

July 25<sup>th</sup>, 2024-Sent via FedEx Overnight

USCIS Nebraska Service Center  
ATTN: I-360 VAWA  
850 S St.  
Lincoln, NE 68508-1225

**RE: Form I-485, Application for Adjustment of Status based on Approved  
VAWA self-petition  
Form I-765, Application for Employment Authorization**

██████████, A ██████████

**\*\* NO FEE REQUIRED \*\***

Dear Immigration Officer:

Our office is representing ██████████ ('Mr. ██████████'), A ██████████-██████████-██████████, in his **Form I-485**, Application for Adjustment of Status pursuant to INA § 245(a) and **Form I-765**, Application for Employment Authorization.

Mr. ██████████ is filing his application based on his approved VAWA self-petition (██████████) where Mr. ██████████ was the principal applicant. Mr. ██████████ is the unmarried son of an abusive Legal Permanent Resident and therefore falls under the F2B preference category. Mr. ██████████ has had VAWA designation since May 30<sup>th</sup>, 2006. The priority date on Mr. ██████████'s VAWA self-petition is July 19<sup>th</sup>, 2004, which is current. Mr. ██████████ is otherwise admissible to the United States for permanent residency. Accordingly, we are filing an Adjustment of Status Application for ██████████.

Additionally, we now submit Mr. ██████████'s **Form I-639**, Report of Medical Examination and Vaccination Record. The U.S. Citizenship and Immigration Services ('USCIS') Designated Civil Surgeon's summary of overall findings indicated **no Class A conditions** for Mr. ██████████. The Civil Surgeon reports that Mr. ██████████ tested positive for Class B2 TB, Latent TB infection; however, the Center for Disease Control and Prevention ('CDC') has stated that **this is not a Class A condition nor do applicants need to complete treatment before being medically cleared.** See (<https://www.cdc.gov/immigrant-refugee-health/hcp/civil-surgeons/tuberculosis.html>). As such, there are **no bars to your adjudication** of Mr. ██████████'s Application for Adjustment of Status.

As a final point, Mr. ██████████ has demonstrated exemplary moral character in his fostering of four US Citizen minor children See Exhibit K. Mr. ██████████'s commitment to the well-being of these future US Citizen contributors to society reflects a deep moral foundation of responsibility, accountability, and integrity. This act of genuine care further emphasizes Mr. ██████████'s self-sufficiency as he is dutifully able to nurture, educate, and prepare seven US Citizen minor children for civic responsibility.

Enclosed please find the following:

**Filing Fees & Passport Photos:**

- 4 passport-style photographs (*attached*)

**Forms:**

1. **Form G-28**, *Notice of Appearance*
2. **Form I-485**, *Application for Adjustment of Status*
3. **Form I-765**, *Application for Employment Authorization*
4. [REDACTED]
5. **Form I-693**, *Report of Medical Examination and Vaccination Record*

**Supporting Documents:**

*Approved VAWA Self-Petition:*

- A. Copy of Form I-797, Approval Notice for VAWA I-360, showing Priority Date of July 19, 2004

*Identity Documents:*

- C. Copy of Birth Certificate with certified English translation, showing that Mr. [REDACTED] was born on [REDACTED], [REDACTED], in [REDACTED]
- D. Copy of most recently issued Employment Authorization Document valid from [REDACTED], [REDACTED] to [REDACTED]
- E. Birth Certificate for Mr. [REDACTED]'s U.S. Citizen child, [REDACTED]
- F. Birth Certificate for Mr. [REDACTED]'s U.S. Citizen child, [REDACTED]
- G. Birth Certificate for Mr. [REDACTED]'s U.S. Citizen child, [REDACTED]
- H. U.S. Department of State July Visa Bulletin, showing Mr. [REDACTED]'s priority date is current
- I. Cook County Certified Disposition of 20[REDACTED] arrest ([REDACTED])
- J. Cook County Certified Disposition of 20[REDACTED] arrest ([REDACTED])
- K. Illinois Department of Children and Family Services ('DCFS') Letter, dated [REDACTED], demonstrating the placement of four US Citizen minor children with Mr. [REDACTED]

The above documents establish Mr. [REDACTED]'s eligibility for adjustment of status pursuant to INA § 245(a) based on his approved VAWA self-petition. Should you have any questions or concerns regarding this application, please do not hesitate to contact me at [REDACTED] or at [REDACTED] @immigrantjustice.org . Thank you for your time and attention to this matter.

Sincerely,

[REDACTED]  
Supervising Attorney  
National Immigrant Justice Center (NIJC)



# 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)

▶

### Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

### Address of Attorney or Accredited Representative

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

### Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

## 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

1.b. Bar Number (if applicable)

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)

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

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

3.  I am associated with , 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



**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.

I485 I765

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

13.b.  Apt.  Ste.  Flr.

13.c. City or Town Chicago

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

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.

[Redacted]

[Redacted]

[Redacted]

[Redacted]

□

[Redacted]

Pa

[Redacted]

**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) [Redacted]

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

1.c Middle Name [Redacted]

2.a Page Number [Redacted] 2.b Part Number [Redacted] 2.c Item Number [Redacted]

2.d [Lined area for response]

3.a Page Number [Redacted] 3.b Part Number [Redacted] 3.c Item Number [Redacted]

3.d [Lined area for response]

4.a Page Number [Redacted] 4.b Part Number [Redacted] 4.c Item Number [Redacted]

4.d [Lined area for response]

5.a Page Number [Redacted] 5.b Part Number [Redacted] 5.c Item Number [Redacted]

5.d [Lined area for response]

6.a Page Number [Redacted] 6.b Part Number [Redacted] 6.c Item Number [Redacted]

6.d [Lined area for response]





# 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 02/28/2026

## For USCIS Use Only

<b>Preference Category:</b>	<b>Receipt</b>	<b>Action Block</b>
<b>Country Chargeable:</b>		
<b>Priority Date:</b>		
<b>Date Form I-693 Received:</b>		
<input type="checkbox"/> Applicant Interviewed <input type="checkbox"/> Interview Waived Date of Initial Interview: _____ Lawful Permanent Resident as of: _____	<b>Section of Law</b> <input type="checkbox"/> INA 209(a) <input type="checkbox"/> INA 249 <input type="checkbox"/> INA 209(b) <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> INA 245(a) <input type="checkbox"/> Cuban Adjustment Act <input type="checkbox"/> INA 245(i) <input type="checkbox"/> Other _____ <input type="checkbox"/> INA 245(m)	

## To be completed by an attorney or accredited representative (if any).

<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	<b>Volag Number (if any)</b> _____	<b>Attorney State Bar Number (if applicable)</b> _____	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> _____
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▶ **START HERE** - Type or print in black ink.

A-Number ▶ A- [REDACTED]

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may deny your application.

### Part 1. Information About You (Person applying for lawful permanent residence)

*Your Current Legal Name (do not provide a nickname)*

1.a. Family Name (Last Name) [REDACTED]

1.b. Given Name (First Name) [REDACTED]

1.c. Middle Name \_\_\_\_\_

3.a. Family Name (Last Name) \_\_\_\_\_

3.b. Given Name (First Name) \_\_\_\_\_

3.c. Middle Name \_\_\_\_\_

4.a. Family Name (Last Name) \_\_\_\_\_

4.b. Given Name (First Name) \_\_\_\_\_

4.c. Middle Name \_\_\_\_\_

*Other Names You Have Used Since Birth (if applicable)*

**NOTE:** Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

### Additional Information.

2.a. Family Name (Last Name) \_\_\_\_\_

2.b. Given Name (First Name) \_\_\_\_\_

2.c. Middle Name \_\_\_\_\_

### Other Information About You

5. Date of Birth (mm/dd/yyyy) [REDACTED]

**NOTE:** In addition to providing your actual date of birth, include any other dates of birth you have used in connection with any legal names or non-legal names in the space provided in **Part 14. Additional Information.**

6. Sex  Male  Female

7. City or Town of Birth [REDACTED]



**Part 1. Information About You (Person applying for lawful permanent residence) (continued)**

8. Country of Birth [REDACTED]

9. Country of Citizenship or Nationality [REDACTED]

10. Alien Registration Number (A-Number) (if any) ▶ A- [REDACTED]

**NOTE:** If you have EVER used other A-Numbers, include the additional A-Numbers in the space provided in **Part 14. Additional Information.**

11. USCIS Online Account Number (if any) ▶ [REDACTED]

**U.S. Mailing Address**

12.a. In Care Of Name (if any) [REDACTED]

12.b. Street Number and Name [REDACTED]

12.c.  Apt.  Ste.  Flr. [REDACTED]

12.d. City or Town Chicago

12.e. State IL 12.f. ZIP Code [REDACTED]

**Alternate and/or Safe Mailing Address**

If you are applying based on the Violence Against Women Act (VAWA) or as a special immigrant juvenile, human trafficking 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 alternative and/or safe mailing address.

13.a. In Care Of Name (if any) [REDACTED]

13.b. Street Number and Name [REDACTED]

13.c.  Apt.  Ste.  Flr. [REDACTED]

13.d. City or Town [REDACTED]

13.e. State [REDACTED] 13.f. ZIP Code [REDACTED]

**Social Security Card**

14. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?  Yes  No

If you answered "Yes," provide the information requested in **Item Number 15.**

15. Provide your U.S. Social Security Number (SSN). ▶ [REDACTED]

16. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 17. Consent for Disclosure**, to receive a card).  Yes  No

17. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card.  Yes  No

**Recent Immigration History**

Provide the information for **Item Numbers 18. - 24.** if you last entered the United States using a passport or travel document.

18. Passport Number Used at Last Arrival [REDACTED]

19. Travel Document Number Used at Last Arrival [REDACTED]

20. Expiration Date of this Passport or Travel Document (mm/dd/yyyy) [REDACTED]

21. Country that Issued this Passport or Travel Document [REDACTED]

22. Nonimmigrant Visa Number from this Passport (if any) [REDACTED]

Place of Last Arrival into the United States

23.a. City or Town unknown

23.b. State AZ

24. Date of Last Arrival (mm/dd/yyyy) 01/01/1995





**Part 1. Information About You (Person applying for lawful permanent residence) (continued)**

When I last arrived in the United States, I:

25.a.  Was inspected at a port of entry and admitted as (for example, exchange visitor; visitor, waived through; temporary worker; student):25.b.  Was inspected at a port of entry and paroled as (for example, humanitarian parole, Cuban parole):25.c.  Came into the United States without admission or parole.25.d.  Other:

If you were issued a Form I-94 Arrival-Departure Record Number:

26.a. Form I-94 Arrival-Departure Record Number

26.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy)

26.c. Status on Form I-94 (for example, class of admission, or paroled, if paroled)

27. What is your current immigration status (if it has changed since your arrival)?

Provide your name exactly as it appears on your Form I-94 (if any)

28.a. Family Name (Last Name)

28.b. Given Name (First Name)

28.c. Middle Name

**Part 2. Application Type or Filing Category****NOTE:** Attach a copy of the Form I-797 receipt or approval notice for the underlying petition or application, as appropriate.**I am applying** to register lawful permanent residence or adjust status to that of a lawful permanent resident based on the following immigrant category (select **only one** box). (See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):**1.a. Family-based**

- Immediate relative of a U.S. citizen, Form I-130
- Other relative of a U.S. citizen or relative of a lawful permanent resident under the family-based preference categories, Form I-130
- 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)
- Widow or widower of a U.S. citizen, Form I-360
- VAWA self-petitioner, Form I-360

**1.b. Employment-based**

- Alien worker, Form I-140
- Alien entrepreneur, Form I-526

**1.c. Special Immigrant**

- Religious worker, Form I-360
- Special immigrant juvenile, Form I-360
- Certain Afghan or Iraqi National, Form I-360 or Form DS-157
- Certain international broadcaster, Form I-360
- Certain G-4 international organization or family member or NATO-6 employee or family member, Form I-360

**1.d. Asylee or Refugee**

- Asylum status (INA section 208), Form I-589 or Form I-730
- Refugee status (INA section 207), Form I-590 or Form I-730

**1.e. Human Trafficking Victim or Crime Victim**

- 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





**Part 2. Application Type or Filing Category (continued)**

**1.f. 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

**1.g. 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

2. Are you applying for adjustment based on the Immigration and Nationality Act (INA) section 245(i)?
- Yes  No

**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 information.

3. Receipt Number of Underlying Petition (if any)
- 
4. Priority Date from Underlying Petition (if any) (mm/dd/yyyy)
- 

If you are a **derivative applicant** (the spouse or unmarried child under 21 years of age of a principal applicant), provide the following information for the **principal applicant**.

**Principal Applicant's Name**

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

6. Principal Applicant's A-Number (if any)
- ▶ A-

7. Principal Applicant's Date of Birth (mm/dd/yyyy)
- 

8. Receipt Number of Principal's Underlying Petition (if any)
- ▶

9. Priority Date of Principal Applicant's Underlying Petition (if any) (mm/dd/yyyy)
- 

**Part 3. Additional Information About You**

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.**

**Location of U.S. Embassy or U.S. Consulate**

- 2.a. City
- 2.b. Country
3. Decision (for example, approved, refused, denied, withdrawn)
- 
4. Date of Decision (mm/dd/yyyy)
- 



**Part 3. Additional Information About You**  
(continued)

**Address History**

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 [REDACTED]

5.b.  Apt.  Ste.  Flr. [REDACTED]

5.c. City or Town **Chicago**

5.d. State **IL** 5.e. ZIP Code [REDACTED]

5.f. Province [REDACTED]

5.g. Postal Code [REDACTED]

5.h. Country **USA**

Dates of Residence

6.a. From (mm/dd/yyyy) [REDACTED]

6.b. To (mm/dd/yyyy) **Present**

Physical Address 2

7.a. Street Number and Name [REDACTED]

7.b.  Apt.  Ste.  Flr. [REDACTED]

7.c. City or Town [REDACTED]

7.d. State [REDACTED] 7.e. ZIP Code [REDACTED]

7.f. Province [REDACTED]

7.g. Postal Code [REDACTED]

7.h. Country [REDACTED]

Dates of Residence

8.a. From (mm/dd/yyyy) [REDACTED]

8.b. To (mm/dd/yyyy) [REDACTED]

Provide your most recent address outside the United States where you lived for more than one year (if not already listed above).

9.a. Street Number and Name [REDACTED]

9.b.  Apt.  Ste.  Flr. [REDACTED]

9.c. City or Town [REDACTED]

9.d. State [REDACTED] 9.e. ZIP Code [REDACTED]

9.f. Province [REDACTED]

9.g. Postal Code [REDACTED]

9.h. Country [REDACTED]

Dates of Residence

10.a. From (mm/dd/yyyy) [REDACTED]

10.b. To (mm/dd/yyyy) [REDACTED]

**Employment History**

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 **Part 14. Additional Information.**

Employer 1 (current or most recent)

11. Name of Employer or Company [REDACTED]

Address of Employer or Company

12.a. Street Number and Name [REDACTED]

12.b.  Apt.  Ste.  Flr. [REDACTED]

12.c. City or Town **Chicago**

12.d. State **IL** 12.e. ZIP Code [REDACTED]

12.f. Province [REDACTED]

12.g. Postal Code [REDACTED]

12.h. Country **USA**

13. Your Occupation **Driver**



**Part 3. Additional Information About You**  
(continued)

Dates of Employment

14.a. From (mm/dd/yyyy) [REDACTED]

14.b. To (mm/dd/yyyy) PRESENT

Employer 2

15. Name of Employer or Company

Self-Employed

Address of Employer or Company

16.a. Street Number and Name [REDACTED]

16.b.  Apt.  Ste.  Flr. [REDACTED]

16.c. City or Town Chicago

16.d. State IL 16.e. ZIP Code [REDACTED]

16.f. Province

16.g. Postal Code

16.h. Country USA

17. Your Occupation

Sub-Contractor

Dates of Employment

18.a. From (mm/dd/yyyy) [REDACTED]

18.b. To (mm/dd/yyyy) [REDACTED]

Provide your most recent employment outside of the United States (if not already listed above).

19. Name of Employer or Company

NA

Address of Employer or Company

20.a. Street Number and Name [REDACTED]

20.b.  Apt.  Ste.  Flr. [REDACTED]

20.c. City or Town [REDACTED]

20.d. State [REDACTED] 20.e. ZIP Code [REDACTED]

20.f. Province [REDACTED]

20.g. Postal Code [REDACTED]

20.h. Country [REDACTED]

21. Your Occupation

Dates of Employment

22.a. From (mm/dd/yyyy) [REDACTED]

22.b. To (mm/dd/yyyy) [REDACTED]

**Part 4. Information About Your Parents**

**Information About Your Parent 1**

Parent 1's Legal Name

1.a. Family Name (Last Name) [REDACTED]

1.b. Given Name (First Name) [REDACTED]

1.c. Middle Name [REDACTED]

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

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

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

2.c. Middle Name [REDACTED]

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

4. Sex  Male  Female

5. City or Town of Birth [REDACTED]

6. Country of Birth [REDACTED]



**Part 4. Information About Your Parents (continued)**

- 7. Current City or Town of Residence (if living)  
Chicago
- 8. Current Country of Residence (if living)  
United States

**Information About Your Parent 2**

Parent 2's Legal Name

- 9.a. Family Name (Last Name) [REDACTED]
- 9.b. Given Name (First Name) [REDACTED]
- 9.c. Middle Name

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

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

11. Date of Birth (mm/dd/yyyy) [REDACTED]

12. Sex  Male  Female

13. City or Town of Birth [REDACTED]

14. Country of Birth  
Mexico

15. Current City or Town of Residence (if living)  
NA

16. Current Country of Residence (if living)  
NA

**Part 5. Information About Your Marital History**

- 1. What is your current marital status?  
 Single, Never Married  Married  Divorced  
 Widowed  Marriage Annulled  
 Legally Separated
- 2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard?  
 N/A  Yes  No

- 3. How many times have you been married (including annulled marriages and marriages to the same person)?  
0

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

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

Current Spouse's Legal Name

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

5. A-Number (if any) ▶ A- [REDACTED]

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

7. Date of Marriage to Current Spouse (mm/dd/yyyy)

Current Spouse's Place of Birth

8.a. City or Town

8.b. State or Province

8.c. Country

Place of Marriage to Current Spouse

9.a. City or Town

9.b. State or Province

9.c. Country

10. Is your current spouse applying with you?  Yes  No



**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)

11.a. Family Name (Last Name) [REDACTED]

11.b. Given Name (First Name) [REDACTED]

11.c. Middle Name [REDACTED]

12. Prior Spouse's Date of Birth (mm/dd/yyyy) [REDACTED]

13. Date of Marriage to Prior Spouse (mm/dd/yyyy) [REDACTED]

Place of Marriage to Prior Spouse

14.a. City or Town [REDACTED]

14.b. State or Province [REDACTED]

14.c. Country [REDACTED]

15. Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy) [REDACTED]

Place Where Marriage with Prior Spouse Legally Ended

16.a. City or Town [REDACTED]

16.b. State or Province [REDACTED]

16.c. Country [REDACTED]

**Part 6. Information About Your Children**

1. 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.

3

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**.

Child 1

Current Legal Name

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

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

2.c. Middle Name [REDACTED]

3. A-Number (if any) ▶ A- [REDACTED]

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

5. Country of Birth  
USA

6. Is this child applying with you?  Yes  No

Child 2

Current Legal Name

7.a. Family Name (Last Name) [REDACTED]

7.b. Given Name (First Name) [REDACTED]

7.c. Middle Name [REDACTED]

8. A-Number (if any) ▶ A- [REDACTED]

9. Date of Birth (mm/dd/yyyy) [REDACTED]

10. Country of Birth  
USA

11. Is this child applying with you?  Yes  No



**Part 6. Information About Your Children (continued)**

Child 3

Current Legal Name

12.a. Family Name (Last Name) [REDACTED]

12.b. Given Name (First Name) [REDACTED]

12.c. Middle Name [REDACTED]

13. A-Number (if any) ▶ A- [REDACTED]

14. Date of Birth (mm/dd/yyyy) [REDACTED]

15. Country of Birth  
USA

16. Is this child applying with you?  Yes  No

**Part 7. Biographic Information**

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

- Hispanic or Latino
- Not Hispanic or Latino

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

- White
- Asian
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

3. Height                      Feet [REDACTED] Inches [REDACTED]

4. Weight                      Pounds [REDACTED]

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

- Black       Blue       Brown
- Gray       Green       Hazel
- Maroon       Pink       Unknown/Other

6. Hair Color (Select **only one** box)

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

**Part 8. General Eligibility and Inadmissibility Grounds**

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world including any military service?  Yes  No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 13.b.** below. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.** If you answered "No," but are unsure of your answer, provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information.**

Organization 1

2. Name of Organization  
[REDACTED]

3.a. City or Town  
[REDACTED]

3.b. State or Province  
[REDACTED]

3.c. Country  
[REDACTED]

4. Nature of Group  
[REDACTED]

Dates of Membership or Dates of Involvement

5.a. From (mm/dd/yyyy) [REDACTED]

5.b. To (mm/dd/yyyy) [REDACTED]

Organization 2

6. Name of Organization  
[REDACTED]

7.a. City or Town  
[REDACTED]

7.b. State or Province  
[REDACTED]

7.c. Country  
[REDACTED]

8. Nature of Group  
[REDACTED]



**Part 8. General Eligibility and Inadmissibility Grounds (continued)**

## Dates of Membership or Dates of Involvement

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

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

## Organization 3

10. Name of Organization

11.a. City or Town

11.b. State or Province

11.c. Country

12. Nature of Group

## Dates of Membership or Dates of Involvement

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

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

Answer **Item Numbers 14. - 86.b.** Choose the answer that you think is correct. If you answer "Yes" to any questions (or if you answer "No," but are unsure of your answer), provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information.**

14. Have you **EVER** been denied admission to the United States?  Yes  No
15. Have you **EVER** been denied a visa to the United States?  Yes  No
16. Have you **EVER** worked in the United States without authorization?  Yes  No
17. Have you **EVER** violated the terms or conditions of your nonimmigrant status?  Yes  No
18. Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings?  Yes  No
19. Have you **EVER** been issued a final order of exclusion, deportation, or removal?  Yes  No

20. Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated?  Yes  No
21. Have you **EVER** held lawful permanent resident status which was later rescinded?  Yes  No
22. Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time?  Yes  No
23. Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation?  Yes  No
- 24.a. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement?  Yes  No

If you answered "Yes" to **Item Number 24.a.**, complete **Item Numbers 24.b. - 24.c.** If you answered "No" to **Item Number 24.a.**, skip to **Item Number 25.**

- 24.b. Have you complied with the foreign residence requirement?  Yes  No
- 24.c. Have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you?  Yes  No

**Criminal Acts and Violations**

For **Item Numbers 25. - 45.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 25. - 45.**, use the space provided in **Part 14. Additional Information** to provide an explanation that includes why you were arrested, cited, detained, or charged; where you were arrested, cited, detained, or charged; when (date) the event occurred; and the outcome or disposition (for example, no charges filed, charges dismissed, jail, probation, community service).

25. Have you **EVER** been arrested, cited, charged, or 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. Coast Guard)?  Yes  No
26. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime)?  Yes  No





### Part 8. General Eligibility and Inadmissibility Grounds (continued)

27. Have you **EVER** 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 clemency)?  Yes  No
- NOTE:** If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.
28. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)?  Yes  No
29. Have you **EVER** been a defendant or the accused in a criminal proceeding (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication)?  Yes  No
30. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country?  Yes  No
31. Have you **EVER** been convicted of two or more offenses (other than purely political offenses) for which the combined sentences to confinement were five years or more?  Yes  No
32. Have you **EVER** illicitly (illegally) trafficked or benefited from the trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics?  Yes  No
33. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded in the illicit trafficking of any illegal narcotic or other controlled substances?  Yes  No
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?  Yes  No
35. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution?  Yes  No
36. Have you **EVER** directly or indirectly procured (or attempted to procure) or imported prostitutes or persons for the purpose of prostitution?  Yes  No
37. Have you **EVER** received any proceeds or money from prostitution?  Yes  No
38. 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
39. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States?  Yes  No
40. Have you **EVER**, while serving as a foreign government official, been responsible for or directly carried out violations of religious freedoms?  Yes  No
41. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of persons for commercial sex acts?  Yes  No
42. Have you **EVER** 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
43. Have you **EVER** 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
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 should have known that this benefit resulted from the illicit activity of your spouse or parent?  Yes  No
45. 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



## Part 8. General Eligibility and Inadmissibility Grounds (continued)

### Security and Related

Do you intend to:

- 46.a.** Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States?  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
- 46.c.** 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
- 46.d.** Engage in any activity that could endanger the welfare, safety, or security of the United States?  Yes  No
- 46.e.** Engage in any other unlawful activity?  Yes  No
- 47.** Are you engaged in or, upon your entry into the United States, do you intend to engage in any activity that could have potentially serious adverse foreign policy consequences for the United States?  Yes  No

Have you **EVER**:

- 48.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
- 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
- 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 **Item Number 48.a.**?  Yes  No
- 48.d.** Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Number 48.a.**?  Yes  No

**48.e.** 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 **Item Number 48.a.**?  Yes  No

**49.** Have you **EVER** received any type of military, paramilitary, or weapons training?  Yes  No

**50.** Do you intend to engage in any of the activities listed in any part of **Item Numbers 48.a. - 49.**?  Yes  No

**NOTE:** If you answered "Yes" to any part of **Item Numbers 46.a. - 50.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information.**

Are you the spouse or child of an individual who **EVER**:

- 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
- 51.b.** Participated in, or been a member or a representative of a group or organization that did any of the activities described in **Item Number 51.a.**?  Yes  No
- 51.c.** Recruited members, or asked for money or things of value, for a group or organization that did any of the activities described in **Item Number 51.a.**?  Yes  No
- 51.d.** Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Number 51.a.**?  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
- 51.f.** Received any type of military, paramilitary, or weapons training from a group or organization that did any of the activities described in **Item Number 51.a.**?  Yes  No
- NOTE:** If you answered "Yes" to any part of **Item Number 51.**, explain the relationship and what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information.**
- 52.** Have you **EVER** assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person?  Yes  No



**Part 8. General Eligibility and Inadmissibility Grounds (continued)**

53. Have you **EVER** 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

54. Have you **EVER** 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

55. Have you **EVER** 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

56. Have you **EVER** 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

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?  Yes  No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

58.a. Acts involving torture or genocide?  Yes  No

58.b. Killing any person?  Yes  No

58.c. Intentionally and severely injuring any person?  Yes  No

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  No

59. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group?  Yes  No

60. Have you **EVER** used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?  Yes  No

**NOTE:** If you answered "Yes" to any part of **Item Numbers 52. - 60.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information.**

**Public Charge**

61. Are you subject to the public charge ground of inadmissibility under INA section 212(a)(4)?  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.**

62. What is the size of your household?

63. Indicate your annual household income.

- \$0-27,000
- \$27,001-52,000
- \$52,001-85,000
- \$85,001-141,000
- Over \$141,000

64. Identify the total value of your household assets.

- \$0-18,400
- \$18,401-136,000
- \$136,001-321,400
- \$321,401-707,100
- Over \$707,100



**Part 8. General Eligibility and Inadmissibility Grounds (continued)**

65. Identify the total value of your household liabilities (including both secured and unsecured liabilities).

- \$0     \$1-10,100     \$10,101-57,700     \$57,701-186,800     Over \$186,800

66. What is the highest degree or level of school you have completed?

- Grades 1 through 11     12<sup>th</sup> grade - no diploma     High school diploma, GED, or alternative credential  
 1 or more years of college credit, no degree     Associate's degree     Bachelor's degree  
 Master's degree     Professional degree (JD, MD, DMD, etc.)     Doctorate degree

67. List your certifications, licenses, skills obtained through work experience, and educational certificates.

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)?  Yes  No

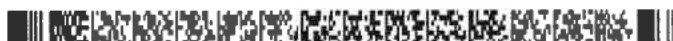
68.b. Have you ever received long-term institutionalization at government expense?  Yes  No

68.c. If your answer to **Item Number 68.a.** is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, and the dollar amount of benefits received.

Benefit Received	Start Date	End Date	Dollar Amount

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



## Part 8. General Eligibility and Inadmissibility Grounds (continued)

### Illegal Entries and Other Immigration Violations

- 69.a. Have you **EVER** 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
- 69.b. If your answer to **Item Number 69.a.** is "Yes," do you believe you had reasonable cause?  Yes  No
- 69.c. If your answer to **Item Number 69.b.** is "Yes," attach a written statement explaining why you had reasonable cause.
70. Have you **EVER** submitted fraudulent or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States?  Yes  No
71. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit?  Yes  No
72. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)?  Yes  No
73. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States?  Yes  No
74. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any foreign national to enter or to try to enter the United States illegally (alien smuggling)?  Yes  No
75. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents?  Yes  No

### Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

76. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States?  Yes  No
77. Have you **EVER** entered the United States without being inspected and admitted or paroled?  Yes  No

Since April 1, 1997, have you been unlawfully present in the United States:

78.a. For more than 180 days but less than a year, and then departed the United States?  Yes  No

78.b. For one year or more and then departed the United States?  Yes  No

**NOTE:** You were unlawfully present in the United States if you entered the United States without being inspected and admitted or inspected and paroled, or if you legally entered the United States but you stayed longer than permitted.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

79.a. Having been unlawfully present in the United States for more than one year in the aggregate?  Yes  No

79.b. Having been deported, excluded, or removed from the United States?  Yes  No

### Miscellaneous Conduct

80. Do you plan to practice polygamy in the United States?  Yes  No
81. Are you accompanying another foreign national who requires your protection or guardianship but who is inadmissible after being certified by a medical officer as being helpless from sickness, physical or mental disability, or infancy, as described in INA section 232(c)?  Yes  No
82. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a U.S. citizen who has been granted custody of the child?  Yes  No
83. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States?  Yes  No
84. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States?  Yes  No

Have you **EVER**:

- 85.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are a foreign national?  Yes  No



**Part 8. General Eligibility and Inadmissibility Grounds (continued)**

85.b. Been relieved or discharged from such training or service on the ground that you are a foreign national?  
 Yes  No

85.c. Been convicted of desertion from the U.S. armed forces?  
 Yes  No

86.a. Have you EVER left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency?  Yes  No

86.b. If your answer to Item Number 86.a. is "Yes," what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?  
[REDACTED]

**Part 9. Accommodations for Individuals With Disabilities and/or Impairments**

NOTE: Read the information in the Form I-485 Instructions before completing this part.

1. Are you requesting an accommodation because of your disabilities and/or impairments?  Yes  No

If you answered "Yes" to Item Number 1., select any applicable box in Item Numbers 2.a. - 2.c. and provide an answer.

2.a.  I am deaf or hard of hearing and request the following accommodation. (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).):  
\_\_\_\_\_  
\_\_\_\_\_

2.b.  I am blind or have low vision and request the following accommodation:  
\_\_\_\_\_  
\_\_\_\_\_

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 requesting.)  
\_\_\_\_\_  
\_\_\_\_\_

**Part 10. Applicant's Statement, Contact Information, Declaration, Certification, and Signature**

NOTE: Read the Penalties section of the Form I-485 Instructions before completing this part. You must file Form I-485 while in the United States.

**Applicant's Statement**

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

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

1.b.  The interpreter named in Part 11. read to me every question and instruction on this application and my answer to every question in  
\_\_\_\_\_  
a language in which I am fluent, and I understood everything.

2.  At my request, the preparer named in Part 12., [REDACTED], prepared this application for me based only upon information I provided or authorized.

**Applicant's Contact Information**

3. Applicant's Daytime Telephone Number  
[REDACTED]

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

5. Applicant's Email Address (if any)  
\_\_\_\_\_



## 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:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) 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) 

**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.

### *Interpreter's Full Name*

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

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

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

### *Interpreter's Mailing Address*

3.a. Street Number and Name

3.b.  Apt.  Ste.  Fl.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

### *Interpreter's Contact Information*

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)



**Part 11. Interpreter's Contact Information Certification, and Signature (continued)****Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and [REDACTED], which is the same language specified in **Part 10., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

7.a. Interpreter's Signature (sign in ink)

[REDACTED]

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

[REDACTED]

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

Provide the following information about the preparer.

**Preparer's Full Name**

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

[REDACTED]

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

[REDACTED]

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

National Immigrant Justice Ctr

**Preparer's Mailing Address**

3.a. Street Number and Name PO Box 818

3.b.  Apt.  Ste.  Flr.

3.c. City or Town Chicago

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

3.f. Province

3.g. Postal Code

3.h. Country

USA

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

[REDACTED]

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

[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 application on behalf of the applicant and with the applicant's consent.
- 7.b.  I am an attorney or accredited representative and my representation of the applicant in this case  extends  does not extend beyond the preparation of this application.

**NOTE:** If you are an attorney or accredited representative, you may 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) [REDACTED]
- 8.b. Date of Signature (mm/dd/yyyy) [REDACTED]

**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, **numbered** [REDACTED] **through** [REDACTED], are complete, true, and correct. All additional pages submitted by me with this Form I-485, on **numbered pages** [REDACTED] **through** [REDACTED] 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  
[REDACTED]

Date of Signature (mm/dd/yyyy) [REDACTED]

Applicant's Signature (sign in ink)  
[REDACTED]

USCIS Officer's Signature (sign in ink)  
[REDACTED]



**Part 14. Additional Information**

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

1.a. Family Name (Last Name) [REDACTED]

1.b. Given Name (First Name) [REDACTED]

1.c. Middle Name [REDACTED]

2. A-Number (if any) ▶ A- [REDACTED]

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d. I was arrested twice and charged with domestic battery, once on [REDACTED] and then on [REDACTED]. Both times the charges were stricken off. Please see enclosed certified dispositions.

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d. My first and only entry was on 01/01/1995 without inspection or parole.

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d.

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

6.d.

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d.





# Application For Employment Authorization

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

USCIS  
Form I-765  
OMB No. 1615-0040  
Expires 02/28/2027

<b>For USCIS Use Only</b>	<input type="checkbox"/> Authorization/Extension Valid From _____	<b>Fee Stamp</b>	<b>Action Block</b>
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input style="width: 100px;" type="text"/>		
	Remarks		

<b>To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).</b>	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <input style="width: 100%;" type="text"/>
---	---	--

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

## Part 1. Reason for Applying

I am applying for (select only one box):

- 1.a.  Initial permission to accept employment.
- 1.b.  Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.
- NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error in the What is the Filing Fee** section of the Form I-765 Instructions for further details.
- 1.c.  Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

## Part 2. Information About You

### Your Full Legal Name

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

### Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

#### Additional Information.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
- 
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name



**Part 2. Information About You (continued)**

**Your U.S. Mailing Address**

- 5.a. In Care Of Name (if any)  
[Redacted]
- 5.b. Street Number and Name [Redacted]
- 5.c.  Apt.  Ste.  Flr. [Redacted]
- 5.d. City or Town **Chicago**
- 5.e. State **IL** 5.f. ZIP Code [Redacted]
6. Is your current mailing address the same as your physical address?  
 Yes  No

NOTE: If you answered "No" to **Item Number 6.**, provide your physical address below.

**U.S. Physical Address**

- 7.a. Street Number and Name [Redacted]
- 7.b.  Apt.  Ste.  Flr. [Redacted]
- 7.c. City or Town [Redacted]
- 7.d. State [Redacted] 7.e. ZIP Code [Redacted]

**Other Information**

8. Alien Registration Number (A-Number) (if any)  
▶ A- [Redacted]
9. USCIS Online Account Number (if any)  
▶ [Redacted]
10. Gender  Male  Female
11. Marital Status  
 Single  Married  Divorced  Widowed
12. Have you previously filed Form I-765?  
 Yes  No
- 13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?  
 Yes  No

NOTE: If you answered "No" to **Item Number 13.a.**, skip to **Item Number 14.** If you answered "Yes" to **Item Number 13.a.**, provide the information requested in **Item Number 13.b.**

- 13.b. Provide your Social Security number (SSN) (if known)  
▶ [Redacted]

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 15.**, **Consent for Disclosure**, to receive a card.)  
 Yes  No

NOTE: If you answered "No" to **Item Number 14.**, skip to **Part 2., Item Number 18.a.** If you answered "Yes" to **Item Number 14.**, you must also answer "Yes" to **Item Number 15.**

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.  
 Yes  No

NOTE: If you answered "Yes" to **Item Numbers 14. - 15.**, provide the information requested in **Item Numbers 16.a. - 17.b.**

**Father's Name**

Provide your father's birth name.

- 16.a. Family Name (Last Name) [Redacted]
- 16.b. Given Name (First Name) [Redacted]

**Mother's Name**

Provide your mother's birth name.

- 17.a. Family Name (Last Name) [Redacted]
- 17.b. Given Name (First Name) [Redacted]

**Your Country or Countries of Citizenship or Nationality**

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information.**

- 18.a. Country  
**Mexico**
- 18.b. Country  
[Redacted]



**Part 2. Information About You (continued)**

**Place of Birth**

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

[REDACTED]

19.b. State/Province of Birth

[REDACTED]

19.c. Country of Birth

[REDACTED]

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

[REDACTED]

**Information About Your Last Arrival in the United States**

21.a. Form I-94 Arrival-Departure Record Number (if any)

▶ [REDACTED]

21.b. Passport Number of Your Most Recently Issued Passport

[REDACTED]

21.c. Travel Document Number (if any)

[REDACTED]

21.d. Country That Issued Your Passport or Travel Document

[REDACTED]

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

[REDACTED]

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

01/01/1995

23. Place of Your Last Arrival Into the United States

Arizona

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

No Status

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

VAWA Deferred Action

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

▶ N- [REDACTED]

**Information About Your Eligibility Category**

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

( c ) ( 9 ) ( )

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree

[REDACTED]

28.b. Employer's Name as Listed in E-Verify

[REDACTED]

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

[REDACTED]

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

▶ [REDACTED]

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes  No

**NOTE:** If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

▶ [REDACTED]

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes  No

**NOTE:** If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.



**Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

**Applicant's Statement**

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

- 1.a.  I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b.  The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
- 2.  At my request, the preparer named in **Part 5.**,  prepared this application for me based only upon information I provided or authorized.

**Applicant's Contact Information**

- 3. Applicant's Daytime Telephone Number
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)
- 6.  Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

**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 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:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) 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**

- 7.a. Applicant's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

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

**Part 4. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**Interpreter's Full Name**

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)

**Part 4. Interpreter's Contact Information, Certification, and Signature**

**Interpreter'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

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 3., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

7.a. Interpreter's Signature

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

**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant**

Provide the following information about the preparer.

**Preparer's Full Name**

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

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

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

**Preparer's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)



**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)**

**Preparer's Statement**

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

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

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's 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
- 8.b. Date of Signature (mm/dd/yyyy)





**Part 6. Additional Information**

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

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d.

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d.

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d.

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

6.d.

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d.





**Report of Immigration Medical Examination  
and Vaccination Record**  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
**Form I-693**  
OMB No. 1615-0033  
Expires 03/31/2025

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

**Part 1. Information About You** (To be completed by the person requesting a medical examination, **NOT** the civil surgeon.)

1. Your Full Legal Name (**Do not** provide a nickname)

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

2. Current Physical Address

In Care Of Name (if any)			
<input type="text"/>			
Street Number and Name		Apt. Ste. Fl.	Number
<input type="text"/>		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="text"/>
City or Town		State	ZIP Code
<input type="text" value="Chicago"/>		<input type="text" value="IL"/>	<input type="text"/>
Province	Postal Code	Country	
<input type="text"/>	<input type="text"/>	<input type="text" value="USA"/>	

3. Other Information

A. Gender	B. Date of Birth (mm/dd/yyyy)	C. City/Town/Village of Birth
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>
D. Country of Birth	E. Alien Registration Number (A-Number) (if any)	
<input type="text"/>	▶ A- <input type="text"/>	
F. USCIS Online Account Number (if any)		
▶ <input type="text"/>		

4. Immigration Medical Examination Requirement

A.  I am eligible for completion of the vaccination record portion only, because I previously completed an overseas immigration medical examination, signed by a panel physician (refugee or derivative asylee adjustment of status applicants under Immigration and Nationality Act (INA) section 209 and K nonimmigrant visa holders applying for adjustment of status).

**NOTE:** If you selected this box for Item A. in Item Number 4., you, the applicant, and the civil surgeon are responsible for completing Parts 1. - 5., Part 7., and Part 10.



Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
[REDACTED]	[REDACTED]		▶ A- [REDACTED]

**Part 2. Applicant's Statement, Contact Information, Certification, and Signature**

***Applicant's Contact Information***

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

- 1. Applicant's Daytime Telephone Number
- 2. Applicant's Mobile Telephone Number (if any)
- 3. Applicant's Email Address (if any)

***Applicant's Certification and Signature***

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Part 3., understood, all of the responses and information contained in, and submitted with, my form, and that all of the responses and the information are complete, true, and correct. I understand the purpose of this immigration medical examination, and I authorize the required tests and procedures to be completed. If it is determined that I willfully misrepresented a material fact or provided false or altered information or documents with regard to my immigration medical examination, I understand that any immigration benefit I derived from this immigration medical examination may be revoked, that I may be removed from the United States, and that I may be subject to civil or criminal penalties. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

**NOTE: Do not sign or date Form I-693 until instructed to do so by the civil surgeon.**

- 4. Applicant's Signature  Date of Signature (mm/dd/yyyy)

**Part 3. Interpreter's Contact Information, Certification, and Signature**

***Interpreter's Full Name***

- 1. Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name

***Interpreter's Contact Information***

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

Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
[REDACTED]	[REDACTED]		▶ A- [REDACTED]

**Part 3. Interpreter's Contact Information, Certification, and Signature (continued)**

**Interpreter's Certification and Signature**

I certify, under penalty of perjury, that I am fluent in English and [REDACTED], and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that they understood every instruction, question, and answer on the application.

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

[REDACTED] [REDACTED]

**Part 4. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**

**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

[REDACTED]

**Preparer's Contact Information**

3. Preparer's Daytime Telephone Number 4. Preparer's Mobile Telephone Number (if any)

[REDACTED] [REDACTED]

5. Preparer's Email Address (if any)

[REDACTED]

**Preparer's Certification and Signature**

I certify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that they understand the responses and information in or submitted with the application.

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

[REDACTED] [REDACTED]

**Parts 5. - 10. of this form must be completed by the civil surgeon.**

**Part 5. Applicant's Identification Information (To be completed by the civil surgeon)**

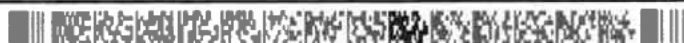
Please complete the following about the applicant:

1. Form of Identification Presented by Applicant (for example, passport or driver's license)

Driver's License (Illinois)

2. Document Identification Number

[REDACTED]



Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
[REDACTED]	[REDACTED]		▶ A- [REDACTED]

**Part 6. Summary of Medical Examination (To be completed by the civil surgeon)**

- Summary of Overall Findings:
  - No Class A or Class B Condition
  - Class B Conditions (See Item Numbers 1. - 4. in Part 8. Civil Surgeon Worksheet)
  - Class A Conditions (See Item Numbers 1. - 3. in Part 8. Civil Surgeon Worksheet)
- Date of First Examination (Date applicant signed in Part 2.)  
(mm/dd/yyyy) [REDACTED]
- Dates of Follow-up Examinations, if required:
 

Date of Examination (mm/dd/yyyy)	Date of Examination (mm/dd/yyyy)	Date of Examination (mm/dd/yyyy)
[REDACTED]	[REDACTED]	[REDACTED]

**Part 7. Civil Surgeon's Contact Information, Certification, and Signature**

NOTE: Do not sign Form I-693 until all health-related follow-up requirements are met.

**Civil Surgeon's Information**

- Family Name (Last Name) [REDACTED] Given Name (First Name) [REDACTED] Middle Name (if applicable) [REDACTED]  
Civil Surgeon Identification Number (CSID) (unless performing the examination under a health department or military blanket designation) 108249
- Name of Medical Practice, Facility, or Health Department [REDACTED]

**Physical Address**

- Street Number and Name [REDACTED] Apt. Ste. Flr. Number [REDACTED]  
City or Town [Chicago] State [IL] ZIP Code [REDACTED]

**Mailing Address**

- Street Number and Name (PO Box) [REDACTED] Apt. Ste. Flr. Number (if applicable) [REDACTED]  
City or Town [Chicago] State [IL] ZIP Code [REDACTED]

**Contact Information**

- Daytime Telephone Number [REDACTED]
- Mobile Telephone Number (if any) [REDACTED]
- Email Address (if any) [REDACTED]

Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
[REDACTED]	[REDACTED]		▶ A- [REDACTED]

**Part 7. Civil Surgeon's Contact Information, Certification, and Signature (continued)**

***Civil Surgeon's Certification***

**I certify under penalty of perjury under United States law that:**

I am a civil surgeon designated to examine applicants seeking certain immigration benefits in the United States OR a physician who qualifies under a blanket designation specified by policy or law;

I have a currently valid and unrestricted license to practice medicine in the state where I am performing immigration medical examinations, unless otherwise exempted;

I have not had my license to practice medicine revoked, and I am not subject to any restrictions on any license to practice medicine in any other jurisdiction in the United States in which I conduct immigration medical examinations.

I performed an examination of the person identified in **Part 1.** of this Form I-693, after having made every reasonable effort to verify that the person whom I examined is in fact the person identified in **Part 1.**;

I performed the examination in accordance with the Centers for Disease Control and Prevention's (CDC) *Technical Instructions for Civil Surgeons*, as well as all supplemental information or updates; and

All the information I provided on this Form I-693 is complete, true, and correct, based on the information provided to me by the applicant.

***Civil Surgeon's Signature***

8. Civil Surgeon's Signature [REDACTED] Date of Signature (mm/dd/yyyy) [REDACTED]

***(Health departments and military treatment facilities MUST place their official stamp or seal here.)***

*(official stamp or seal here)*



Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
[REDACTED]	[REDACTED]		▶ A- [REDACTED]

### Part 8. Civil Surgeon Worksheet

(To be completed by the civil surgeon, according to the *Technical Instructions for Civil Surgeons* at <https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons/tuberculosis.html>.)

#### I. Communicable Disease of Public Health Significance

A. Tuberculosis (TB): An initial screening test, an interferon gamma release assay (IGRA), is required for all applicants 2 years of age and older; for children under 2 years of age, see the *Technical Instructions for Civil Surgeons*. The civil surgeon will perform further evaluation if needed (chest X-ray).

(1) Interferon Gamma Release Assay (for acceptable IGRAs, consult the *Technical Instructions for Civil Surgeons* and any updates posted on the CDC's website):

Not Administered (IGRA exception; please explain in Remarks section below)

Select only one box.

QuantiFERON

T-Spot

Date Blood Sample Drawn (mm/dd/yyyy)

[REDACTED]

Date Blood Sample Drawn (mm/dd/yyyy)

Result:  Negative (no chest X-ray required)

Positive (chest X-ray required)

Indeterminate (including borderline/equivocal) (no chest X-ray required)

(2) Initial Screening Test Result and Chest X-Ray Determinations:

Chest X-ray not required (medically cleared for TB).

Chest X-ray required due to initial screening test results.

Chest X-ray required due to TB signs or symptoms, or due to immunosuppression (such as HIV).

Chest X-ray required due to IGRA exception (Clearly specify the IGRA exception in the Remarks section below.).

#### Sputum Smears and Cultures Results

(3) Chest X-Ray: Required based on IGRA result, or if specific IGRA exceptions apply, or for an applicant with TB signs or symptoms or immunosuppression (such as HIV).

Date Chest X-Ray Taken (mm/dd/yyyy)

[REDACTED]

Date Chest X-Ray Read (mm/dd/yyyy)

[REDACTED]

Result:  Normal

Abnormal findings suggestive of TB that require smears and cultures:

Infiltrate or consolidation

Miliary findings

Reticular markings suggestive of fibrosis

Discrete linear opacity

Cavitary lesion

Discrete nodule(s) without calcification

Nodule(s) or mass with poorly defined margins (such as tuberculoma)

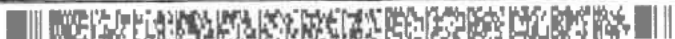
Volume loss or retraction

Pleural effusion

Irregular thick pleural reaction

Hilar/mediastinal adenopathy

Other (further describe in Remarks section below)



Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
[REDACTED]	[REDACTED]		▶ A- [REDACTED]

**Part 8. Civil Surgeon Worksheet (continued)**

(4) Sputum Smears and Cultures Decision

- No, not indicated.
  Yes, indicated due to known HIV infection or extrapulmonary TB.
  Yes, indicated due to signs or symptoms of TB.
  Yes, indicated due to chest X-ray suggestive of TB.
  Yes, indicated for end of treatment cultures.

(5) Sputum Smears and Cultures Results

Sputum Smear Results			
Date Specimen Obtained (mm/dd/yyyy)	Date Smear Result Reported (mm/dd/yyyy)	Positive	Negative
1.			
2.			
3.			

Sputum Culture Results					
Date Specimen Obtained (mm/dd/yyyy)	Date Culture Result Reported (mm/dd/yyyy)	Positive	Negative	NTM	Contaminated
1.					
2.					
3.					

(6) TB Classification/Findings (Select only if chest X-ray was performed.):

- No Class A or Class B TB
  Class B1 Extrapulmonary TB
  Class A Pulmonary TB Disease
  Class B2 TB, Latent TB Infection
  Class B0 Pulmonary TB
  Class B, Other Chest Condition (non-TB)
  Class B1 Pulmonary TB

(7) Remarks: (Include any signs or symptoms of TB, additional tests and therapy given, with start and stop dates and any changes. If you did not perform IGRA, give the reason why an exception applies.)

**B. Syphilis**

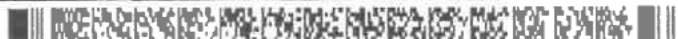
(1) Serologic Test for Syphilis (Required for applicants 18 to 44 years of age - see CDC's *Syphilis Technical Instructions for Civil Surgeons* at <https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons/syphilis.html> for current required testing age range). All tests must be performed on the same blood sample.

(a) Name of Nontreponemal Test: [REDACTED]

(b) Date Nontreponemal Test Collected (mm/dd/yyyy): [REDACTED]

(c)  Nontreponemal Test Nonreactive Date Reported (mm/dd/yyyy): [REDACTED]

Screening Reactive, Titer 1: [REDACTED]





Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
[REDACTED]	[REDACTED]		▶ A- [REDACTED]

**Part 8. Civil Surgeon Worksheet (continued)**

- (d) Name of Treponemal Test
- (e) Date Treponemal Test Reported (mm/dd/yyyy)
- (f)  Treponemal Test Nonreactive  Treponemal Test Reactive
- (g) If using reverse algorithm and treponemal test reactive but nontreponemal test nonreactive: Name of Repeat Treponemal Test (preferably one based on different antigens)
- (h) Date Repeat Treponemal Test Reported (mm/dd/yyyy)
- (i)  Repeat Treponemal Test Nonreactive  Repeat Treponemal Test Reactive

- (2) Findings:
  - No Class A or Class B Syphilis  Syphilis, Class A (untreated)  Syphilis, Class B (treated in the last year)

(3) Remarks: (Include stage of syphilis diagnosed [primary, secondary, early latent, late latent or latent of unknown duration, tertiary, neurosyphilis, congenital] and any therapy given with doses and dates of administration.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Drug:  Dosage:

Start Date (mm/dd/yyyy)  End Date (mm/dd/yyyy)

**C. Gonorrhea**

- (1) Laboratory Test for Gonorrhea (Required for applicants 18 to 24 years of age - see CDC's *Gonorrhea Technical Instructions for Civil Surgeons* at <https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons/gonorrhea.html> for current required testing age range.)

- (a) Screening Nucleic Acid Amplification Test (NAAT) Name
- (b) Date Result Reported (mm/dd/yyyy)
- (c)  Positive  Negative

- (2) Findings:
  - No Class A or Class B Gonorrhea  Gonorrhea, Class A (untreated)
  - Gonorrhea, Class B (treated in the last year)

(3) Remarks: (Include any symptoms or treatment given with doses and dates of administration.)

Drug:  Dosage:

Start Date (mm/dd/yyyy)  End Date (mm/dd/yyyy)

Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
[REDACTED]	[REDACTED]		▶ A- [REDACTED]

**Part 8. Civil Surgeon Worksheet (continued)**

D. Other Class A/Class B Conditions for Communicable Diseases of Public Health Significance. For instructions, see the CDC's *Technical Instructions for Civil Surgeons* for Hansen's Disease at <https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons/hansens-disease-leprosy.html>.

(1) Findings:

- (a)  No Class A/B Condition
- (b)  Hansen's Disease (leprosy, any classification) untreated, Class A
  - Indeterminate, tuberculoid, borderline tuberculoid (paucibacillary)
  - Mid-borderline, borderline lepromatous, lepromatous (multibacillary)
- (c)  Hansen's Disease (leprosy, any classification) treated or partially treated, Class B
  - Indeterminate, tuberculoid, borderline tuberculoid (paucibacillary)
  - Mid-borderline, borderline lepromatous, lepromatous (multibacillary)

(2) Remarks: (If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**. Include any therapy given and any counseling or referrals.)

2. Physical or Mental Disorders With Associated Harmful Behavior

Include here any physical or mental disorders with current associated harmful behavior or history of associated harmful behavior judged likely to recur. This category of physical or mental disorders includes any diagnosis of substance-use disorders that involve any substance that is not listed in Schedule I, II, III, IV, or V of section 202 of the Controlled Substances Act (for example, diagnosis of an alcohol-use disorder). Diagnose mental disorders according to the diagnostic criteria in the most recent edition of the Diagnostic and Statistical Manual (DSM) or another authoritative source, as determined by the director of the CDC. Diagnose physical disorders according to the diagnostic criteria in the most recent edition of the World Health Organization's Manual of the International Classification of Diseases, Injuries, and Causes of Death (ICD) or another authoritative source as determined by the director of the CDC. See the CDC's *Technical Instructions for Civil Surgeons* for Other Physical or Mental Abnormality, Disease or Disability at <https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons/other-abnormality-disease-or-disability.html> for more information.

A. Findings:

- (1)  No Class A or B Physical or Mental Disorder
- (2)  Physical/Mental Disorder with Associated Harmful Behavior, Class A
- (3)  Physical/Mental Disorder with a History of Associated Harmful Behavior Likely to Recur, Class A
- (4)  Physical/Mental Disorder without Associated Harmful Behavior, Class B
- (5)  Physical/Mental Disorder with a History of Associated Harmful Behavior Unlikely to Recur, Class B

B. Remarks: (Include diagnosis, likelihood of recurrence of the harmful behavior, therapy given, and any counseling or referrals. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.)



Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
[REDACTED]	[REDACTED]		▶ A- [REDACTED]

**Part 8. Civil Surgeon Worksheet (continued)**

**3. Drug Abuse/Drug Addiction**

The U.S. Department of Health and Human Services (DHHS) sets the medical guidelines for determining drug abuse and drug addiction. The terms are defined at 42 CFR 34.2(h) and (i).

Include here any diagnosis of drug abuse or drug addiction.

"Drug abuse or drug addiction" is "current substance use disorder mild, moderate or severe" **but only** with respect to substances listed in Schedule I, II, III, IV, or V of section 202 of the Controlled Substances Act. Make the diagnosis according to the diagnostic criteria in the most current edition of the DSM, or by another authoritative source as determined by the director of the CDC.

You may also make a diagnosis of full remission, according to the diagnostic criteria in the most current edition of the DSM or another authoritative source as determined by the director of the CDC. See the CDC's *Technical Instructions for Civil Surgeons for Mental Health* at <https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons/mental-health.html> for more information.

**A. Findings:**

- (1)  No Class A or B Substance (Drug) Abuse/Addiction
- (2)  Substance (Drug) Abuse or Addiction, listed in section 202 of the Controlled Substances Act, Class A
- (3)  Substance (Drug) Abuse in Full Remission, listed in section 202 of the Controlled Substances Act, Class B
- (4)  Substance (Drug) Addiction in Full Remission, listed in section 202 of the Controlled Substances Act, Class B

**B. Remarks:** (Include any therapy given and any counseling or referrals. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**)

**4. Other Medical Conditions** (List any other Class B conditions, such as hypertension or diabetes, and all required evaluation components as found in CDC's *Technical Instructions for Civil Surgeons* at <https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons/medical-history-and-physical-exam.html>.)

Chlamydia NAA Test: Negative [REDACTED]

Hypertension: This is well controlled with medication and will not affect his ability for self care.



Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
			▶ A-

**Part 8. Civil Surgeon Worksheet (continued)**

5. Required Referral to Health Department or Other Doctor (To be completed by civil surgeon, if a referral is medically required.)
- A. Type or Print Name of Doctor or Health Department Receiving Required Referral
- B. Address
- Street Number and Name      Apt. Ste. Flr.      Number
- City or Town      State      ZIP Code
- C. Date of Referral (mm/dd/yyyy)
- D. Remarks: (Include the name of medical condition and the reasons for referral. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**)

**Part 9. Referral Evaluation (To be completed by the health department or other doctor performing the referral evaluation.)**

The applicant identified on this Form I-693 was referred to me by the civil surgeon named in **Part 7.** of this Form I-693. I have provided appropriate evaluation/treatment, having made every reasonable effort to verify that the person whom I have evaluated/ treated is the person identified in **Part 1.**

1. Evaluating Physician or Health Department's Full Name
- A. Family Name (Last Name)      Given Name (First Name)      Middle Name (if applicable)
- B. Health Department's Name
2. Address
- Street Number and Name      Apt. Ste. Flr.      Number
- City or Town      State      ZIP Code
3. Signature of Health Department Individual or Other Doctor Performing Referral Evaluation
- Signature      Date Signed (mm/dd/yyyy)
4. Name of Medical Practice or Health Department      5. Daytime Telephone Number

**NOTE:** If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
[REDACTED]	[REDACTED]		▶ A- [REDACTED]

**Part 10. Vaccination Record**

**NOTE:** See *Technical Instructions for Civil Surgeons* at [www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html](http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html) for a list of required vaccines, and <https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons/covid-19-technical-instructions.html> for COVID-19 specific vaccine guidance.

Please make sure to mark every row. Reserve all comments for the Remarks section below. **For applicants who only require a vaccination assessment:** Submit only this Part with **Parts 1. - 5., and Part 7.** of Form I-693. (If you need an interpreter, complete **Part 3. Interpreter's Contact Information, Certification, and Signature.**) For more information, see Form I-693 Instructions, **Frequently Asked Questions.**

Vaccine History Transferred From A Written Record					Vaccine Given	Complete Series	Blanket Waiver(s) to be Requested from USCIS (Not Medically Appropriate)			*See Below Table
Vaccine	Date Received (mm/dd/yyyy)	Date Received (mm/dd/yyyy)	Date Received (mm/dd/yyyy)	Date Received (mm/dd/yyyy)	Date Given by Civil Surgeon (mm/dd/yyyy)	Mark "X" if complete; write date of lab test if immune or "VI" if varicella history	Not Age-Appropriate	Contra-indication	Insufficient Time Interval	
Specify Vaccine: <input type="checkbox"/> DT <input checked="" type="checkbox"/> DTaP <input type="checkbox"/> DTP							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specify Vaccine: <input type="checkbox"/> Td <input checked="" type="checkbox"/> Tdap	[REDACTED]				[REDACTED]		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Specify Vaccine: <input type="checkbox"/> OPV <input checked="" type="checkbox"/> IPV					[REDACTED]		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
MMR (measles, mumps, rubella) or, if monovalent or other combination of the vaccines are given, specify vaccines					[REDACTED]		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Hib					[REDACTED]		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B					[REDACTED]		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Varicella						[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Influenza	[REDACTED]						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rotavirus							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis A							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meningococcal							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COVID-19 (In "Remarks" section, write "COVID-19" and specify vaccine brand)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE: Give a copy to the applicant.**



Family Name (Last Name)	Given Name (First Name)	Middle Name	A-Number (if any)
[REDACTED]	[REDACTED]		▶ A- [REDACTED]

**Part 10. Vaccination Record (continued)**

\*For influenza vaccine, check the box in this column only if vaccine is not available in the location where the civil surgeon practices. The civil surgeon is responsible for knowing local availability of the influenza vaccine.

\*For COVID-19 vaccine, check the box in this column only if vaccine is not routinely available in the location where the civil surgeon practices according to the *Technical Instructions for Civil Surgeons* blanket waivers for this vaccine.

Results:

- Applicant completed vaccination requirements or may be eligible for blanket waivers as indicated above.
- Applicant will request an individual waiver based on religious or moral convictions.
- Applicant does not meet immunization requirements.

Remarks: (If needed, provide any comments, such as the reason for contraindication.)

FOR USCIS USE ONLY
Remarks (if any)



**Part 11. Additional Information**

If you (the applicant or the civil surgeon) need extra space to provide any additional information within this form use the space below. If you (the applicant or civil surgeon) 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 the applicant's 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 (if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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2. A-Number (if any) ▶ A-

3. A. Page Number    B. Part Number    C. Item Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D.

4. A. Page Number    B. Part Number    C. Item Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D.

5. A. Page Number    B. Part Number    C. Item Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D.

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D.

