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 child over the age of 21 of the beneficiary. The applicant is **parent** to a U.S. Citizen and entered with an inspection. The following documents accompany and support this application:

1. **Form G-1145 E-Notification of Application/Petition Acceptance**
2. **Form I-130 Petition for Alien Relative:** [**https://www.uscis.gov/i-130**](https://www.uscis.gov/i-130)
	1. Payment for $675 Form I-130 Filing Fee
* Petitioner’s 2 passport-style photographs
* Beneficiary’s 2 passport-style photographs
* Proof of petitioner’s citizenship (US passport, US birth certificate, or Naturalization Certificate)
* Copy of marriage license/certificate
1. **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
* 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)
1. **Form I-864 Affidavit of Support:** [**https://www.uscis.gov/i-864**](https://www.uscis.gov/i-864)
* Copy of petitioner and co-sponsor’s Tax Return or Transcripts for 2023,2022,2021
* Copy of petitioner’s W-2/1099s
* Copy of petitioner’s paystubs for the last six months
* Copy of co-sponsor’s W-2/1099s
* Copy of co-sponsor’s paystubs for last six months
* Copy of co-sponsor’s citizenship certificate / US Passport
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**

1. **Formulario G-1145 Notificación Electrónica de Aceptación de Solicitud/Petición**
2. **Formulario I-130 Petición para Familiar Extranjero:**
	* 2 Cheque de $675 por la Tarifa de Presentación del Formulario I-130
	* 2 fotografías tipo pasaporte del solicitante (Rosalia)
	* 2 fotografías tipo pasaporte del beneficiario (mama y papa)
	* Prueba de la ciudadanía del solicitante (pasaporte estadounidense, certificado de nacimiento estadounidense o Certificado de Naturalización)
	* Copia de la licencia/certificado de matrimonio
3. **Formulario I-485 Solicitud para registrar residencia permanente/AOS:**
	* 2 Cheque de $1440 por la Presentación del Formulario I-485 y la Tarifa Biométrica
	* 2 fotografías tipo pasaporte del beneficiario (mama y papa)
	* Copia del certificado de nacimiento del beneficiario con traducción certificada (mama y papa)
	* Copia del pasaporte del beneficiario (mama y papa)
	* Copia de la prueba de entrada legal del beneficiario (i94, VISA, Passport Cellado) (mama y papa)
4. **Formulario I-864 Declaración Jurada de Sostenimiento Económico:**
	* Copia de la Declaración de Impuestos o Transcripciones del solicitante y del co-patrocinador para 2023, 2022, 2021 (Rosalia y Jorge)
	* Copia de los formularios W-2/1099 del solicitante 2023 (Rosalia)
	* Copia de los talones de pago del solicitante de los últimos 4 meses (Rosalia)
	* Copia de los formularios W-2/1099 del co-patrocinador 2023 (Jorge)
	* Copia de los talones de pago del co-patrocinador de los últimos 4 meses (Jorge)
	* Copia del certificado de ciudadanía/pasaporte estadounidense del co-patrocinador (Jorge)
5. **Formulario I-693 Informe del Examen Médico y Registro de Vacunación:**
	* Informe Sellado