

August 8, 2024 – Via 2 Day Federal Express

U.S. Citizenship and Immigration Services  
Vermont Service Center  
Attn: Humanitarian Unit  
38 River Rd.  
Essex Junction, VT 05479-0001

RE: **Form I-360, Petition for Amerasian, Widow(er), or Special Immigrant**  
Principal: [REDACTED] (DOB: [REDACTED]; COB: [REDACTED])

Dear Officer:

Per the enclosed Forms G-28, our office represents [REDACTED] (“Mrs. [REDACTED]”) in her Form I-360, VAWA Self-Petition.

Although self-petitioners are encouraged to submit primary evidence when possible, USCIS will consider any credible evidence relevant to the petition. 8 C.F.R. § 204.2(c)(2)(i).

Mrs. [REDACTED]’s supplemental documentation supports all requirements that VAWA self-petitioners must prove under the Immigration & Nationality Act (“INA”) § 204 (a)(1)(A). Specifically, Mrs. [REDACTED] is able to prove the following: (1) a qualifying abuser; (2) a qualifying relationship; (3) a good faith marriage; (4) battery or extreme cruelty; (5) residency with the abuser; (6) current residence in the United States; and (7) good moral character.

**1) Qualifying Abuser:**

For Mrs. [REDACTED] to qualify as a self-petitioner, her abusive spouse must have been a United States citizen or a lawful permanent resident, pursuant to INA § 204(a)(1)(A)(iii). As proof that [REDACTED] (“[REDACTED]”) is a qualifying abuser, we ask that you search your records for [REDACTED]’s (DOB: [REDACTED]; COB: [REDACTED]; SSN: [REDACTED]) certificate of naturalization. [REDACTED] adjusted his status based on a prior marriage to a U.S. citizen. Mrs. [REDACTED] has seen [REDACTED]’s certificate of naturalization, but she no longer has access to any documents that may prove [REDACTED]’s citizenship status.

**2) Qualifying Relationship:**

To qualify as a self-petitioner, Mrs. [REDACTED] must prove she was legally married to a United States citizen or lawful permanent resident spouse. Mrs. [REDACTED] submits a copy of her marriage certificate to prove a legal marriage took place between her and [REDACTED] on [REDACTED] in Cook County, Illinois. Currently, Mrs. [REDACTED] is legally married to [REDACTED].

### 3) Good Faith Marriage:

To qualify as a self-petitioner, Mrs. [REDACTED] must show that she married a qualifying spouse in good faith. INA § 204 (a)(1)(A)(iii)(I)(aa). The key factor in determining whether a person entered into a marriage in good faith is whether he or she intended to establish a life together with the spouse at the time of the marriage. 61 Fed. Reg. at 13068 (March 26, 1996) [preamble to Immigration & Naturalization Service ("INS") regulations]. A self-petition will not be denied solely because the spouses are no longer living together and the marriage is no longer viable. 8 C.F.R. § 204.2(c)(ix).

Mrs. [REDACTED]'s affidavit and supporting documents prove she entered into a marriage with [REDACTED] in good faith. In addition to her own affidavit, Mrs. [REDACTED]'s application includes correspondence addressed to [REDACTED] [REDACTED] at their joint address and the birth certificates of their children.

### 4) Battery or Extreme Cruelty:

Mrs. [REDACTED] must prove she is the victim of battery or extreme cruelty, pursuant to INA § 204(a)(1)(A)(iii)(I)(bb). Battery or extreme cruelty is broadly defined to include being the victim of any act or threatened act of violence, including any forceful detention, which results or threatens to result in physical or mental injury. 8 C.F.R. § 204.2(c)(1)(vi). Moreover, abusive actions which, in and of themselves, do not initially appear violent, but that are a part of an overall pattern of violence, may also be acts of violence under certain circumstances. *Id.*

Pursuant to 8 C.F.R. § 204.2(c)(2)(iv) the self-petitioner may provide USCIS with any credible relevant evidence to prove battery or extreme cruelty. The regulations provide a non-exhaustive list of evidence that may prove battery or extreme cruelty. *Id.* This list includes, but is not limited to, reports and affidavits from law enforcement personnel, medical personnel, school officials, clergy, social workers, and other social service agency personnel, protection orders, shelter records, and photographs supported by affidavits.

Mrs. [REDACTED]'s affidavit provides an account of the extensive verbal, financial, and physical abuse she suffered at the hands of [REDACTED] [REDACTED]. Mrs. [REDACTED] entered into a relationship with [REDACTED] [REDACTED], believing they would build a life together. In reality, [REDACTED] [REDACTED] became abusive of Mrs. [REDACTED]. [REDACTED] [REDACTED] has been verbally, financially, and physically abusive of Mrs. [REDACTED] on several occasions. Currently, Mrs. [REDACTED] is separated from [REDACTED] [REDACTED] because she could no longer endure his abusive behavior.

### 5) Residency with the Abuser:

The self-petitioner must have resided with the abuser at some point, pursuant to INA § 204(a)(1)(iii)(II)(dd). Relevant credible evidence of residency may include utility receipts, school records, hospital or medical records, birth certificates of children born in the U.S., deeds, mortgages, rental records, insurance policies, and affidavits. 8 C.F.R. § 204.2(c)(2)(iii).

Mrs. [REDACTED]'s affidavit, joint lease agreement, and bank statement for her joint account with [REDACTED] demonstrate their joint residence.

**6) Current Residence in the United States:**

The self-petitioner must reside in the United States at the time the self-petition is filed. 8 C.F.R. § 204.2(c)(1)(i)(H)(v). Per her affidavit, Mrs. [REDACTED] is currently living in Chicago, Illinois. She submits a bank statement from [REDACTED] federal tax returns from [REDACTED], and a letter from [REDACTED] verifying that Mrs. [REDACTED] has received services from [REDACTED] to present time, as proof of residence.

**7) Self-Petitioner's Good Moral Character:**

To qualify as a self-petitioner, Mrs. [REDACTED] must show that she is a person of good moral character, pursuant to INA § 204(a)(1)(A)(iii)(II)(bb). Mrs. [REDACTED] has only been arrested once in the United States, during her first and only entry. Mrs. [REDACTED] entered without inspection on or about June 7, 2004 through [REDACTED], Texas. She was detained for about a day and then released. Mrs. [REDACTED] was issued a notice to appear in court on October 20, 2004, however, she does not believe she received a copy of this notice to appear. Furthermore, Mrs. [REDACTED] does not remember if she was verbally informed of her court date. Mrs. [REDACTED] did not appear in court and was ordered removed on October 20, 2004. Aside from this border stop, Mrs. [REDACTED] has never been arrested in the United States.

Mrs. [REDACTED] is a loving mother of two U.S. citizen children. Mrs. [REDACTED] is the support system for her twelve- and fourteen-year-old children. Mrs. [REDACTED] has majority custody of her children, as [REDACTED] only takes care of the children a few weekends a month. Mrs. [REDACTED]'s son, [REDACTED] has been very affected by his father's behavior and his parent's separation that he attends therapy. Mrs. [REDACTED] has focused on being a good mother and providing a future for her children. She aspires to send them to university, as she did with her daughter in [REDACTED]. Mrs. [REDACTED] would also like to eventually return to her own studies to become a nurse.

To support Mrs. [REDACTED] filing, we submit the following:

- **Form G-28**, Notice of Entry of Appearance as Attorney
- **Form I-360**, Petition for Amerasian, Widow(er), or Special Immigrant
- [REDACTED]
- **Index of Documents**

Thank you for your attention to this important matter. Please do not hesitate to contact me at [REDACTED] or via email [REDACTED]@immigrantjustice.org if more information is needed.

Sincerely,

[Redacted signature]

[Redacted name]

Attorney at Law  
National Immigrant Justice Center





# Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS  
Form G-28  
OMB No. 1615-0105  
Expires 05/31/2021

## Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ [Redacted]

### Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) [Redacted]

2.b. Given Name (First Name) [Redacted]

2.c. Middle Name [Redacted]

### Address of Attorney or Accredited Representative

3.a. Street Number and Name PO Box 818

3.b.  Apt.  Ste.  Flr. [Redacted]

3.c. City or Town Chicago

3.d. State IL 3.e. ZIP Code 60690

3.f. Province [Redacted]

3.g. Postal Code [Redacted]

3.h. Country USA

### Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number [Redacted]

5. Mobile Telephone Number (if any) [Redacted]

6. Email Address (if any) [Redacted]

7. Fax Number (if any) [Redacted]

## Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a.  I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in Part 6. Additional Information.

Licensing Authority

Illinois Supreme Court

1.b. Bar Number (if applicable)

[Redacted]

1.c. I (select only one box)  am not  am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in Part 6. Additional Information to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

National Immigrant Justice Cen

2.a.  I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

[Redacted]

2.c. Date of Accreditation (mm/dd/yyyy)

[Redacted]

3.  I am associated with

[Redacted]

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a.  I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

[Redacted]

**Part 3. Notice of Appearance as Attorney or Accredited Representative**

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

This appearance relates to immigration matters before (select **only one** box):

1.a.  U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-360 I-765

2.a.  U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

3.a.  U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

4. Receipt Number (if any)

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

- Applicant  Petitioner  Requestor  Beneficiary/Derivative  Respondent (ICE, CBP)

**Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)**

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

7.a. Name of Entity (if applicable)

7.b. Title of Authorized Signatory for Entity (if applicable)

8. Client's USCIS Online Account Number (if any)

9. Client's Alien Registration Number (A-Number) (if any)

**Client's Contact Information**

10. Daytime Telephone Number

11. Mobile Telephone Number (if any)

12. Email Address (if any)

**Mailing Address of Client**

**NOTE:** Provide the client's mailing address. Do not provide the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name PO Box 818

13.b.  Apt.  Ste.  Flr.

13.c. City or Town Chicago

13.d. State IL 13.e. ZIP Code 60690

13.f. Province

13.g. Postal Code

13.h. Country USA

**Part 4. Client's Consent to Representation and Signature**

**Consent to Representation and Release of Information**

I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

**Part 4. Client's Consent to Representation and Signature (continued)**

**Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a.  I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
  
- 1.b.  I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).  
  

**NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
  
- 1.c.  I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

**Signature of Client or Authorized Signatory for an Entity**

- 2.a. Signature of Client or Authorized Signatory for an Entity  
→
  
- 2.b. Date of Signature (mm/dd/yyyy)

**Part 5. Signature of Attorney or Accredited Representative**

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

- 1. a. Signature of Attorney or Accredited Representative
  
- 1. b. Date of Signature (mm/dd/yyyy)
  
- 2. a. Signature of Law Student or Law Graduate
  
- 2. b. Date of Signature (mm/dd/yyyy)

**Part 6. Additional Information**

If you need extra space to provide any additional information within this form, 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 form or attach a separate sheet of paper. Type or print your name 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)

1.b Given Name (First Name)

1.c Middle Name

2.a Page Number  2.b Part Number  2.c Item Number

2.d \_\_\_\_\_  
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5.a Page Number  5.b Part Number  5.c Item Number

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6.a Page Number  6.b Part Number  6.c Item Number

6.d \_\_\_\_\_  
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\_\_\_\_\_



# Petition for Amerasian, Widow(er), or Special Immigrant

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-360  
OMB No. 1615-0020  
Expires 02/28/2026

|  |          |  |  |                      |   |
|--|----------|--|--|----------------------|---|
| <b>For USCIS Use Only</b>  |          | <b>Fee Stamp</b>   |  | <b>Action Block</b>  |   |
| Returned   |          |  |  |                      |   |
| Resubmitted  |          |  |  |                      |   |
| Relocated  | Received |  |  |                      |   |
|  | Sent     |  |  |                      |   |
| Remarks:   |          | <input type="checkbox"/> Petitioner/Applicant Interviewed                              | <b>Classification</b>  |                      |   |
|  |          | <input type="checkbox"/> Interviewed Beneficiary Interviewed                           |  |                      |   |
|  |          | <input type="checkbox"/> I-485 Filed Concurrently                                      | <b>Consulate</b>   |                      |   |
|  |          | <input type="checkbox"/> Bene "A" File Reviewed  |  |                      |   |
|  |          |  |  | <b>Priority Date</b> |   |
| <b>To be completed by an Attorney or Accredited Representative (if any).</b> |          | <input checked="" type="checkbox"/> Select this box if Form G-28 or G-28I is attached. | <b>Attorney State Bar Number (if applicable)</b><br>[REDACTED] |                      | <b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b><br>[REDACTED] |

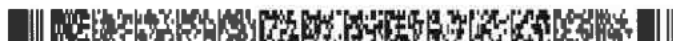
▶ **START HERE - Type or print in black ink.**

## Part 1. Information About Person or Organization Filing This Petition

**NOTE:** You must complete **Part 1**, as the petitioner if you are filing this petition on behalf of another person. If you are a Violence Against Women Act (VAWA) self-petitioner or special immigrant juvenile, skip to **Part 1, Item Number 7**.

- Your Full Name**  

|                         |                         |             |
|-------------------------|-------------------------|-------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name |
| [REDACTED]              | [REDACTED]              | [REDACTED]  |
- USCIS Online Account Number (if any)  
▶ [REDACTED]
- U.S. Social Security Number (if any)  
▶ [REDACTED]
- Alien Registration Number (A-Number) (if any)  
▶ A- [REDACTED]
- Individual IRS Tax Number (if any)  
▶ [REDACTED]
- Mailing Address**  
In Care Of Name (if any)  
[REDACTED]  
Organization Name (if applicable)  
[REDACTED]  
Street Number and Name  
[REDACTED] Apt. Ste. Flr. Number  
   [REDACTED]  
City or Town  
[REDACTED] State ZIP Code  
[REDACTED] [REDACTED] [REDACTED]  
Province Postal Code Country  
[REDACTED] [REDACTED] USA



**Part 1. Information About Person or Organization Filing This Petition (continued)**

7. Alternate and/or Safe Mailing Address

If you are a VAWA self-petitioning spouse, child, parent, or a special immigrant juvenile and do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this petition to your home, you may provide an alternate and/or safe mailing address.

In Care Of Name (if any)

NIJC

Street Number and Name

PO Box 818

Apt. Ste. Flr. Number

City or Town

Chicago

State

IL

ZIP Code

60690

Province

Postal Code

Country

USA

**Part 2. Classification Requested**

Select only one box.

- 1. A.  Amerasian
- B.  Widow(er) of a U.S. citizen
- C.  Special Immigrant Juvenile
- D.  Special Immigrant Religious Worker
- (1) Will the beneficiary be working as a minister?  Yes  No
- E.  Special Immigrant based on employment with the Panama Canal Company, Canal Zone Government, or U.S. Government in the Canal Zone
- F.  Special Immigrant Physician
- G.  Special Immigrant G-4 International Organization Employee or Family Member or NATO-6 Employee or Family Member
- H.  Special Immigrant Armed Forces Member
- I.  Self-Petitioning Spouse of Abusive U.S. citizen or Lawful Permanent Resident
- J.  Self-Petitioning Child of Abusive U.S. citizen or Lawful Permanent Resident
- K.  VAWA Self-Petitioning Parent of a U.S. citizen son or daughter
- L.  Special Immigrant Afghanistan or Iraq National who worked with the U.S. Armed Forces as a translator
- M.  Special Immigrant Iraq National who was employed by or on behalf of the U.S. Government
- N.  Special Immigrant Afghanistan National who was employed by or on behalf of the U.S. Government or the International Security Assistance Force (ISAF) in Afghanistan
- O.  Broadcasters
- P.  Other

Provide the name of the classification below.



**Part 3. Information About the Person for Whom This Petition Is Being Filed**

**NOTE:** On this petition, the "beneficiary" or "self-petitioner" means the person for whom this petition is being filed. If you provided an alternate and/or safe mailing address above, you must also complete **Part 3**.

**1. Your Full Name**

|                         |                         |             |
|-------------------------|-------------------------|-------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name |
| [REDACTED]              | [REDACTED]              | [REDACTED]  |

**2. Mailing Address**

In Care Of Name (if any)  
NIJC

Street Number and Name  
PO Box 818

Apt. Ste. Flr. Number

City or Town  
Chicago

State  
IL

ZIP Code  
60690

Province  
[REDACTED]

Postal Code  
[REDACTED]

Country  
USA

**Other Information**

**3. Date of Birth (mm/dd/yyyy)** [REDACTED]      **4. Country of Birth** [REDACTED]

**5. U.S. Social Security Number (if any)** ▶ [REDACTED]      **6. A-Number (if any)** ▶ A- [REDACTED]

**7. Marital Status**     Single     Married     Divorced     Widowed

Complete **Item Numbers 8. - 15.** if this person is in the United States. If an item number is not applicable or the answer is "none," leave the space blank. Provide information below for the passport or other document used at the time of last arrival to the United States.

**8. Date of Last Arrival (mm/dd/yyyy)** [REDACTED]      **9. Form I-94 Number or I-95 Crewman's Landing Permit** ▶ [REDACTED]

**10. Passport Number** [REDACTED]      **11. Travel Document Number** [REDACTED]

**12. Country of Issuance for Passport or Travel Document** [REDACTED]      **13. Expiration Date for Passport or Travel Document (mm/dd/yyyy)** [REDACTED]

**14. Current Nonimmigrant Status**  
No legal status

**15. Date current status expired, or will expire, as shown on Form I-94 or I-95 (mm/dd/yyyy)** [REDACTED]

**Part 4. Processing Information**

**1.** If the person listed in **Part 3.** is outside the U.S., is ineligible to adjust status in the U.S., or does not wish to adjust status in the U.S., provide the following information about the U.S. Consulate at which the person prefers to apply for an immigrant visa.

**U.S. Consulate**

**A. City or Town** [REDACTED]

**B. Country** [REDACTED]



**Part 4. Processing Information (continued)**

2. If a U.S. address was provided in Part 3., type or print the person's foreign address below. If he or she does not maintain a foreign address, list the city or town and country of last foreign residence. If his or her native alphabet does not use Roman letters, type or print his or her name and foreign address in the native alphabet.

**A. Your Full Name**

Family Name (Last Name)

Given Name (First Name)

Middle Name

[Redacted] [Redacted] [Redacted]

**B. Mailing Address**

Street Number and Name

Apt. Ste. Flr. Number

Unknown [ ] [ ] [ ] [ ]

City or Town

Unknown

Province

Postal Code

Country

San Pedro Sula Unknown Honduras

3. Gender of the beneficiary:  Male  Female

4. A. Are you filing any other petitions or applications with this one?  Yes  No

B. If you answered "Yes" to Item A. in Item Number 4., how many? 1

If you answer "Yes" to Item Numbers 5. - 6., provide an explanation in the space provided in Part 15. Additional Information.

5. Is the beneficiary in removal proceedings?  Yes  No

6. Has the beneficiary ever worked in the U.S. without permission? (If you are applying for a special immigrant juvenile status, you are not required to answer this item number.)  Yes  No

7. Is an application for adjustment of status attached to this petition?  Yes  No

**Part 5. Information About the Spouse and Children of the Person for Whom This Petition Is Being Filed**

**NOTE:** Depending on the classification you seek, you can either file this petition for another person or for yourself. On this petition, the "beneficiary" or "self-petitioner" means the person for whom this petition is being filed, whether that person is yourself or another person.

1. If you are filing as a self-petitioning spouse, have any of your children filed separate self-petitions?  Yes  No

**2. Person 1**

Family Name (Last Name)

Given Name (First Name)

Middle Name

[Redacted] [Redacted] [Redacted]

Date of Birth (mm/dd/yyyy)

Country of Birth

[Redacted] [Redacted]

Relationship

A-Number (if any)

Spouse  Child ▶ A- [Redacted]





**Part 5. Information About the Spouse and Children of the Beneficiary (continued)**

**3. Person 2**

|   |                         |             |
|---|-------------------------|-------------|
| Family Name (Last Name)                   | Given Name (First Name) | Middle Name |
| [REDACTED]                                | [REDACTED]              | [REDACTED]  |
| Date of Birth (mm/dd/yyyy)                | Country of Birth        |             |
| [REDACTED]                                | USA                     |             |
| Relationship                              | A-Number (if any)       |             |
| <input checked="" type="checkbox"/> Child | ▶ A- [REDACTED]         |             |

**4. Person 3**

|   |                         |             |
|---|-------------------------|-------------|
| Family Name (Last Name)                   | Given Name (First Name) | Middle Name |
| [REDACTED]                                | [REDACTED]              |             |
| Date of Birth (mm/dd/yyyy)                | Country of Birth        |             |
| [REDACTED]                                | USA                     |             |
| Relationship                              | A-Number (if any)       |             |
| <input checked="" type="checkbox"/> Child | ▶ A- [REDACTED]         |             |

**5. Person 4**

|   |                         |             |
|---|-------------------------|-------------|
| Family Name (Last Name)                   | Given Name (First Name) | Middle Name |
| [REDACTED]                                | [REDACTED]              | [REDACTED]  |
| Date of Birth (mm/dd/yyyy)                | Country of Birth        |             |
| [REDACTED]                                | [REDACTED]              |             |
| Relationship                              | A-Number (if any)       |             |
| <input checked="" type="checkbox"/> Child | ▶ A- [REDACTED]         |             |

**6. Person 5**

|                                |                         |             |
|--------------------------------|-------------------------|-------------|
| Family Name (Last Name)        | Given Name (First Name) | Middle Name |
|                                |                         |             |
| Date of Birth (mm/dd/yyyy)     | Country of Birth        |             |
|                                |                         |             |
| Relationship                   | A-Number (if any)       |             |
| <input type="checkbox"/> Child | ▶ A- [REDACTED]         |             |

**7. Person 6**

|                                |                         |             |
|--------------------------------|-------------------------|-------------|
| Family Name (Last Name)        | Given Name (First Name) | Middle Name |
|                                |                         |             |
| Date of Birth (mm/dd/yyyy)     | Country of Birth        |             |
|                                |                         |             |
| Relationship                   | A-Number (if any)       |             |
| <input type="checkbox"/> Child | ▶ A- [REDACTED]         |             |



**Part 5. Information About the Spouse and Children of the Beneficiary (continued)**

**8. Person 7**

|                                |                           |                      |
|--------------------------------|---------------------------|----------------------|
| Family Name (Last Name)        | Given Name (First Name)   | Middle Name          |
| <input type="text"/>           | <input type="text"/>      | <input type="text"/> |
| Date of Birth (mm/dd/yyyy)     | Country of Birth          |                      |
| <input type="text"/>           | <input type="text"/>      |                      |
| Relationship                   | A-Number (if any)         |                      |
| <input type="checkbox"/> Child | ▶ A- <input type="text"/> |                      |

**9. Person 8**

|                                |                           |                      |
|--------------------------------|---------------------------|----------------------|
| Family Name (Last Name)        | Given Name (First Name)   | Middle Name          |
| <input type="text"/>           | <input type="text"/>      | <input type="text"/> |
| Date of Birth (mm/dd/yyyy)     | Country of Birth          |                      |
| <input type="text"/>           | <input type="text"/>      |                      |
| Relationship                   | A-Number (if any)         |                      |
| <input type="checkbox"/> Child | ▶ A- <input type="text"/> |                      |

**10. Person 9**

|                                |                           |                      |
|--------------------------------|---------------------------|----------------------|
| Family Name (Last Name)        | Given Name (First Name)   | Middle Name          |
| <input type="text"/>           | <input type="text"/>      | <input type="text"/> |
| Date of Birth (mm/dd/yyyy)     | Country of Birth          |                      |
| <input type="text"/>           | <input type="text"/>      |                      |
| Relationship                   | A-Number (if any)         |                      |
| <input type="checkbox"/> Child | ▶ A- <input type="text"/> |                      |

**Part 6. Complete Only If Filing for an Amerasian**

**Information About the Mother of the Amerasian**

**1. Mother's Full Name**

|                         |                         |                      |
|-------------------------|-------------------------|----------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name          |
| <input type="text"/>    | <input type="text"/>    | <input type="text"/> |

**2. A. Is the mother still alive?**

Unknown  Yes  No

**B. If you answered "Yes" to Item A. in Item Number 2., provide her address below.**

**In Care Of Name (if any)**

**Street Number and Name**

|                      |  |                      |
|----------------------|--|----------------------|
| <input type="text"/> | Apt. Ste. Flr.   | Number               |
|                      | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="text"/> |

**City or Town**

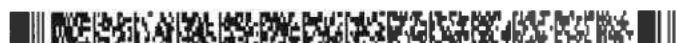
|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | State                | ZIP Code             |
|                      | <input type="text"/> | <input type="text"/> |

**Province**

**Postal Code**

**Country**

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|



**Part 6. Complete Only If Filing for an Amerasian (continued)**

C. If you answered "No" to **Item A. in Item Number 2.**, provide her date of death (mm/dd/yyyy).

**Information About the Father of the Amerasian**

If possible, attach a notarized statement from the father regarding parentage. If there is a question you cannot fully answer in the space provided on this petition, use the space provided in **Part 15. Additional Information.**

3. Father's Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

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

5. Country of Birth

6. A. Is the father still alive?

Unknown  Yes  No

B. If you answered "Yes" to **Item A. in Item Number 6.**, provide his address below.

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

C. If you answered "No" to **Item A. in Item Number 6.**, provide his date of death (mm/dd/yyyy).

D. Daytime Telephone Number (if any)

E. Work Telephone Number (if any)

At the time the Amerasian was conceived:

7. A. The father was in the military (indicate branch of service below).

Army  Air Force  Navy  Marine Corps  Coast Guard

B. Provide the father's service number:

C.  The father was not in the military and was not a civilian employed abroad. (Attach a full explanation of the circumstances.)

**Part 7. Complete Only If Filing as a Widow/Widower**

1. Full Name of U.S. Citizen Husband or Wife Who Died

Family Name (Last Name)

Given Name (First Name)

Middle Name

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

3. Country of Birth

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



**Part 7. Complete Only If Filing as a Widow/Widower (continued)**

5. At time of death, your spouse was a (Select **only one**):

- A.  U.S. citizen born in the United States
- B.  U.S. citizen born abroad to U.S. citizen parents
- C.  U.S. citizen through naturalization

(1) Provide A-Number (if any) ▶ A-

D.  Other (Explain)

6. How many times have you been married?

7. How many times was your spouse married?

8. A. When did you and your spouse get married (mm/dd/yyyy)?

B. Where did you and your spouse get married?

9. A. Did you remarry after the death of your spouse?  Yes  No

B. If you answered "Yes" to **Item A.** in **Item Number 9.**, provide the date that you remarried (mm/dd/yyyy).

10. If you are filing as a widow(er), were you legally separated at the time of the U.S. citizen's death?  Yes  No

**NOTE:** If you answered "Yes" to **Item Number 10.**, provide an explanation in the space provided in **Part 15. Additional Information.**

**Part 8. Complete Only If Filing for a Special Immigrant Juvenile**

**Information About the Juvenile**

1. List any other names used:

| A. Family Name (Last Name) | Given Name (First Name) | Middle Name          |
|----------------------------|-------------------------|----------------------|
| <input type="text"/>       | <input type="text"/>    | <input type="text"/> |

| B. Family Name (Last Name) | Given Name (First Name) | Middle Name          |
|----------------------------|-------------------------|----------------------|
| <input type="text"/>       | <input type="text"/>    | <input type="text"/> |

Answer the following questions regarding the person for whom the petition is being filed. If you answer "No" to **Item A.** in **Item Number 2.**, provide an explanation in the space provided in **Part 15. Additional Information.**

2. A. Have you been declared dependent on a juvenile court in the United States OR has a juvenile court legally committed you to, or placed you under the custody of, an agency, department of a state, or an individual or entity?  Yes  No

B. Provide the name of the state agency, department, or court-appointed organization or individual with which you are placed below.

C. Are you currently under the jurisdiction of the juvenile court that made your placement or custody determination identified in **Item B.** in **Item Number 2.** above?  Yes  No



**Part 8. Complete Only If Filing for a Special Immigrant Juvenile (continued)**

3. A. If you answered "Yes" to **Item C. in Item Number 2.** above, are you currently residing in your court-ordered placement?  Yes  No
- B. If you answered "No" to **Item C. in Item Number 2.** above, select your reason below.
- You were adopted or placed in a permanent guardianship or another permanent living arrangement (other than reunification with the abusive parents).
- You aged-out of the juvenile court's jurisdiction and the order was terminated based on age.
- Other. (If you selected "Other," provide an explanation in the space provided in **Part 15. Additional Information.**)
4. A. A juvenile court has determined that reunification with  one or  both of my parents is not viable due to:
- Abuse  Neglect  Abandonment
- Similar basis under state law (specify):
- B. If you selected "one" in **Item A. in Item Number 4.**, provide the name of that parent below.
5. Has it been determined in judicial or administrative proceedings that it would not be in your best interest to be returned to your or your parent's country of citizenship or nationality or last habitual residence?  Yes  No
6. A. Are you currently or were you previously in the custody of the U.S. Department of Health and Human Services (HHS)?  Yes  No
- B. If you answered "Yes" to **Item A. in Item Number 6.**, and you are in HHS custody, did the juvenile court order determine or alter your custody status or placement?  Yes  No

**Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition**

***Prospective Employer Attestation***

1. Provide the following information about the prospective employer.
- A. Number of members of the prospective employer's organization
- B. Number of employees working at the same location where the beneficiary will be employed
- C. Number of aliens holding special immigrant or nonimmigrant religious worker status who are currently employed or were employed within the past five years
- D. Number of Special Immigrant Religious Worker (Form I-360) and Nonimmigrant Religious Worker (Form I-129) petitions submitted by the prospective employer within the past five years
- E. Number of Special Immigrant Religious Worker (Form I-360) petitions submitted by the beneficiary during the last five years
2. Has the beneficiary or have any of the beneficiary's dependent family members previously been admitted to the United States for a period of stay in the Religious Worker (R) classification during the last five years?  Yes  No

If you answered "Yes" to **Item Number 2.**, provide the beneficiary's and any dependent family member's prior periods of stay in the R classification in the United States during the last five years. Be sure to provide only those periods when the beneficiary and/or family members were actually in the United States in the R classification. Provide the beneficiary's information in **Item Number 3.** below. For dependent family members, use the space provided in **Part 15. Additional Information.**

**NOTE:** Submit photocopies of Form I-94 Arrival-Departure Record, Form I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R classification. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information.**



**Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)**

**3. Beneficiary**

Family Name (Last Name)

Given Name (First Name)

Middle Name

Period of Stay

From (mm/dd/yyyy)

To (mm/dd/yyyy)

- 4. Provide a summary of the type of responsibilities of those employees, other than the beneficiary, who work at the same location where the beneficiary will be employed. If you need extra space to complete this section, use the space provided in Part 15. Additional Information.**

Position

Summary of the Type of Responsibilities for That Position

- 5. Describe the relationship, if any, between the religious organization in the United States and the organization abroad of which the beneficiary is a member.**

- 6. Provide the following information about the prospective employment. If you need extra space to complete this section, use the space provided in Part 15. Additional Information.**

**A. Title of position offered**

**B. The beneficiary will be working (select one of the following):**

As a minister

In a religious vocation

In a religious occupation

**C. Detailed description of the beneficiary's proposed daily duties**

**D. Description of the beneficiary's qualifications for the position offered**

**E. Description of the proposed salaried and/or non-salaried compensation**

**F. Provide the specific addresses or locations where the beneficiary will be working**

Company Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country



**Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)**

Answer **Item Numbers 7 - 13.** about the prospective employer. If you answer "No" for **Item Numbers 7 - 13.**, provide an explanation in the space provided in **Part 15. Additional Information.**

7. The prospective employer is a bona fide non-profit religious organization or a bona fide organization that is affiliated with the religious denomination and is tax exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the prospective employer is affiliated with the religious denomination, complete the Religious Denomination Certification included in this petition.  Yes  No

If you answered "Yes," select the applicable box and attach the appropriate documentation to the petition.

- A.  A currently valid determination letter from the Internal Revenue Service (IRS) establishing that the organization is a tax-exempt organization;
  - B.  A currently valid determination letter from the IRS establishing that the organization is recognized as tax-exempt under a group tax exemption; or
  - C.  If you are claiming that the prospective employer is a bona fide organization that is affiliated with the religious denomination, provide the following:
    - (1)  A currently valid determination letter from the IRS establishing that the organization is a tax-exempt organization;
    - (2)  Documentation that establishes the religious nature and purpose of the organization, such as a copy of the organizing instrument of the organization that specifies the purposes of the organization;
    - (3)  Organizational literature, such as books, articles, brochures, calendars, flyers, and other literature describing the religious purpose and nature of the activities of the organization; and
    - (4)  A completed religious denomination certification, signed and dated, certifying that the petitioning organization is affiliated with the religious denomination.
8. The prospective employer is willing and able to provide salaried and/or non-salaried compensation at a level that the beneficiary and any dependents will not become a public charge.  Yes  No
9. The funds to pay the beneficiary's compensation do not include any monies obtained from the beneficiary, excluding reasonable donations or tithing to the religious organization.  Yes  No
10. The beneficiary will not engage in secular employment, and the prospective employer will provide salaried and/or non-salaried compensation.  Yes  No
11. The offered position is full time, requiring at least an average of 35 hours of work per week.  Yes  No
12. The beneficiary has been a religious worker for at least two years immediately before Form I-360 was filed and is otherwise qualified for the position offered.  Yes  No
13. The beneficiary has been a member of the prospective employer's denomination for at least two years immediately before Form I-360 was filed.  Yes  No

***Prospective Employer Attestation (must be completed by the prospective employer even if the beneficiary is filing on his or her own behalf)***

**I certify or attest under penalty of perjury under the laws of the United States of America that the contents of this attestation, and the evidence submitted, are true and correct.**

14. Signature of an Authorized Official of the Prospective Employer (sign in ink) Date of Signature (mm/dd/yyyy)
- 



**Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)**

**Printed Name and Title of Signatory for Prospective Employer**

15. Family Name (Last Name) Given Name (First Name) Middle Name
16. Title of the Signatory

**Mailing Address**

17. Employer/Organization Name
- Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code

**Contact Information**

18. Daytime Telephone Number
19. Fax Number (if any)
20. Email Address (if any)

**Religious Denomination Certification (to be completed only if the prospective employer is affiliated with a religious denomination)**

I certify under penalty of perjury, that the prospective employer, ,  
is affiliated with this Religious Denomination, , and that the attesting  
religious organization within the religious denomination is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code  
of 1986, or equivalent sections of prior enactments of the Internal Revenue Code. The contents of this certification are true and  
correct to the best of my knowledge.

21. Signature of the Authorized Representative of the Religious Denomination (sign in ink) Date of Signature (mm/dd/yyyy)

**Printed Name and Title of the Signatory of the Religious Denomination**

22. Family Name (Last Name) Given Name (First Name) Middle Name
23. Title of the Signatory





**Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)**

**Information About the Attesting Religious Organization Within the Religious Denomination**

24. Name of Attesting Religious Organization Within the Religious Denomination  
[ ]

25. Street Number and Name [ ] Apt. Ste. Flr. Number [ ] [ ] [ ] [ ]  
City or Town [ ] State [ ] ZIP Code [ ]

26. Daytime Telephone Number [ ] 27. Fax Number (if any) [ ]

28. Email Address (if any) [ ] 29. IRS Tax Number of the Attesting Religious Organization [ ]

**Part 10. Complete Only If Filing as a VAWA Self-Petitioning Spouse or Child of a U.S. Citizen or Lawful Permanent Resident or a VAWA Self-Petitioning Parent of a U.S. Citizen Son or Daughter**

NOTE: For the safety and protection of all VAWA self-petitioners, information regarding a filing will only be provided to the self-petitioner or their designated attorney or representative with a valid Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative.

1. Full Name of U.S. citizen or Lawful Permanent Resident Abuser  
Family Name (Last Name) [ ] Given Name (First Name) [ ] Middle Name [ ]

2. Date of Birth (mm/dd/yyyy) [ ] 3. Country of Birth [ ] 4. Date of Death (mm/dd/yyyy) [ ]

5. Your abuser is now, or was, a (Select one):  
A.  U.S. citizen born in the United States  
B.  U.S. citizen born abroad to U.S. citizen parents  
C.  U.S. citizen through naturalization  
(1) Provide A-Number (if known) ▶ A- [ ]  
D.  U.S. Lawful Permanent Resident  
(1) Provide A-Number (if any) ▶ A- [ ]  
E.  Other (Explain)  
[ ]

6. How many times have you been married? ▶ [ 1 ]

7. How many times was your abuser married (if known)? ▶ [ 2 ]



**Part 10. Complete Only If Filing as a VAWA Self-Petitioning Spouse or Child of a U.S. Citizen or Lawful Permanent Resident or a VAWA Self-Petitioning Parent of a U.S. Citizen Son or Daughter (continued)**

8. A. When did you and your abuser get married? (If you are a self-petitioning child or self-petitioning parent, type or print "N/A.")  
(mm/dd/yyyy) [REDACTED]
- B. Where did you and your abuser get married? (If you are a self-petitioning child or self-petitioning parent, type or print "N/A.")  
Chicago, Illinois, USA
9. When did you live with your abuser?  
From (mm/dd/yyyy) [REDACTED] To (mm/dd/yyyy) [REDACTED]  
Include any other dates you have lived off/on with your abuser in the space provided in **Part 15. Additional Information.**
10. Provide the last address at which you lived together with your abuser.  
Street Number and Name [REDACTED] Apt. Ste. Flr. Number [REDACTED]     
City or Town [REDACTED] State [REDACTED] ZIP Code [REDACTED]  
Chicago IL [REDACTED]  
Province [REDACTED] Postal Code [REDACTED] Country [REDACTED]  
USA
11. Provide the last date that you lived together with your abuser at this address.  
From (mm/dd/yyyy) [REDACTED] To (mm/dd/yyyy) [REDACTED]
12. I am currently residing in the United States and I request an Employment Authorization Document.  Yes  No

**Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual)**

**IMPORTANT:** Complete this section **ONLY** if you are an individual filing this petition for yourself. If you are filing Form I-360 to petition for another person or as an authorized signatory of an organization, complete **Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory.**

**NOTE:** Read the **Penalties** section of the Form I-360 Instructions before completing this part.

**Petitioner's Statement**

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Petitioner's Statement Regarding the Interpreter  
A.  I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.  
B.  The interpreter named in **Part 13.** read to me every question and instruction on this petition and my answer to every question in Spanish,  
a language in which I am fluent. I understand all of this information as interpreted.
2. Petitioner's Statement Regarding the Preparer  
 At my request, the preparer named in **Part 14.**, [REDACTED],  
prepared this petition for me based only upon information I provided or authorized.



**Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual) (continued)**

***Petitioner's Contact Information***

3. Petitioner's Daytime Telephone Number
4. Petitioner's Mobile Telephone Number (if any)
5. Petitioner's Email Address (if any)

***Petitioner'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 I seek.

I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

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:

- 1) I provided or authorized all of the information contained in, and submitted with, my petition;
- 2) I reviewed and understood all of the information in, and submitted with, my petition; and
- 3) 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 petition 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 petition, and that all of this information is complete, true, and correct.

***Petitioner's Signature***

6. Petitioner's Signature  Date of Signature (mm/dd/yyyy)

**NOTE TO ALL PETITIONERS:** If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

**Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory**

**IMPORTANT:** Complete this section **ONLY** if you are filing Form I-360 to petition for another person or as an authorized signatory of an organization. If you are an individual filing this petition for yourself, complete **Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual)**.

**NOTE:** Read the **Penalties** section of the Form I-360 Instructions before completing this part.

***Petitioner's or Authorized Signatory's Statement***

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Petitioner's Statement Regarding the Interpreter
- A.  I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.
- B.  The interpreter named in **Part 13.** read to me every question and instruction on this petition and my answer to every question in , a language in which I am fluent. I understand all of this information as interpreted.



**Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory (continued)**

**2. Petitioner's Statement Regarding the Preparer**

At my request, the preparer named in **Part 14.**, , prepared this petition for me based only upon information I provided or authorized.

***Authorized Signatory's Contact Information***

|   |   |
|---|---|
| <b>3. Authorized Signatory's Family Name (Last Name)</b>          | <b>Authorized Signatory's Given Name (First Name)</b>     |
| <input type="text"/>  | <input type="text"/>                                      |
| <b>4. Authorized Signatory's Title</b>                            | <b>5. Authorized Signatory's Daytime Telephone Number</b> |
| <input type="text"/>  | <input type="text"/>                                      |
| <b>6. Authorized Signatory's Mobile Telephone Number (if any)</b> | <b>7. Authorized Signatory's Email Address (if any)</b>   |
| <input type="text"/>  | <input type="text"/>                                      |

***Petitioner's or Authorized Signatory's Declaration and Certification***


Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.

***Petitioner's or Authorized Signatory's Signature***

|  |                                       |
|--|---------------------------------------|
| <b>8. Petitioner's or Authorized Signatory's Signature</b>   | <b>Date of Signature (mm/dd/yyyy)</b> |
|  <input type="text"/> | <input type="text"/>                  |

**NOTE TO ALL PETITIONERS AND AUTHORIZED SIGNATORIES:** If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or deny your petition.



**Part 13. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**Interpreter's Full Name**

- 1. Interpreter's Family Name (Last Name) [Redacted] Interpreter's Given Name (First Name) [Redacted]
- 2. Interpreter's Business or Organization Name (if any)  
[Natl Immigrant Justice Center]

**Interpreter's Mailing Address**

- 3. Street Number and Name [PO Box 818] Apt. Ste. Flr. Number [ ] [ ] [ ] [ ]
- City or Town [Chicago] State [IL] ZIP Code [60690]
- Province [ ] Postal Code [ ] Country [USA]

**Interpreter's Contact Information**

- 4. Interpreter's Daytime Telephone Number [Redacted]
- 5. Interpreter's Mobile Telephone Number (if any) [Redacted]
- 6. Interpreter's Email Address (if any)  
[Redacted]@immigrantjustice.org

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and Spanish, which is the same language specified in **Part 11, Item B.** in **Item Number 1.**, or in **Part 12., Item B.** in **Item Number 1.**, and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, or **Petitioner's or Authorized Signatory's Declaration and Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

- 7. Interpreter's Signature (sign in ink) | [Redacted] Date of Signature (mm/dd/yyyy) [Redacted]



**Part 14. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner**

Provide the following information about the preparer.

**Preparer's Full Name**

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)  
[Redacted] [Redacted]
2. Preparer's Business or Organization Name (if any)  
[Natl Immigrant Justice Center]

**Preparer's Mailing Address**

3. Street Number and Name Apt. Ste. Flr. Number  
[PO Box 818]    [ ]
- City or Town State ZIP Code  
[Chicago] [IL] [60690]
- Province Postal Code Country  
[ ] [ ] [USA]

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Number  
[Redacted] [ ]
6. Preparer's Email Address (if any)  
[Redacted]@immigrantjustice.org

**Preparer's Statement**

7. A.  I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.
- B.  I am an attorney or accredited representative and my representation of the petitioner in this case  extends  does not extend beyond the preparation of this petition.

**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner or authorized signatory. The petitioner has reviewed this completed petition, including the **Petitioner's Declaration and Certification**, or **Petitioner's or Authorized Signatory's Declaration and Certification**, and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.

**Preparer's Signature**

8. Preparer's Signature (sign in ink) Date of Signature (mm/dd/yyyy)  
[Redacted] [Redacted]



**Part 15. Additional Information**

If you need extra space to provide any additional information within this petition, 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 petition 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. Family Name (Last Name)                      Given Name (First Name)                      Middle Name  
[Redacted]                      [Redacted]                      [Redacted]

2. A-Number (if any) ▶ A- [Redacted]

3. A. Page Number    B. Part Number    C. Item Number  
[ 4 ]                      [ 4 ]                      [ 5 ]

D. Applicant entered without inspection on or about June 7, 2004 through [Redacted], Texas. Applicant was placed into removal proceedings on June 7, 2004, and issued a notice to appear in court on October 20, 2004. Applicant was never verbally informed of court date and did not receive a copy of her notice to appear.

4. A. Page Number    B. Part Number    C. Item Number  
[ 4 ]                      [ 4 ]                      [ 5 ]

D. Applicant did not appear in court on October 20, 2004 and was ordered removed on October 20, 2004 by the Executive Office for Immigration Review Immigration Court in [Redacted], Texas.

5. A. Page Number    B. Part Number    C. Item Number  
[ 4 ]                      [ 4 ]                      [ 6 ]

D. Applicant has worked in the United States without authorization since 2005. Applicant has used a fake social security number under her name to work in the United States. Applicant has presented this fake social security number to employers. Applicant has never claimed that she is a U.S. citizen.

6. A. Page Number    B. Part Number    C. Item Number  
[ ]                      [ ]                      [ ]

D.



## INDEX OF DOCUMENTS IN SUPPORT OF VAWA SELF-PETITION

Principal: [REDACTED] (DOB: [REDACTED], COB: [REDACTED])

### Documents Establishing Applicant's Identity

- A. Applicant's affidavit in support of her VAWA Self-Petition
- B. Copy of applicant's [REDACTED] birth certificate, with certified English translation
- C. Copy of applicant's biographic page of [REDACTED] passport

### Document Establishing Abuser's U.S. Citizenship

- D. [REDACTED] (DOB: [REDACTED]; COB: [REDACTED]; SSN: [REDACTED]-[REDACTED]-[REDACTED]) adjusted his status based on a prior marriage to a U.S. citizen and became a citizen of the United States prior to marrying Mrs. [REDACTED]. Please search your records for any documents that may prove [REDACTED]'s citizenship status.

### Documents Establishing Qualifying Relationship to Abuser

- E. Copy of applicant's Certification of Marriage to [REDACTED] on [REDACTED], 2020

### Documents Establishing Good Faith Marriage and Shared Residence in the United States

- A. (See Above) Applicant's affidavit in support of her VAWA Self-Petition
- B. Copy of birth certificate for applicant's U.S. citizen child, [REDACTED] born [REDACTED]
- C. Copy of birth certificate for applicant's U.S. citizen child, [REDACTED] born on [REDACTED]
- D. Copy of applicant's bank statement from The Huntington National Bank, showing that applicant has a joint bank account with [REDACTED]
- E. Copy of applicant's joint lease with [REDACTED] at [REDACTED] Chicago, Illinois [REDACTED]

### Documents Establishing Battery or Extreme Mental Cruelty

- A. (See Above) Applicant's declaration in support of her VAWA Self-Petition
- B. Copy of letter from [REDACTED] verifying that Mrs. [REDACTED] currently receives services as a victim of domestic violence and has participated in 23 sessions between the dates of [REDACTED], through [REDACTED].

### Documents Establishing Good Moral Character

- A. Copy of [REDACTED]'s, applicant's son, IEP report from Chicago Public Schools
- B. Copy of applicant's 2023 federal tax returns
- C. Copy of applicant's police clearance letter from Illinois State Police

### Documents Establishing Prior Immigration History

- A. Copy of applicant's Notice to Appear dated June 7, 2004
- B. Copy of applicant's Removal Proceedings Decision from the Executive Office for Immigration Review Immigration Court in Houston, Texas, dated October 22, 2004



- C. Printout of applicant's EOIR Automated Case Information, showing applicant was ordered removed on October 20, 2004

**Documents Establishing Residence in the United States**

- A. *(See above)*, Applicant's affidavit
- B. Copy of applicant's rental agreement for [REDACTED] Chicago, IL [REDACTED]
- C. Copy of applicant's bank statement addressed to [REDACTED] Chicago, IL [REDACTED]
- D. Copy of applicant's ComEd electricity bill dated March 14, 2024
- E. Copy of a letter from [REDACTED] verifying that applicant has participated in services from [REDACTED] to present time

AFFIDAVIT OF [REDACTED]

I, [REDACTED], hereby declare the following under penalty of perjury of law:

1. My name is [REDACTED] and I was born on [REDACTED] in [REDACTED], [REDACTED]. I currently reside at [REDACTED], Chicago, IL [REDACTED], with my two children [REDACTED] (DOB: [REDACTED]) and [REDACTED] (DOB: [REDACTED]). I have lived at this address for about eight years.
2. I am giving this statement in support of my VAWA self-petition to explain the abuse I suffered at the hands of my husband, [REDACTED] (DOB: [REDACTED]).
3. I am married but separated from [REDACTED] (DOB: [REDACTED]). I have two children with [REDACTED]: [REDACTED] (DOB: [REDACTED]) and [REDACTED] (DOB: [REDACTED]). They were both born in the United States. I have another child in [REDACTED] names [REDACTED] [REDACTED] (DOB: [REDACTED]), who currently lives in [REDACTED].
4. [REDACTED] is a citizen of the United States. His previous wife petitioned for him, and he naturalized. I do not have a copy of [REDACTED]'s naturalization certificate, but I have seen it before. [REDACTED] has taken many international trips and has also petitioned for his mother. Please search your records for proof of [REDACTED]'s status.
5. I entered the United States on June 7, 2004 through Los Indios, Texas. I was detained by Customs and Border Patrol for entering without inspection. I presented my passport and gave Customs and Border Patrol my friend's address in Texas, where I was planning on staying. I do not remember this address. I was released after about a day of detention, and I do not remember receiving any documents from Customs and Border Patrol. After I was released, I stayed at my friend's address in Houston for about a week, and then I came to Chicago, Illinois. I have not left the United States since my first and only entry.
6. I filed a FOIA for my immigration record and found that on [REDACTED] 2004, I was issued a notice to appear in court on [REDACTED] 2004. I do not believe I was given a copy of my

AFFIDAVIT OF [REDACTED]

notice to appear when I was detained. I do not remember if I was informed that I had to appear in court. Although I gave my friend's address to Customs and Border Patrol, I did not receive any documents at this address. I did not appear in court and I was ordered removed on [REDACTED] 2004 by the Executive Office for Immigration Review Immigration Court in [REDACTED], Texas.

7. I first met [REDACTED] in about 2005 because he was contracted for renovation work at the house I rented. I saw him very frequently and we started dating about seven months after we met. [REDACTED] was a good man when I met him. He was very respectful of me and was never abusive. He was a very hard worker, but he always made an effort to see me. We had a very good relationship for a few years. After a few years of dating, we were financially comfortable enough to start a family. We decided to have children together because we had a good relationship, and I wanted to have children before I became too old. We have two children together, [REDACTED] and [REDACTED], and we got married on [REDACTED] 2020, in Chicago, Illinois.

8. We had a good relationship for a few years, but things started to change around [REDACTED] when [REDACTED] petitioned for his mother. [REDACTED]'s relationship with his mother affected our relationship. [REDACTED] started to financially support his mother more and our family less. I would often ask [REDACTED] for money to help support the family, but he would prioritize financially supporting his mother. Even though we filed taxes together, [REDACTED] never shared our tax return. Although I worked, I still needed [REDACTED] to help support our family. [REDACTED] also kept promising me that he would petition for me once we got married, but he never did even though he petitioned for his mother.

AFFIDAVIT OF [REDACTED]

9. Around this time, [REDACTED] became very verbally and psychologically abusive of me. He would yell and curse at me and call me terrible names in front of our children and in public.

Whenever we had arguments, he would tell me my opinion did not matter.

10. Twice, [REDACTED] pulled my hair and grabbed my neck in front of our children. He grabbed my neck so tightly he left marks. My children grabbed onto me and cried when [REDACTED] did this. [REDACTED] would yell at me a lot in front of our children. He would curse at me and say terrible things about me. He would tell me to eat shit and call me horrible names. I would get very upset when he would say these things, and I would tell my children to leave because I didn't want them to hear these words. My children would try to stand up for me when [REDACTED] would yell and curse at me. They would tell him that if he hit me, they would call the police. They used to record [REDACTED] screaming at me, but he took their phones and deleted the videos. I never called the police on [REDACTED] because I was afraid he would take our children away.

11. [REDACTED] became very controlling. He no longer wanted me to have a job. I told [REDACTED] that having a job made me feel useful, but he didn't want me to leave the house because he didn't trust me. He would always wait for me to get off work to pick fights with me. One time, he didn't want to pick me up from work and so I had to walk 36 blocks home. I called him multiple times, but he did not answer me. When I got home, I asked him why he didn't pick me up from work and he accused me of not being at work. Later, when I got my paycheck from that day, I showed him that I was at work. [REDACTED] got upset and told me I needed to start paying for more, even though he was not supporting us well.

12. [REDACTED] didn't want me to spend time with my friends. He would always fight with me when I wanted to leave the house to see my friends. When I would go out with [REDACTED], he would get jealous when other men looked at me. He would accuse me of knowing these men and having another relationship.

AFFIDAVIT OF [REDACTED]

13. I tried to fix the marriage, but nothing was working. I didn't want to be in a relationship with someone who was abusive and not supportive of our family. [REDACTED] and I eventually separated in [REDACTED] because I was tired of the way he treated me, and I no longer wanted my children to witness his abusive behavior.
14. The abuse I suffered greatly affects me. I was really depressed, and I didn't know what to do. I didn't want my children to see me this way, so I wanted to work through my issues so that I could be strong for them. I wanted to overcome what I had experienced. I have attended therapy sessions at [REDACTED] for about 8 months. I want to move on with my life and today, I feel better. Therapy has helped me overcome the abuse, but I have to continue to work through everything. I do not want to go back to the way I felt with [REDACTED]. I still go to therapy once a week and it has helped me feel secure in myself. The psychological damage hurts more than anything, and it affects me to see my children still suffer from [REDACTED]'s behavior.
15. The abuse my children witnessed, and the separation greatly affects them. My son [REDACTED] struggled to get out of bed or to eat, and he started to do very poorly in school. [REDACTED]' pediatrician told me that [REDACTED] feels very anxious and stressed by the separation, and recommended [REDACTED] see a therapist. [REDACTED]' therapist told me that [REDACTED] said he has wanted to kill himself multiple times when his father would yell at him. His teachers have told me that he has tried to hurt himself in school. He is currently receiving therapy and is doing better. My daughter [REDACTED] will sometimes talk to me about her relationship with her father. I've always told my children to tell me if their dad ever hits them or scares them. My children stay with me every week, but [REDACTED] will take them for three weekends every month.
16. Currently, [REDACTED] and I have no relationship. We only communicate through our children, because he refuses to speak with me. I prefer to speak directly to him, but he refuses to do so. We only discuss childcare arrangements.

17. I have only been arrested one time, during my first entry. Apart from this arrest, I have never been arrested in the United States.
18. I have worked without authorization in the United States since about 2005. I have used a fake social security number under my name to work. Some friends of mine got me this social security number, and I have presented this false document to multiple employers. I have never claimed that I am a U.S. citizen. I have worked in restaurants and cleaning services. I have never voted nor registered to vote in the United States.
19. I would like to obtain lawful status for many reasons. I want to be completely independent and better support my children. I want to be able to send my children to college, like I did with my daughter in [REDACTED]. I would also be able to support my own studies, to become a nurse. I was in school when I lived in [REDACTED], but I had to drop out because I was working at the same time.
20. I am sorry for my immigration violations. I came to the United States when I was younger because I wanted to give my daughter in [REDACTED] a better life. I wanted my daughter to go to university and I didn't think I would be able to support those dreams if I stayed in [REDACTED]. I was able to send her to university and support her goals, and I want to do the same for my other children.
21. Thank you for considering my VAWA application.

AFFIDAVIT OF [REDACTED]

I have provided the foregoing statement in my native language, Spanish, and it has been translated back to me in its entirety in Spanish. I declare that it is true and correct to the best of my ability.

[REDACTED]

Signature of Applicant

[REDACTED]

Date

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CERTIFICATE OF TRANSLATION

I, [REDACTED], certify that I am competent in the English and Spanish languages, and I translated this statement to the declarant in Spanish before she signed it.

[REDACTED]

Date

[REDACTED]

Signature