USCIS

ATTN: AOS

***P.O. Box will be dependent on your state.***

Petitioner: **Full Legal Name of Petitioner**

Beneficiary: **Full Legal Name of Beneficiary**

Address: 711 N Oklahoma, Owasso, OK 74111

A#: 123456789

Dear USCIS Officer,

 Enclosed you will find the Adjustment of Status application for **Full Legal Name of Beneficiary**, the beneficiary, and **Full Legal Name of Petitioner**, the petitioner and spouse of the beneficiary. The applicant is **married** to a U.S. Citizen and entered with an inspection and has an approved I-130 Petition of Alien Relative, with priority date of **[DATE].** The following documents accompany and support this application:

1. **Form G-1145 E-Notification of Application/Petition Acceptance**
2. **Form I-485 Application to register permanent residence/AOS:** [**https://www.uscis.gov/i-485**](https://www.uscis.gov/i-485)
	1. Payment for $1440 Form I-485 Filing and Bio Fee
	2. Copy of Approved I-130 Letter
		1. **Optional:**

**Send evidence of bonafide marriage from the time of I-130 approval till now.**

* Beneficiary’s 2 passport-style photographs
* Copy of beneficiary’s Birth Certificate with Certified Translation
* Copy of beneficiary’s passport
* Copy of beneficiary’s proof of lawful entry (i94, i512L with parole stamp, passport page with parole stamp)
* Copy of beneficiary’s most recent DACA approval notice or EAD (if applicable)
1. **Form I-864 Affidavit of Support:** [**https://www.uscis.gov/i-864**](https://www.uscis.gov/i-864)
* Copy of petitioner’s Tax Return or Transcripts for most recent tax year (may send up to 3 years)
* Copy of petitioner’s W-2/1099s
* Copy of petitioner’s paystubs for the last six months
* Proof of petitioner’s citizenship (US passport, US birth certificate, or Naturalization Certificate)

**\*\*\*\*If using beneficiary’s income as well\*\*\*\*\***

* Copy of beneficiary’s Tax Return or Transcripts for most recent tax year (if not filed joint with petitioner)
* Copy of beneficiary’s W-2/1099s
* Copy of beneficiary’s paystubs for last six months
* Copy of beneficiary’s EAD
1. **Form I-693 Report of Medical Examination and Vaccination Record:** [**https://www.uscis.gov/i-693**](https://www.uscis.gov/i-693)
* Sealed Report

Copies of documents submitted are exact photocopies of unaltered documents and I understand that I can be requested to provide original documents to USCIS. Please do not hesitate to contact me at **NUMBER** for the Petitioner and **NUMBER** for the Beneficiary, if you have any further questions. Thank you for your time and attention to this matter.

Respectfully Submitted,

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**Full Legal Name of Beneficiary Full Legal Name of Petitioner**