

## Application to Register Permanent Residence or Adjust Status

### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-485 OMB No. 1615-0023 Expires 10/31/2025

		Fo	or USCIS	Use	Only	
Preference Category:			Receipt			Action Block
Country Chargeable:						
Priority Date:						
Date Form I-693 Received:						
☐ Applicant ☐ Interview Interviewed Waived  Date of Initial Interview:  Lawful Permanent Resident as of:		☐ INA 209(a) ☐ INA 209(b) ☐ INA 245(a)	Section of Law  INA 249 Sec. 13, Ac Cuban Adju Other	t of 9/11		
	To be co	ompleted by an a	attorney or a	ccred	ited represe	ntative (if any).
	Volag Nur (if any)		Attorney St	ate Ba		Attorney or Accredited Representative USCIS Online Account Number (if any)
NOTE TO ALL APPLICA Instructions, U.S. Citizenship  Part 1. Information A for lawful permanent re  Your Current Legal Nanickname)  1.a. Family Name (Last Name)	NTS: If y p and Imm  About Your esidence)  The properties of the p	ou do not compleigration Services  ou (Person app	(USCIS) may	3.a. 3.b. 3.c.	plication or far your applica Family Nan (Last Name Given Name (First Name	ne e e e e e e e e e e e e e e e e e e
1 h Given Name	R FIST N			4.b.	Given Name (First Name	e
1.c. Middle Name YOUR	R MIDDI	LE NAME (IF	ANY)	4.c.	Middle Nan	,
Other Names You Hav applicable)  NOTE: Provide all other na your family name at birth, of aliases, and assumed names. complete this section, use the Additional Information.	nmes you h ther legal n	ave ever used, incames, nicknames ed extra space to	,	<b>Oth</b> 5.	Date of Birt  NOTE: In include any connection	th (mm/dd/yyyy)  addition to providing your actual date of birth, other dates of birth you have used in with any legal names or non-legal names in rovided in Part 14. Additional Information.
2.a. Family Name (Last Name) MAIL	DEN NAM	IE OR ANY		6.	Sex	Male Female PICK ONE
2.b. Given Name (First Name)	ER NAME	ES USED		7.	City or Tow	on of Birth
2.c. Middle Name	ABORATED	BY: GLENNIS HOFFM	ANN FOR FOLIC	CATION	AL PURPOSES	THIS IS NOT LEGAL ADVICE.

**13.e.** State

	A-Number A- USCIS # UN EAD
Part 1. Information About You (Person applying	ng Social Security Card
for lawful permanent residence) (continued)	14. Has the Social Security Administration (SSA) ever
8. Country of Birth	officially issued a Social Security card to you?
YOUR COUNTRY OF BIRTH	✓ Yes No
9. Country of Citizenship or Nationality	If you answered "Yes," provide the information requested
YOUR COUNTRY OF CITIZENSHIP	in Item Number 15.
<b>10.</b> Alien Registration Number (A-Number) (if any)	Provide your U.S. Social Security Number (SSN).  ► SSN #
► A- USCIS#	
NOTE: If you have EVER used other A-Numbers,	16. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to <b>Item Number 17.</b>
include the additional A-Numbers in the space provide	
in Part 14. Additional Information.	Yes No
11. USCIS Online Account Number (if any)	17. Consent for Disclosure: I authorize disclosure of
**IF YOU KNOW IT ON YOU	
797 NOTICE OF ACTION	for the purpose of assigning me an SSN and issuing me a Social Security Card.
U.S. Mailing Address	Yes No
<b>12.a.</b> In Care Of Name (if any)	D
YOUR FULL LEGAL NAME	Recent Immigration History
12.b. Street Number	Provide the information for <b>Item Numbers 18 24.</b> if you last entered the United States using a passport or travel document.
and Name	
<b>12.c.</b> Apt. Ste. Flr.	PASSPORT NUMBER
<b>12.d.</b> City or Town	
12 - Say 126 ZID C. 1	19. Travel Document Number Used at Last Arrival
<b>12.e.</b> State <b>12.f.</b> ZIP Code (USPS ZIP Code Looke	NOT FOR YOU
Alternate and/or Safe Mailing Address	20. Expiration Date of this Passport or Travel Document
v	(mm/dd/yyyy) PASSPORT EXPIRATION
If you are applying based on the Violence Against Women A (VAWA) or as a special immigrant juvenile, human traffick	
victim (T nonimmigrant), or victim of a qualifying crime (U	
nonimmigrant) and you do not want USCIS to send notices about this application to your home, you may provide an	22. Nonliningram visa Number from this Passport (if any)
alternative and/or safe mailing address.	NOT FOR YOU
13.a. In Care Of Name (if any)	Place of Last Arrival into the United States
N/A UNLESS DOING VAWA	23.a. City or Town
13.b. Street Number and Name	LAST PORT OF ENTRY
13.c.	23.b. State
<b>13.d.</b> City or Town	24. Date of Last Arrival (mm/dd/yyyy)
	LAST ARRIVA

\*\*\*\*\*this is not your initial entry information, this is your LAST entry. Meaning the latest.

ELABORATED BY: GLENNIS HOFFMANN FOR EDUCATIONAL PURPOSES, THIS IS NOT LEGAL ADVICE.

13.f. ZIP Code

Part 1. Information About You (Person applying		Par	t 2.	<b>Application Type or Filing Category</b>
for lawful permanent residence) (continued)				Attach a copy of the Form I-797 receipt or approval the underlying petition or application, as appropriate.
When I last arrived in the United States, I:				lying to register lawful permanent residence or adjust
25.a. Was inspected at a port of entry and admitted as (for example, exchange visitor; visitor, waived through; temporary worker; student):  VISA OVERSTAY; SELECT HERE		statu follo Forn <b>Add</b>	s to t wing n I-48 <b>ition</b>	that of a lawful permanent resident based on the gimmigrant category (select <b>only one</b> box). (See the 85 Instructions for more information, including any <b>al Instructions</b> that relate to the immigrant category
<b>25.b.</b> Was inspected at a port of entry and paroled as (for		you	selec	t.):
example, humanitarian parole, Cuban parole):	1	1.a.	Far	mily-based
DA - DEFERRED ACTION			$\checkmark$	Immediate relative of a U.S. citizen, Form I-130
25.c. Came into the United States without admission or parole. 245INA AOS; SELEC HERE AND FILL 48 AND SELECT 245INA ON THE NEXT PA				Other relative of a U.S. citizen or relative of a lawful permanent resident under the family-based preference categories, Form I-130
MILITARY PAROLE IN PLACE FOR PIP  If you were issued a Form I-94 Arrival-Departure Record Number:				Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen, Form I-129F (K-1/K-2 Nonimmigrant)
<b>26.a.</b> Form I-94 Arrival-Departure Record Number				Widow or widower of a U.S. citizen, Form I-360
► NUMBER ON I-94				VAWA self-petitioner, Form I-360
<b>26.b.</b> Expiration Date of Authorized Stay Shown on Form I-94	J	1.b.	Em	aployment-based
(mm/dd/yyyy) ADMIT UNTIL DATE ON I-94				Alien worker, Form I-140
<b>26.c.</b> Status on Form I-94 (for example, class of admission, or	J			Alien entrepreneur, Form I-526
paroled, if paroled)	1	1.c.	Spe	ecial Immigrant
DA-DEFERRED ACTION OR WHAT IT SHOWS ON YOUR I-94)				Religious worker, Form I-360
<b>27.</b> What is your current immigration status (if it has changed since your arrival)?				Special immigrant juvenile, Form I-360
DA- DEFERRED ACTION				Certain Afghan or Iraqi National, Form I-360 or Form DS-157
Provide your name exactly as it appears on your Form I-94 (if				Certain international broadcaster, Form I-360
any)  28.a. Family Name (Last Name)  LAST NAME(S)				Certain G-4 international organization or family member or NATO-6 employee or family member, Form I-360
28.b. Given Name (First Name) FIRST NAME		1.d.	Asy	vlee or Refugee
28.c. Middle Name MIDDLE NAME				Asylum status (INA section 208), Form I-589 or Form I-730
*You can find your most recent				Refugee status (INA section 207), Form I-590 or Form I-730
I-94 simply by visiting:		1.e.	Hu	man Trafficking Victim or Crime Victim
https://i94.cbp.dhs.gov/I94/#/recent-sea	irch			Human trafficking victim (T Nonimmigrant), Form I-914 or derivative family member, Form I-914A
				Crime victim (U Nonimmigrant), Form I-918, derivative family member, Form I-918A, or qualifying family member, Form I-929

1.f.

1.g.

Part 2.	<b>Application</b>	Type or	Filing Ca	tegory
(continu	ied)			

Special Programs Based on Certain Public Laws
☐ The Cuban Adjustment Act
☐ The Cuban Adjustment Act for battered spouses and children
Dependent status under the Haitian Refugee Immigrant Fairness Act
Dependent status under the Haitian Refugee Immigrant Fairness Act for battered spouses and children
Lautenberg Parolees
Diplomats or high ranking officials unable to return home (Section 13 of the Act of September 11, 1957)
☐ Indochinese Parole Adjustment Act of 2000
Additional Options
Diversity Visa program
Continuous residence in the United States since before January 1, 1972 ("Registry")
Individual born in the United States under diplomatic status
Other eligibility
Are you applying for adjustment based on the
Immigration and Nationality Act (INA) section 245(i)?

**NOTE:** If you answered "Yes" to **Item Number 2.**, you must have selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in Item Numbers 1.a. - 1.g. as the basis for your application for adjustment of status. Fill out the rest of this application and Supplement A to Form I-485, Adjustment of Status Under Section 245(i) (Supplement A). For detailed filing instructions, read the Form I-485 Instructions (including any Additional Instructions that relate to the immigrant category that you selected in **Item** Numbers 1.a. - 1.g.) and Supplement A Instructions.

### Information About Your Immigrant Category

If you are the principal applicant, provide the following

Based on Certain Public Laws	info	rmation.
ustment Act	3.	Receipt Number of Underlying Petition (if any)
ustment Act for battered spouses and	4.	Priority Date from Underlying Petition (if any)
us under the Haitian Refugee ness Act	If we	(mm/dd/yyyy)
us under the Haitian Refugee ness Act for battered spouses and	child	ou are a <b>derivative applicant</b> (the spouse or unmarried dunder 21 years of age of a principal applicant), provide the owing information for the <b>principal applicant</b> .
olees		cipal Applicant's Name
igh ranking officials unable to return	5.a.	Family Name (Last Name)
13 of the Act of September 11, 1957)	5.b.	Given Name (First Name)
role Adjustment Act of 2000	5.c.	Middle Name
s program	6.	Principal Applicant's A-Number (if any)
idence in the United States since		► A-
1, 1972 ("Registry")	7.	Principal Applicant's Date of Birth
in the United States under diplomatic		(mm/dd/yyyy)
y	8.	Receipt Number of Principal's Underlying Petition (if any)
	9.	Priority Date of Principal Applicant's Underlying Petition
or adjustment based on the ationality Act (INA) section 245(i)?		(if any) (mm/dd/yyyy)
Yes No	Par	rt 3. Additional Information About You
wered "Yes" to <b>Item Number 2.</b> , you a family-based, employment-based, or Diversity Visa immigrant category <b>Numbers 1.a 1.g.</b> as the basis for adjustment of status. Fill out the rest and Supplement A to Form I-485, as Under Section 245(i) (Supplement ing instructions, read the Form I-485 ing any <b>Additional Instructions</b> that	1.	Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad?  Yes No  If you answered "Yes" to Item Number 1., complete Item Numbers 2.a 4. below. If you need extra space to complete this section, use the space provided in Part 14. Additional Information.
ant category that you selected in <b>Item</b> and Supplement A Instructions.	Loca	ation of U.S. Embassy or U.S. Consulate
	2.a.	City
	2.b.	Country
	3.	Decision (for example, approved, refused, denied, withdrawn)
ELABORATED BY: GLENNIS HOFFMANN FOR ED	4. UCATION	Date of Decision (mm/dd/yyyy) AL PURPOSES, THIS IS NOT LEGAL ADVICE.

	A-Number A- USCIS # UN EAD
Part 3. Additional Information About You (continued)	Provide your most recent address outside the United States where you lived for more than one year (if not already listed above).
Address History	9.a. Street Number and Name
Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in Part 14. Additional Information.  Physical Address 1 (current address)  5.a. Street Number and Name  5.b. Apt. Ste. ADDRESS YOU'VE LIVED IN THE LAST  5.f. Province	and Name  9.b.
5.g. Postal Code 5.h. Country  5 YEARS AND WORK YOUR WAY	10.b. To (mm/dd/yyyy)  Employment History
Dates of Residence  6.a. From (mm/dd/yyyy)  6.b. To (mm/dd/yyyy)  Present	Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in <b>Part 14. Additional Information</b> .  Employer 1 (current or most recent)
Physical Address 2	11. Name of Employer or Company
7.a. Street Number and Name	
7.b.	Address of Employer or Company  12.a. Street Number LIST ALL
7.c. City or Town	and Name  12.b. Apt. Ste. Flr
7.d. State 7.e. ZIP Code 7.f. Province	12.0. City or Town  YOU'VE HAD IN THE
7.g. Postal Code	12.d. State 12.e. ZIP Co LAST 5
7.h. Country	12.f. Province YEARS AND
	12.g. Postal Code WORK
Dates of Residence	12.h. Country YOUR WAY
<b>8.a.</b> From (mm/dd/yyyy) <b>8.b.</b> To (mm/dd/yyyy)	13. Your Occupation BACK!
	DUCATIONAL PURPOSES, THIS IS NOT LEGAL ADVICE.

Part 3. Additional Information About You (continued)	Address of Employer or Company  20.a. Street Number and Name
Dates of Employment	20.b.
14.a. From (mm/dd/yyyy)	20.c. City or Town
<b>14.b.</b> To (mm/dd/yyyy)	20.d. State 20.e. ZIP Code
Employer 2	20.f. Province
15. Name of Employer or Company	20.g. Postal Code
Address of Employer or Company	20.h. Country
16.a. Street Number and Name	21. Your Occupation
<b>16.b.</b> Apt. Ste. Flr.	
<b>16.c.</b> City or Town	Dates of Employment
16.d. State 16.e. ZIP Code	22.a. From (mm/dd/yyyy)
<b>16.f.</b> Province	<b>22.b.</b> To (mm/dd/yyyy)
<b>16.g.</b> Postal Code	Part 4. Information About Your Parents
16.h. Country	Information About Your Parent 1
	Parent 1's Legal Name BENEFIACRY'S PARENTS
17. Your Occupation	1.a. Family Name LAST NAME(S) OF DADENT #1
Dates of Employment	(Last Name)  1.b. Given Name (First Name)  FIRST NAME
18.a. From (mm/dd/yyyy)	(First Name)
	1.c. Middle Name MIDDLE NAME
18.b. To (mm/dd/yyyy)	Parent 1's Name at Birth (if different than above)  2.a. Family Name (example)
Provide your most recent employment outside of the United States (if not already listed above).	(Last Name)
19. Name of Employer or Company	2.b. Given Name (First Name) MOM'S MAIDEN NAME
	2.c. Middle Name
#19 will NOT apply to you as DACA	3. Date of Birth (mm/dd/yyyy)  PARENT DOB
Recipients have been in the USA since	4. Sex Male Female
children.	5. City or Town of Birth
	PARENT'S CITY, TOWN OR VILLAGE OF BIRTH
	6. Country of Birth
	PARENT'S COUNTRY OF BIRTH

	t 4. Information About Your Parents atinued)	3.	How many times have you been married (including annulled marriages and marriages to the same person)?  ENTER ALL TIMES YOU'VE BEEN MARRIED
7.	Current City or Town of Residence (if living)		ENTER ALL TIMES TOO VE BEEN MARKIED
	PARENT'S CURRENT CITY	Infe	ormation About Your Current Marriage
8.	Current Country of Residence (if living)	(inc	cluding if you are legally separated)
•	PARENT'S CURRENT COUNTRY	-	u are currently married, provide the following information t your current spouse.
Info	ormation About Your Parent 2	Curr	ent Spouse's Legal Name
Parer	t 2's Legal Name	4.a.	Family Name (Last Name)  YOUR SPOUSE'S LAST NAME(s)
9.a.	Family Name (Last Name) LAST NAME(S) OF PARENT #2	4.b.	Given Name (First Name) FIRST NAME
9.b.	Given Name (First Name)	4.c.	Middle Name MIDDLE NAME
9.c.	Middle Name MIDDLE NAME	5.	A-Number (if any)
Parer	t 2's Name at Birth (if different than above)		► A-
	Family Name	6.	Current Spouse's Date of Birth (mm/dd/yyyy)
10 h	(Last Name)		SPOUSE DOB
10.0.	(First Name) MOM'S MAIDEN NAME	7.	Date of Marriage to Current Spouse (mm/dd/yyyy)
10.c.	Middle Name		WEDDING DATE
11.	Date of Birth (mm/dd/yyyy)  PARENT DOB	Curr	ent Spouse's Place of Birth
	<u> </u>	8.a.	City or Town
12.	Sex Male Female		CITY OF BIRTH OF SPOUSE
13.	City or Town of Birth	8.b.	
	PAREN'TS CITY, TOWN OR VILLAGE OF BIRTH		STATE OF BIRTH OF SPOUSE
14.	Country of Birth	8.c.	Country
	PARENT'S COUNTRY OF BIRTH		COUNTRY OF BIRTH OF SPOUSE
15.	Current City or Town of Residence (if living)	Place	e of Marriage to Current Spouse
	PARENT'S CURRENT CITY	9.a.	City or Town
16.	Current Country of Residence (if living)		CITY YOU MARRIED IN
	PARENT'S CURRENT COUNTRY	9.b.	State or Province
			STATE YOU MARRIED IN
Par	t 5. Information About Your Marital History	9.c.	Country
1.	What is your current marital status?		COUNTRY YOU MARRIED IN
_	☐ Single, Never Married ☐ Married ☐ Divorced	10.	Is your current spouse applying with you?
	☐ Widowed ☐ Marriage Annulled		Yes No
	Legally Separated		PICK ONE
2.	If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard? PICK ONE		BUT USUALLY NO BECAUSE THEY ARE
	□ N/A □ Yes □ No		US CITIZENS ALREAD

### Part 5. Information About Your Marital History (continued) Information About Prior Marriages (if any)

If you have been married before, whether in the United States or in any other country, provide the following information about your prior spouse. If you have had more than one previous marriage, use the space provided in Part 14. Additional **Information** to provide the information below.

Prior Spouse's Legal Name (provide family name before

marriage) BENEFIACRY'S PIOR MARRIAGES

- 11.a. Family Name (Last Name)
  - EX SPOUSE LAST NAME
- 11.b. Given Name (First Name)
- EX SPOUSE FIRST NAME
- 11.c. Middle Name **EX SPOUSE MIDDLE NAME**
- Prior Spouse's Date of Birth (mm/dd/yyyy)

**EX SPOUSE DOB** 

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

DATE YOU MARRIED EX SPOUSE

Place of Marriage to Prior Spouse

- 14.a. City or Town
  - CITY YOU MARRIED EXSPOUSE IN
- **14.b.** State or Province
  - STATE YOU MARRIED EX SPOUSE IN
- 14.c. Country

### COUNTRY YOU MARRIED EX SPOUSE IN

Date Marriage with Prior Spouse Legally Ended

(mm/dd/yyyy)

DIVORCE DATE

Place Where Marriage with Prior Spouse Legally Ended

16.a. City or Town

CITY YOU DIVORCED IN

**16.b.** State or Province

STATE YOU DIVORCED IN

16.c. Country

COUNTRY YOU DIVORCED IN

### Part 6. Information About Your Children

Indicate the total number of ALL living children (including adult sons and daughters) that you have.

**NOTE:** The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage. OF KIDS

Provide the following information for each of your children. If you have more than three children, use the space provided in Part 14. Additional Information.

#### BENEFIACRY'S CHILDREN Child 1

Current Legal Name

- **2.a.** Family Name CHILD'S LAST NAME (Last Name)
- Given Name CHILD'S FIRST NAME (First Name)
- CHILD'S MIDDLE NAME Middle Name
- 3. A-Number (if any)

<b>•</b>	Α-					

4. Date of Birth (mm/dd/yyyy) DOB OF CHILD

5. Country of Birth

COUNTRY	OF BIRTH	OF CHILD
---------	----------	----------

6. Is this child applying with you?

Yes		N
res	$\sim$	I

Child 2

Current Legal Name

7.a.	Family Name	
	(Last Name)	

7.b. Given Name (First Name)

**7.c.** Middle Name

A-Number (if any)

_						
_						
	A =					
-						

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

10.	Country of Birth

11. Is this child applying with you?

Yes	١
100	١

✓ No

if no prior marriages or children then you can leave blankor write N/A as it does not apply to you 'if you have children and they are US Citizens they are NOT applying with you.



	rt 6. Information About Your Children ntinued)		et 8. General Eligibility and Inadmissibility bunds
Chil	d 3	1.	Have you <b>EVER</b> been a member of, involved in, or in
Curi	ent Legal Name		any way associated with any organization, association, fund, foundation, party, club, society, or similar group in
	. Family Name (Last Name)		the United States or in any other location in the world including any military service?  Yes No
12.b	. Given Name (First Name)	If yo	u answered "Yes" to <b>Item Number 1.</b> , complete <b>Item</b>
12.c	. Middle Name	Nun	abers 2 13.b. below. If you need extra space to complete
13.	A-Number (if any)		section, use the space provided in <b>Part 14. Additional rmation</b> . If you answered "No," but are unsure of your
	► A-		ver, provide an explanation of the events and circumstances e space provided in <b>Part 14. Additional Information</b> .
14.	Date of Birth (mm/dd/yyyy)	Orga	unization 1
15.	Country of Birth	2.	Name of Organization
16.	Is this child applying with you?	3.a.	City or Town
Pa	rt 7. Biographic Information	3.b.	State or Province
1.	Ethnicity (Select only one box)	3.c.	Country
	Hispanic or Latino	<b>3.c.</b>	Country
	Not Hispanic or Latino  Page (Select all applicable bayes)  1-6 PICK ONE	4.	Nature of Group
2.	AND FILL OUT	••	Tuttile of Group
	☐ White ☐ TO THE BEST ☐ Asian ☐ OF YOUR	Date	s of Membership or Dates of Involvement
	Black or African American  ABILITY.	5.a.	From (mm/dd/yyyy)
	American Indian or Alaska Native	5 h	To (mm/dd/yyyy)
	Native Hawaiian or Other Pacific Islander		To (IIIII/dd/yyyy)
3.	Height Feet   ✓ Inches	Orga	nization 2
4.	Weight Pounds Pounds	6.	Name of Organization
5.	Eye Color (Select only one box)	7.a.	City or Town
	Black Blue Brown	/ <b>.a.</b>	City of Town
	Gray Green Hazel	7 h	State or Province
	Maroon Pink Unknown/Other	7.00	State of Frontier
6.	Hair Color (Select only one box)	7.c.	Country
	Bald (No hair) Black Blond		
	Brown Gray Red	8.	Nature of Group
	Sandy White Unknown/Other		

لنك
വ

	t 8. General Eligibility and Incounds (continued)	admissibility	20.	Have you <b>EVER</b> had a prior final order of exclusion, deportation, or removal reinstated? Yes No
Date	s of Membership or Dates of Involvem	ent	21.	Have you <b>EVER</b> held lawful permanent resident status which was later rescinded? Yes No
9.a.	From (mm/dd/yyyy)		22.	Have you <b>EVER</b> been granted voluntary departure by an
9.b.	To (mm/dd/yyyy)			immigration officer or an immigration judge but failed to depart within the allotted time?  Yes No
Orga	nization 3		23.	Have you <b>EVER</b> applied for any kind of relief or
10.	Name of Organization		20.	protection from removal, exclusion, or deportation?  Yes V No
11.a	City or Town		24.a.	Have you <b>EVER</b> been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence
11.b	State or Province			requirement? Yes V No
11.c.	Country		Nun	u answered "Yes" to <b>Item Number 24.a.</b> , complete <b>Item nbers 24.b 24.c.</b> If you answered "No" to <b>Item Number</b> ., skip to <b>Item Number 25.</b>
			24.b	· Have you complied with the foreign residence
12.	Nature of Group			requirement? Yes No
			24.c.	Have you been granted a waiver or has Department of
Date	s of Membership or Dates of Involvem	ent		State issued a favorable waiver recommendation letter for you? Yes No
13.a	From (mm/dd/yyyy)			
13.b	. To (mm/dd/yyyy)			minal Acts and Violations
think you an ex	ver Item Numbers 14 86.b. Choose is correct. If you answer "Yes" to any answer "No," but are unsure of your aplanation of the events and circumstanted in Part 14. Additional Information	questions (or if answer), provide aces in the space	ques other enfor have	Item Numbers 25 45., you must answer "Yes" to any tion that applies to you, even if your records were sealed or rwise cleared, or even if anyone, including a judge, law recement officer, or attorney, told you that you no longer a record. You must also answer "Yes" to the following tions whether the action or offense occurred here in the
14.	Have you <b>EVER</b> been denied admiss States?	ion to the United  Yes No	"Yes	ed States or anywhere else in the world. If you answer "to <b>Item Numbers 25 45.</b> , use the space provided in <b>14. Additional Information</b> to provide an explanation
15.	Have you <b>EVER</b> been denied a visa t	o the United States?  Yes No	that i	includes why you were arrested, cited, detained, or charged; re you were arrested, cited, detained, or charged; when the event occurred; and the outcome or disposition (for
16.	Have you <b>EVER</b> worked in the Unite authorization?	d States without Yes V No		munity service).  Have you <b>EVER</b> been arrested, cited, charged, or
17.	Have you <b>EVER</b> violated the terms of nonimmigrant status?	r conditions of your  Yes No	43.	detained for any reason by any law enforcement official (including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S.
18.	Are you presently or have you <b>EVER</b> exclusion, rescission, or deportation p			Coast Guard)? Yes V No
	,,,,,,,, .	Yes No	26.	Have you <b>EVER</b> committed a crime of any kind (even if
19.	Have you <b>EVER</b> been issued a final of deportation, or removal?	order of exclusion,  Yes No		you were not arrested, cited, charged with, or tried for that crime)?  ☐ Yes ✓ No
	FLABORATED BY: GI	ENNIS HOFFMANN FOR FD	UCATION	AL PURPOSES. THIS IS NOT LEGAL ADVICE.

	rt 8. General Eligibility and Inadmissibility ounds (continued)	35.	Have you <b>EVER</b> engaged in prostitution or are you coming to the United States to engage in prostitution?  Yes V No
27.	Have you <b>EVER</b> pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of	36.	Have you <b>EVER</b> directly or indirectly procured (or attempted to procure) or imported prostitutes or persons for the purpose of prostitution?  Yes V No
	clemency)? ☐ Yes ☑ No  NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide	37.	Have you <b>EVER</b> received any proceeds or money from prostitution?  Yes No
28.	documentation of that post-conviction action.  Have you <b>EVER</b> been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house		Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States?  Yes No
	arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)?  Yes No	39.	Have you <b>EVER</b> exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States?  Yes No
29.	Have you <b>EVER</b> been a defendant or the accused in a criminal proceeding (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication)?  Yes  No	40.	Have you <b>EVER</b> , while serving as a foreign government official, been responsible for or directly carried out violations of religious freedoms?  Yes No
30.	Have you <b>EVER</b> violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country?	41.	Have you <b>EVER</b> induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of persons for commercial sex acts?  Yes No
31.	Have you <b>EVER</b> been convicted of two or more offenses (other than purely political offenses) for which the combined sentences to confinement were five years or more?	42.	Have you <b>EVER</b> trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion.  Yes No
32.	Have you <b>EVER</b> illicitly (illegally) trafficked or benefited from the trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? Yes No	43.	Have you <b>EVER</b> knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery?  Yes No
33.	Have you <b>EVER</b> knowingly aided, abetted, assisted, conspired, or colluded in the illicit trafficking of any illegal narcotic or other controlled substances?  ☐ Yes ✓ No	44.	Are you the spouse, son or daughter of a foreign national who engaged in the trafficking of persons and have received or obtained, within the last five years, any financial or other benefits from the illicit activity of your spouse or your parent, although you knew or reasonably
34.	Are you the spouse, son, or daughter of a foreign national who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last five years, any financial or other benefit from the illegal activity of your spouse or parent, although you knew or reasonably should have known that the financial or other benefit resulted from the illicit activity of your spouse or parent?	45.	should have known that this benefit resulted from the illicit activity of your spouse or parent?  Yes No  Have you EVER engaged in money laundering or have you EVER knowingly aided, assisted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity?  Yes No

Yes No

	Ľ		Ĺ	
		5		

Part 8. General Eligibility and Inadmissibility Grounds (continued)		<b>48.e.</b> Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in <b>Item Number 48.a.</b> ?		
Sec	urity and Related	I tes V 140		
•	ou intend to:  Engage in any activity that violates or evades any law	Have you <b>EVER</b> received any type of military, paramilitary, or weapons training?		
40.a.	relating to espionage (including spying) or sabotage in the United States?  Yes V No	Do you intend to engage in any of the activities listed in any part of <b>Item Numbers 48.a 49.</b> ? Yes No		
46.b.	Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information?  Yes No	<b>NOTE:</b> If you answered "Yes" to any part of <b>Item Numbers 46.a 50.</b> , explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in <b>Part 14. Additional Information</b> .		
	Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States?  Yes No  Yes No  Yes No	Are you the spouse or child of an individual who <b>EVER</b> :  51.a. Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated, planned, or prepared any of the following: hijacking, sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property?  Yes No		
46.e. 47.	Engage in any other unlawful activity? Yes V No  Are you engaged in or, upon your entry into the United	51.b. Participated in, or been a member or a representative of a group or organization that did any of the activities described in <b>Item Number 51.a.</b> ? Yes No		
	States, do you intend to engage in any activity that could have potentially serious adverse foreign policy consequences for the United States?  Yes No	<b>51.c.</b> Recruited members, or asked for money or things of value, for a group or organization that did any of the activities described in <b>Item Number 51.a.</b> ? Yes No		
	e you EVER:  Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated,	<b>51.d.</b> Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in <b>Item Number 51.a.</b> ? Yes No		
	planned, or prepared any of the following: hijacking, sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property?  Yes No	51.e. Provided money, a thing of value, services or labor, or any other assistance or support to an individual, group, or organization who did any of the activities described in Item Number 51.a.?   ☐ Yes ✓ No		
48.b.	Participated in, or been a member of, a group or organization that did any of the activities described in Item Number 48.a.?  Yes  No	<b>51.f.</b> Received any type of military, paramilitary, or weapons training from a group or organization that did any of the activities described in <b>Item Number 51.a.</b> ?		
48.c.	Recruited members or asked for money or things of value for a group or organization that did any of the activities described in <b>Item Number 48.a.</b> ? Yes V No	Yes ✓ No  NOTE: If you answered "Yes" to any part of <b>Item Number</b> 51., explain the relationship and what occurred, including the dates and location of the circumstances, in the space provided		
48.d	Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in <b>Item Number 48.a.</b> ? Yes No	in <b>Part 14. Additional Information.</b> 52. Have you <b>EVER</b> assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person?  Yes V No		
	ELABORATED BY: GLENNIS HOFFMANN FOR E	EDUCATIONAL PURPOSES, THIS IS NOT LEGAL ADVICE.		

	rt 8. General Eligibility and Inadmissibility ounds (continued)	60. Have you <b>EVER</b> used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?  Yes V No
53.	Have you <b>EVER</b> worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?  Yes No	NOTE: If you answered "Yes" to any part of <b>Item Numbers</b> 52 60., explain what occurred, including the dates and location of the circumstances, in the space provided in <b>Part 14</b> . Additional Information.
54.	Have you <b>EVER</b> been a member of, assisted, 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?  Yes No	<ul> <li>Public Charge</li> <li>61. Are you subject to the public charge ground of inadmissibility under INA section 212(a)(4)?</li> <li>✓ Yes No</li> </ul>
55.	Have you <b>EVER</b> served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, insurgent organization, or any other armed group?  Yes No	If you answered "Yes" to Item Number 61., complete Item Numbers 62 68.d. below. If you answered "No" to Item Number 61., go to Item Number 69.a. If you need extra space to complete this section, use the space provided in Part 14. Additional Information.
56.	Have you <b>EVER</b> been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party (in the United States or abroad)?  Yes No	<ul><li>What is the size of your household?</li><li>HOW MANY IN YOUR HOUSEHOLD?</li><li>Indicate your annual household income.</li></ul>
57.	During the period from March 23, 1933 to May 8, 1945, did you ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion, in association with either the Nazi government of Germany or any organization or government associated or allied with the Nazi government of Germany?	□ \$0-27,000 □ \$27,001-52,000 □ \$52,001-85,000 □ \$85,001-141,000 □ \$85,001-141,000
	Yes No  e you <b>EVER</b> ordered, incited, called for, committed, assisted, ed with, or otherwise participated in any of the following:	Over \$141,000  64. Identify the total value of your household assets.  \$\sumset\$ \$0-18,400
	. Acts involving torture or genocide? ☐ Yes ☑ No . Killing any person? ☐ Yes ☑ No	□ \$18,401-136,000 □ \$136,001-321,400 □ \$321,401-707,100 PICK ONE THAT BEST DESCRIBES YOU.
58.c.	Intentionally and severely injuring any person?  ☐ Yes ✓ No	Over \$707,100
58.d	Engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened?  Yes No	
58.e.	Limiting or denying any person's ability to exercise religious beliefs?  Yes V No	
<b>59.</b>	Have you EVER recruited, enlisted, conscripted, or used	

Yes No

armed force or group?

any person under 15 years of age to serve in or help an

Par	rt 8. General Eligibility and Inadmissik	oility Grounds (cont	inued)	
65.	Identify the total value of your household liability	ties (including both secu	red and unsecured liabi	lities).
	\$0 \$1-10,100 \$10,101-57,700	\$57,701-1	86,800 Over	\$186,800 PICK ONE THAT BEST DESCRIBES YOU.
66.	What is the highest degree or level of school yo	u have completed?		
	Grades 1 through 11 12 <sup>th</sup> grade - no	diploma High scho	ool diploma, GED, or al	ternative credential
	1 or more years of college credit, no degree	Associate	's degree Bache	elor's degree
	Master's degree Professional de	egree (JD, MD, DMD, etc	c.) Docto	PICK ONE THAT BEST rate degree DESCRIBES YOU.
67.	List your certifications, licenses, skills obtained	through work experience	e, and educational certif	ficates.
	EXAMPLES BUT NOT LIMITED TO: HRM, PHR, and SPHR for Human Resourc Project Management certifications Sales Certifications, Google certifications, Certified EKG Technician Certified Medical Assitatn, Nursing Asstatnt Certified Welder, Welder Inspector, Diesel N	, Phlenotomy Tech, Co	oding Specialist, (CN/ ertifications,	A, CCMA, CPCT, EMT, CPT, CPH
NEX <sup>*</sup>	T TWO QUESTIONS (68A & 68B) ARE SPECIFIC TO Y HOUSEHOLD RECEIVES THAT'S NOT YOU, IT DOES	OU, THE IMMIGRANT IF S NOT COUNT AGAINST YO	OU.	N'T QUALIFY FOR THESE BENEFITS
68.a	Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or State, Tribal, territorial, or local, cash benefit programs for income maintenance (often called "General Assistance" in the State context, but which also exist under other names)?			
	·		YOU DO	N'T QUALIFY FOR THESE BENEFITS
68.b	. Have you ever received long-term institutionaliz			Yes No
68.c	If your answer to <b>Item Number 68.a.</b> is "Yes," receipt, and the dollar amount of benefits receive		) you received, the start	and end dates of each period of
	Benefit Received	Start Date	End Date	Dollar Amount
	ONLY IF YOU ANSWERED			
	YES TO 68.A			
		1		

Benefit Received	Start Date	End Date	Dollar Amount
ONLY IF YOU ANSWERED			
YES TO 68.A			

68.d. If your answer to Item Number 68.b. is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, and the reason you were institutionalized.

Institution Name/City/State	Date From	Date To	Reason
ONLY IF YOU ANSW	VERED		
<u>YES</u> TO 68.B			

\*If you receive Benefits for your child, children or spouse who are US Citizens these don't coun't against you. You would have to be the ONE receiving the beenfits to answer YES and provide details.

77.

		Trumber > 11 USCIS	# UN EAD
Part 8. General Eligibility and Inadmissibility Grounds (continued)		Since April 1, 1997, have you been unlawfull United States:  78.a. For more than 180 days but less than a departed the United States?	
Ille	gal Entries and Other Immigration Violations		
69.a.	Have you <b>EVER</b> failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997?  Yes No	<b>78.b.</b> For one year or more and then departed NOTE: You were unlawfully present in the	Yes V No
69.b.	If your answer to <b>Item Number 69.a.</b> is "Yes," do you believe you had reasonable cause? Yes No	you entered the United States without being i admitted or inspected and paroled, or if you le United States but you stayed longer than perro	nspected and egally entered the
69.c.	If your answer to <b>Item Number 69.b.</b> is "Yes," attach a written statement explaining why you had reasonable cause.	Since April 1, 1997, have you <b>EVER</b> reenter reenter the United States without being inspector paroled after:	
70.	Have you <b>EVER</b> submitted fraudulent or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a	<b>79.a.</b> Having been unlawfully present in the more than one year in the aggregate?	United States for Yes No
71.	visa or entry into the United States? Yes No  Have you <b>EVER</b> lied about, concealed, or misrepresented	79.b. Having been deported, excluded, or ren United States?	noved from the Yes No
	any information on an application or petition to obtain a visa, other documentation required for entry into the	Miscellaneous Conduct	
	United States, admission to the United States, or any other kind of immigration benefit?  Yes No	80. Do you plan to practice polygamy in th	e United States?  Yes No
72.	Have you <b>EVER</b> falsely claimed to be a U.S. citizen (in writing or any other way)?  ☐ Yes ✓ No	81. Are you accompanying another foreign requires your protection or guardianship	p but who is
73.	Have you <b>EVER</b> been a stowaway on a vessel or aircraft arriving in the United States?  Yes No	inadmissible after being certified by a r being helpless from sickness, physical disability, or infancy, as described in IN	or mental
74.	Have you <b>EVER</b> knowingly encouraged, induced, assisted, abetted, or aided any foreign national to enter or		Yes No
	to try to enter the United States illegally (alien smuggling)?  Yes V No	<b>82.</b> Have you <b>EVER</b> assisted in detaining, withholding custody of a U.S. citizen of United States from a U.S. citizen who have	hild outside the
75.	Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents?	custody of the child?	Yes No
Por	☐ Yes ☑ No  noval, Unlawful Presence, or Illegal Reentry	83. Have you <b>EVER</b> voted in violation of a or local constitutional provision, statute regulation in the United States?	
	er Previous Immigration Violations	84. Have you EVER renounced U.S. citize	enship to avoid
<b>76.</b>	Have you <b>EVER</b> been excluded, deported, or removed from the United States or have you ever departed the	being taxed by the United States?	Yes No
	United States on your own after having been ordered excluded, deported, or removed from the United States?  ☐ Yes ✓ No	Have you <b>EVER:</b> 85.a. Applied for exemption or discharge fro service in the U.S. armed forces or in the U.S. arm	

ELABORAED BY: GLENNIS HOFMANN FOR EDUCATIONAL PURPOSES, THIS IS NOT LEGAL ADVICE.

✓ Yes No

foreign national?

Have you EVER entered the United States without being

inspected and admitted or paroled?

Yes No

Security Training Corps on the ground that you are a

<b>SIKTOK</b>
(O)

		General Eligibility and Inadmissibility ds (continued)	2.c.		I have another type of disability and/or impairment. (Describe the nature of your disability and/or impairment and the accommodation you are
8:		en relieved or discharged from such training or service the ground that you are a foreign national?  Yes No			requesting.)
¥	6.a. Ha	en convicted of desertion from the U.S. armed forces?  Yes No ve you <b>EVER</b> left or remained outside the United attes to avoid or evade training or service in the U.S.	Inf	orn	0. Applicant's Statement, Contact nation, Declaration, Certification, and ure
ш Z 8	Pre 6.b. If y	red forces in time of war or a period declared by the esident to be a national emergency? Yes No No your answer to <b>Item Number 86.a.</b> is "Yes," what was your notionality on immigration atoms immediately before	Instr I-48	uction 5 wh	Read the <b>Penalties</b> section of the Form I-485 ons before completing this part. You must file Form tile in the United States.
	you per	ur nationality or immigration status immediately before u left (for example, U.S. citizen or national, lawful rmanent resident, nonimmigrant, parolee, present thout admission or parole, or any other status)?	NO appl	Γ <b>E</b> :	Select the box for either Item Number 1.a. or 1.b. If le, select the box for Item Number 2.
		Accommodations for Individuals With lities and/or Impairments	1.a. 1.b.		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.  The interpreter named in <b>Part 11.</b> read to me every question and instruction on this application and my
	efore co	Read the information in the Form I-485 Instructions ompleting this part.  e you requesting an accommodation because of your abilities and/or impairments?  Yes No			answer to every question in  a language in which I am fluent, and I understood everything.
2.	If y	Yes No You answered "Yes" to <b>Item Number 1.</b> , select any plicable box in <b>Item Numbers 2.a 2.c.</b> and provide answer.  I am deaf or hard of hearing and request the following accommodation. (If you are requesting a	2.		At my request, the preparer named in <b>Part 12.</b> ,  prepared this application for me based only upon information I provided or authorized.
		sign-language interpreter, indicate for which language (for example, American Sign Language).):	3.	Ap Y	ant's Contact Information  pplicant's Daytime Telephone Number  OUR PHONE NUMBER (BENFICIARY)
2.	.b. 🗌	I am blind or have low vision and request the following accommodation:	<ul><li>4.</li><li>5.</li></ul>	Y Ap	Poplicant's Mobile Telephone Number (if any)  OUR PHONE NUMBER (BENFICIARY)  Poplicant's Email Address (if any)  YOUR EMAIL (BENFICIARY)

# **්**

Part 10. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

### Applicant's Declaration and 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 understand that if I am a male who is 18 to 26 years of age, submitting this application will automatically register me with the Selective Service System as required by the Military Selective Service Act.

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.

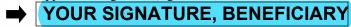
I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- I reviewed and understood all of the information contained in, and submitted with, my application; and
- All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and 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 (sign in ink)



**6.b.** Date of Signature (mm/dd/yyyy)

DATE YOU SIGN

**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 11. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Inte	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)		
Inte	erpreter'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)		
•	merpreter's Email Fredress (It airy)		

Part 11. Interpreter's Contact Information Certification, and Signature (continued)	Preparer's Mailing Address  3.a. Street Number		
	and Name		
Interpreter's Certification	<b>3.b.</b> Apt. Ste. Flr.		
I certify, under penalty of perjury, that:  I am fluent in English and , which is the same language specified in <b>Part 10.</b> , <b>Item Number 1.b.</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 <b>Applicant's Declaration and Certification</b> , and has verified the accuracy of every answer.	3.c. City or Town  3.d. State 3.e. ZIP Code  3.f. Province  3.g. Postal Code  3.h. Country		
Interpreter's Signature			
7.a. Interpreter's Signature (sign in ink)	<ul><li><b>Preparer's Contact Information</b></li><li><b>4.</b> Preparer's Daytime Telephone Number</li></ul>		
<b>7.b.</b> Date of Signature (mm/dd/yyyy)	5. Preparer's Mobile Telephone Number (if any)		
Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant	6. Preparer's Email Address (if any)		
Provide the following information about the preparer.	Preparer's Statement		
Preparer's Full Name	<b>7.a.</b> I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.		
<ul><li>1.a. Preparer's Family Name (Last Name)</li><li>1.b. Preparer's Given Name (First Name)</li></ul>	7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the		
2. Preparer's Business or Organization Name (if any)	preparation of this application.  NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.		

Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

### 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 Declaration and 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 (sign in ink)		
8.b.	Date of Signature (mm/dd/yyyy)		

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

### Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the				
laws of the United States of America that I know that the				
contents of this Form I-485, Application to Register Permanent				
Residence or Adjust Status, subscribed by me, including the				
corrections made to this application, <b>numbered</b>				
through , are complete, true, and correct. All				
additional pages submitted by me with this Form I-485, on				
numbered pages through are complete,				
true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.				
Subscribed to and sworn to (affirmed) before me				
USCIS Officer's Printed Name or Stamp				
Date of Signature (mm/dd/yyyy)				
Applicant's Signature (sign in ink)				
USCIS Officer's Signature (sign in ink)				

			A-Number ► A- USCIS # ON EAD
Pa	rt 14. Additional Information	5.a.	Page Number 5.b. Part Number 5.c. Item Number
with space to co shee at the Num	ou need extra space to provide any additional information in this application, use the space below. If you need more e than what is provided, you may make copies of this page omplete and file with this application or attach a separate t of paper. Type or print your name and A-Number (if any) e top of each sheet; indicate the <b>Page Number, Part</b> nber, and <b>Item Number</b> to which your answer refers; and and date each sheet.	5.d.	WORK WITHOUT AUTHORIZATION: I WORKED WITHOUT AUTHORIZATION BEFOR OBTAINING DACA. HAVE WORKED LEGALLY SINCE.
1.a.	Family Name (Last Name)  BENEFICIARY LAST NAME (S)		*** A BENEFIT OF BEING AN INMMEDIATE RELATIVE OF A SPOUSE /CHILD OVER 21 FORGIVES THIS. ANSWER TRUTHFULLY. IT WILL NOT AFFECT YOUR PROCESS.
1.c.	(First Name)	6.a.	Page Number 6.b. Part Number 6.c. Item Number
2.	A-Number (if any) ► A- USCIS # ON EAD	6.d.	
3.a.	5 5		
3.d.	ADDITIONAL ADDRESS: 123 DREAM ST TULSA, OK 74111 09/15/2016- 09/15/2018		
		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 77		
4.d.	EWI: ENTERED WITHOUT INSPECTION ON (ENTRY DATE) NEVER LEFT SINCE.		
	*** A BENEFIT OF BEING AN INMMEDIATE RELATIVE OF A SPOUSE /CHILD OVER 21 FORGIVES THIS. ANSWER TRUTHFULLY. IT WILL NOT AFFECT YOUR PROCESS.		