino

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

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

3. Height Feet__ Inches __

4. Weight Pounds __ __

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

Black

Blue

Brown

Gray
Green
Hazel
Maroon
Pink
Unknown/Other

6. Hair Color (Select only one box)

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

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Part 9. Miscellaneous Information

Respond to the following questions. If you answer “Yes” to any of the questions in **Item Numbers 1. - 2.m.**, use the space provided in **Part 15. Additional Information** to provide an explanation.

1. Have you ever (either in the United States or in another country) been arrested, summoned into court as a defendant, convicted, fined, imprisoned, placed on probation, or forfeited collateral for an act involving a felony, misdemeanor, or breach of any public law or ordinance (including, but not limited to, driving violations involving alcohol)? Y/N

If you answered “Yes,” your explanation must include a brief description of each offense, including the name and location of the offense, date of conviction, any penalty imposed, any sentence imposed, and the time actually served.

Have you **EVER**:

2.a. Been a habitual drunkard? Y/N

2.b. Derived income principally from illegal gambling? Y/N

2.c. Given false testimony for the purpose of obtaining immigration benefits? Y/N

2.d. Engaged in prostitution or unlawful commercialized vice? Y/N

2.e. Been involved in a serious criminal offense and asserted immunity from prosecution? Y/N

2.f. Aided and/or abetted another person to enter the United States illegally? Y/N

2.g. Trafficked a controlled substance, or knowingly assisted, abetted, conspired, or colluded with others in any such trafficking (not including a single offense of simple possession of 30 grams or less of marijuana)? Y/N

2.h. Been a practicing polygamist? Y/N

2.i. Been admitted into the United States as a crewman after June 30, 1964? Y/N

2.j. Been admitted into the United States as an exchange visitor or acquired such status after arriving in the U.S.? Y/N

2.k. Been inadmissible or deportable on security-related grounds under the Immigration and Nationality Act (INA) sections 212(a)(3) or 237(a)(4) (for cancellation applicants), or under pre-IIRIRA INA section 241(a)(4) (for suspension applicants)? Y/N

2.l. Ordered, incited, assisted, or otherwise participated in the persecution of an individual on account of his or her race, religion, nationality, membership in a particular social group, or political opinion? Y/N

2.m. Been previously granted relief under INA sections 212(c) (waiver for certain grounds of inadmissibility) or 244(a) (suspension of deportation) or was your removal cancelled under INA section 240A (cancellation of removal)? Y/N

Part 10. Information About Hardship You and/or Your Family Will Face If You Are Deported or Removed from the United States

Your responses in this part should be about you and/or your qualifying family members, except for your response to **Item Number 11**. A qualifying family member is a parent, spouse, or child who is a U.S. citizen (USC) or a lawful permanent resident (LPR) of the United States. When providing responses about a family member, provide the family member's name and his or her relationship to you. Where required, provide an explanation of your answer in the space provided in **Part 15. Additional Information** and reference the **Item Number** for which you are providing an explanation. Attach any documents you have to support the responses you provide below. (See the **Instructions** for types of documents that you may wish to submit.)

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NOTE: If you meet the eligibility requirements listed under **Part 2. Application Type** and you complete this application, you will be presumed to meet the extreme hardship requirement unless the evidence in your case record establishes that neither you nor your qualified relative are likely to experience extreme hardship if you are deported or removed from the United States. If you qualify for a presumption of extreme hardship, you do not need to submit documents that support your answers below regarding your claim to extreme hardship, but you need to provide explanations to your answers below.

1. If your children are American citizens or lawful permanent residents, do your children speak, read, and write English? Y/N/Not applicable

2. If your children are American citizens or lawful permanent residents, do your children speak, read, and write the native language of the country you would be returned to if deported or removed? Y/N/Not applicable

3. Do you or any of your qualified family members suffer from or have previously suffered from any illness, health problem, or disability that requires or required medical attention? Y/N

If you answered "Yes," provide information about the health problem and whether you or your qualified family member suffer or have suffered from it. Also include any care you or the person receives in the United States that would not be available in the country to which you would be deported or removed.

4. Would you be able to obtain employment in the country to which you would be deported or removed?

If you answered "Yes," explain the type of employment you would be able to obtain. If you answered "No," explain why you would be unable to find employment.

5. If you or a qualified family member are currently pursuing educational opportunities in the United States, would you or the qualified family member continue to pursue the educational opportunities if deported or removed from the United States? Y/N/Not applicable

If you answered “No,” explain why not.

6. If you are deported or removed from the United States, would all qualified family members accompany you? Y/N/Not applicable

If you answered “No,” list which qualified family members would not accompany you, why the qualified family members would not accompany you, and how that affects you and your family members.

7. Would you or your qualified family members experience any emotional or psychological impact if you were deported or removed from the United States? Y/N/Not applicable

8. Would the current conditions in the country to which you would be deported or removed cause you or your qualified family members extreme hardship if you are deported or removed? Y/N

9. Do you currently have any other way, besides this application, for suspension of deportation or special rule cancellation of removal, to adjust status to that of lawful permanent resident in the United States? Y/N

10. If you belong to any civic, political, religious, community, or social organization, association, foundation, club, or similar group or participate in volunteer activities, would separating from these community ties and activities affect you if you are deported or removed from the United States? Y/N/Not applicable

11. Is there any other types of hardship that you or your family would face if you are deported or removed from the United States? (Include any hardship to your children, spouse, parents who are not American citizens or lawful permanent residents, and to your brothers, sisters, grandparents, or other extended family members.) Y/N/Not applicable

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Part 11. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the Penalties section of the Form I-881 Instructions before completing this section. You must file Form I-881 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. The interpreter named in **Part 12.** read to me every question and instruction on this application and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.

2. At my request, the preparer named in **Part 13.**, [Fillable field], prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

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

5. Applicant's Email Address (if any)

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 and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore 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 law.

I understand that USCIS will 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

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 12. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter'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)

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt./Ste./Flr. Number

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter'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 [Fillable Field], which is the same language specified in **Part 11., 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.

Interpreter's Signature

7.a. Interpreter's Signature

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

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Part 13. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt./Ste./Flr. Number

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)

Preparer's Statement

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.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.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

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 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.

Preparer's Signature

8.a. Preparer's Signature

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

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Part 14. To Be Completed at Interview or Hearing

You will be asked to complete **Part 14.** when you are before an asylum officer **or an immigration judge** for examination.

1. I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, are ☐ all true or ☐ not all true to the best of my knowledge and that the corrections numbered _____ to _____ were made by me or at my request.

2.a. Applicant's Signature

2.b. Date of Signature

3. Print your name in your native **alphabet.**

4. Signed and sworn before me by the above-named applicant on:
Date (mm/dd/yyyy)

5.a. Asylum Officer or Immigration Judge's Signature

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

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Part 15. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number, and Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name) [Auto-populated field]

1.b. Given Name (First Name) [Auto-populated field]

1.c. Middle Name [Auto-populated field]

2. A-Number (if any) [Auto-populated field]

3.a. Page Number

3.b. Part Number

3.c. Item Number

3.d. [Fillable field]

4.a. Page Number

4.b. Part Number

4.c. Item Number

4.d. [Fillable field]

5.a. Page Number

5.b. Part Number

5.c. Item Number

5.d. [Fillable field]

6.a. Page Number
6.b. Part Number
6.c. Item Number
6.d. [Fillable field]

7.a. Page Number
7.b. Part Number
7.c. Item Number
7.d. [Fillable field]