

**PLEASE READ ADVICE AND INSTRUCTIONS
BEFORE FILLING IN FORM**

PLEASE TYPE OR PRINT

Fee Stamp

PART 1 - INFORMATION ABOUT YOURSELF

1) My present true name is: <i>(Last, First, Middle)</i>		2) Alien Registration Number:		
3) My name given at birth was: <i>(Last, First, Middle)</i>		4) Birth Place: <i>(Place, Country)</i>		
5) Date of Birth: <i>(Month, Day, Year)</i>	6) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	7) Height:	8) Hair Color:	9) Eye Color:
10) Current Nationality & Citizenship:	11) Social Security Number:	12) Home Phone Number:	13) Work Phone Number:	
14) I currently reside at: <i>Apt. number and/or in care of</i> <hr/> <i>Number and Street</i> <hr/> <i>City or Town</i> <i>State</i> <i>ZIP Code</i>		15) I have been known by the additional name(s): <hr/> <hr/> <hr/>		

16) During the last 10 years, I resided in the following locations in the United States: (If less than 10 years, set forth the information for the period you have been in the United States) List PRESENT ADDRESS FIRST and work back in time

Street and Number - Apt. or Room# - City or Town - State - ZIP Code	Resided From: <i>(Month, Day, Year)</i>	Resided To: <i>(Month, Day, Year)</i>
		PRESENT

PART 2 - INFORMATION ABOUT THIS APPLICATION

17) I, the undersigned, hereby request that my deportation be suspended under the provisions of section 244 of the Immigration and Nationality Act (INA). I believe that I am eligible for suspension of deportation because such deportation would result in extreme hardship (or exceptional and extremely unusual hardship if I am subject to deportation under section 241(a)(2)(3)(4) of the INA) to: *(Place a C in the box if the family member is a citizen of the United States, or L if the family member is a lawful permanent resident of the United States, an X if the family member is neither, and leave BLANK if not applicable.)*

Myself *(and/or my)* Husband Wife Father Mother Child or Children

Please state the basis for your claim that your deportation would result in extreme hardship to each of the individuals checked in the boxes above: _____

With the exception of the absences described in question #25, I have been physically present in the United States since:
(Month, Day, Year) _____

PART 3 - INFORMATION ABOUT YOUR PRESENCE IN THE UNITED STATES

18) I first entered the United States under the name of: *(Last, First, Middle)* _____ 19) I first entered the United States on: *(Month, Day, Year)* _____

20) Place or port of first entry: *(Place or Port, City, and State)* _____

21) I entered: as a Visitor, as a Student, without inspection, or Other *(Place an X in the correct box, if Other is selected please explain):*

22) Period for which admitted: *(Month, Day, Year)* _____ to _____ 23) My last extension of stay in the United States expired on: *(Month, Day, Year)* _____

24) If not inspected or if entry occurred at other than a regular port, describe the circumstances as accurately as possible:

25) Since the date of my first entry I departed from and returned to the United States at the following places and on the following dates:
(Please list all departures regardless of how briefly your were absent from the United States)

If you have never departed from the United States since your original date of entry, please mark an X in the box:

<small>Port of Departure (Place or Port, City and State)</small>	<small>Departure Date (Month, Day, Year)</small>	<small>Purpose of Travel</small>	<small>Destination</small>
<small>Port of Return (Place or Port, City and State)</small>	<small>Return Date (Month, Day, Year)</small>	<small>Manner of Return</small>	<small>Inspected & Admitted?</small> <input type="checkbox"/> Yes <input type="checkbox"/> No
<small>Port of Departure (Place or Port, City and State)</small>	<small>Departure Date (Month, Day, Year)</small>	<small>Purpose of Travel</small>	<small>Destination</small>
<small>Port of Return (Place or Port, City and State)</small>	<small>Return Date (Month, Day, Year)</small>	<small>Manner of Return</small>	<small>Inspected & Admitted?</small> <input type="checkbox"/> Yes <input type="checkbox"/> No

26) Have you ever departed the United States: a) under an order of deportation? ----- Yes No
 b) pursuant to a grant of voluntary departure? ----- Yes No

PART 4 - INFORMATION ABOUT YOUR MARITAL STATUS AND SPOUSE *(Continued on page 3)*

27) I am not married: 28) If married, the name of my spouse is: *(Last, First, Middle)* _____ 29) Date of marriage: *(Month, Day, Year)* _____
 I am married:

30) The marriage took place in: *(Place and Country)* _____ 31) Birth place of spouse: *(Place and Country)* _____

32) My spouse currently resides at: _____ 33) Birth date of spouse: *(Month, Day, Year)* _____

Apt. number and/or in care of _____
Number and Street _____
City or Town _____ State/Country _____ ZIP Code _____

34) My spouse is a citizen of: *(Country)* _____

35) If your spouse is other than a native born United States citizen, answer the following:
 He/she arrived in the United States at: *(Place, City and State)* _____
 He/she arrived in the United States on: *(Month, Day, Year)* _____
 His/her alien registration number is: A# _____
 He/she was naturalized on: *(Month, Day, Year)* _____ at _____
(Place, City and State)

36) My spouse - is - is not employed. If employed, please give salary and the name and address of the place(s) of employment:

Full Name and Address of Employer:	Earnings Per Week <i>(Approximate)</i>
_____	\$
_____	\$
_____	\$

PART 4 - INFORMATION ABOUT YOUR MARITAL STATUS AND SPOUSE (Continued)

37) I -have -have not been previously married: (If previously married, list the name of each prior spouse, the dates on which each marriage began and ended, the place where the marriage terminated, and describe how each marriage ended.)

Name of prior spouse: (Last, First, Middle)	Date marriage began: Date marriage ended:	Place marriage ended: (Place and Country)	Description or manner of how marriage was terminated or ended:
_____	_____	_____	_____

38) My present spouse -has -has not been previously married: (If previously married, list the name of each prior spouse, the dates on which the marriage began and ended, the place where the marriage terminated, and describe how each marriage ended.)

Name of prior spouse: (Last, First, Middle)	Date marriage began: Date marriage ended:	Place marriage ended: (Place and Country)	Description or manner of how marriage was terminated or ended:
_____	_____	_____	_____

39) Have you been ordered by any court, or are otherwise under any legal obligation, to provide child support and/or spousal maintenance as a result of a separation and/or divorce? -Yes -No

PART 5 - INFORMATION ABOUT YOUR EMPLOYMENT AND FINANCIAL STATUS

40) Since my entry into the United States, I have been employed by the following - named persons or firms: (Please begin with present employment and work back in time. Any periods of unemployment or school attendance should be specified.)

Full Name and Address of Employer	Earnings Per Week (Approximate)	Type of Work Performed	Employed From: (Month, Day, Year)	Employed To: (Month, Day, Year)
_____	\$ _____			PRESENT
_____	\$ _____			
_____	\$ _____			

41) If self-employed, describe the nature of the business, the name of the business, its address, and net income derived therefrom:

42) My assets (and if married, my spouse's assets) in the United States and other countries, not including clothing and household necessities, are:

<u>Self</u>	<u>Jointly Owned with Spouse</u>
Cash, Stocks, and Bonds \$ _____	Cash, Stocks, and Bonds \$ _____
Real Estate \$ _____	Real Estate \$ _____
Automobile (dollar value-amount owed)- \$ _____	Automobile (dollar value-amount owed)- \$ _____
Other (describe on line below) \$ _____	Other (describe on line below) \$ _____
_____ TOTAL \$ _____	_____ TOTAL \$ _____

43) I -have -have not received public or private relief or assistance(e.g. Welfare, Unemployment Benefits, Medicaid, ADC, etc.). If you have, please give full details including the type of relief or assistance received, date for which relief or assistance was received, place, and amount received during this time: _____

44) Please list each of the years in which you have filed an income tax return with the Internal Revenue Service: _____

PART 6 - INFORMATION ABOUT YOUR FAMILY (Continued on page 5)

45) I have _____ (Number of) children. Please list information for each child below, include assets and earnings information for children over the age of sixteen who have separate incomes:

Name of Child: (Last, First, Middle) Child's Alien Registration Number:	Citizen of What Country: Birth Date: (Month, Day, Year)	Now Residing At: (Place and Country) Birth Place: (Place and Country)	Immigration Status of Child?
_____ A#:	_____	_____	
Estimated Total of Assets: \$ _____		Estimated Average Weekly Earnings: \$ _____	
_____ A#:	_____	_____	
Estimated Total of Assets: \$ _____		Estimated Average Weekly Earnings: \$ _____	
_____ A#:	_____	_____	
Estimated Total of Assets: \$ _____		Estimated Average Weekly Earnings: \$ _____	

46) If your application is denied, would your spouse and all of your children accompany you to your:
Country of Birth - Yes No, **Country of Nationality -** Yes No, and/or **Country of Last Residence -** Yes No
If you answered "NO" to any of the responses, please explain: _____

47) Members of my family, including my spouse and/or child(ren) - have - have not received public or private relief or assistance (e.g., Unemployment Benefits, Welfare, Medicaid, ADC, etc.). **If any member of your immediate family has received such relief or assistance, please give full details including identity of person(s) receiving relief or assistance, dates for which relief or assistance was received, place, and amount received during this time:** _____

48) Please give the requested information about your parents, brothers, sisters, aunts, uncles, and grandparents. As to residence, show street address, city, and state, if in the United States; otherwise show only country:

Name: (Last, First, Middle) Alien Registration Number:	Citizen of What Country: Birth Date: (Month, Day, Year)	Relationship to Me: Birth Place: (Place and Country)	Immigration Status of Listed Relative
_____ A#:	_____	_____	
Complete Address of Current Residence: _____ _____			
_____ A#:	_____	_____	
Complete Address of Current Residence: _____ _____			

PART 6 - INFORMATION ABOUT YOUR FAMILY (Continued)

IF THIS APPLICATION IS BASED ON HARDSHIP TO A PARENT OR PARENTS, QUESTIONS 49 TO 52 MUST BE ANSWERED.

49) As such parent who is not a citizen of the United States, give the date and place of arrival in the United States including full details as to the manner and terms of admission into the United States: _____

50) My father - is - is not employed. If employed, please give salary and the name and address of the place(s) of employment.

Full Name and Address of Employer	Earnings Per Week <i>(Approximate)</i>
	\$

51) My mother - is - is not employed. If employed, please give salary and the name and address of the place(s) of employment.

Full Name and Address of Employer	Earnings Per Week <i>(Approximate)</i>
	\$

52) My parent's assets in the United States and other countries not including clothing and household necessities are:

Assets of Father consist of the following:		Assets of mother consist of the following:	
Cash, Stocks, and Bonds	_____ \$ _____	Cash, Stocks, and Bonds	_____ \$ _____
Real Estate	_____ \$ _____	Real Estate	_____ \$ _____
Automobile (dollar value - amount owed) -	_____ \$ _____	Automobile (dollar value - amount owed) -	_____ \$ _____
Other (describe on line below)	_____ \$ _____	Other (describe on line below)	_____ \$ _____
_____ TOTAL	\$ _____	_____ TOTAL	\$ _____

PART 7 - MISCELLANEOUS INFORMATION (Continued on page 6)

53) I - have - have not after entry into the United States acquired the status of an exchange alien.

54) I - have - have not submitted address reports as required by section 265 of the Immigration and Nationality Act.

55) I - have - have never (either in the United States or in any foreign country) been arrested, summoned into court as a defendant convicted, fined, imprisoned, placed on probation, or forfeited collateral for an act involving a felony, misdemeanor, or breach of any public law or ordinance (including, but not limited to, traffic violations or driving incidents involving alcohol). *(If answer is in the affirmative, please give a brief description of each offense including the name and location of the offense, any penalty imposed, any sentence imposed, and the time actually served).* _____

56) Have you ever served in the Armed Forces of the United States? - Yes - No. If "Yes" please state branch *(Army, Navy, etc.)* and service number. _____
 Place of entry on duty: *(Place, City, and State)* _____
 Date of entry on duty: *(Month, Day, Year)* _____ Date of discharge: *(Month, Day, Year)* _____
 Type of discharge *(Honorable, Dishonorable, etc.):* _____
 I served in active duty status from: *(Month, Day, Year)* _____ to *(Month, Day, Year)* _____

57) Have you ever left the United States or the jurisdiction of the district where you registered for the draft to avoid being drafted into the military or naval forces of the United States? Yes No

PART 7 - MISCELLANEOUS INFORMATION (Continued)

58) Have you ever deserted from the military or naval forces of the United States while the United States was at war? Yes No

59) If male, did you register under the Selective Service (Draft) Law of 1917, 1918, 1948, 1951, or later Draft Laws? Yes No
 If "Yes," please give date, Selective Service number, local draft board number, and your last draft classification: _____

60) Were you ever exempted from service because of conscientious objection, alienage, or any other reason? Yes No

61) Please list your present or past membership in or affiliation with every political organization, association, fund, foundation, party, club, society, or similar group in the United States or any other place since your 16th birthday. Include any foreign military service in this part. If none, write "NONE". Include the name of the organization, location, nature of the organization, and the dates of membership.

Name of Organization	Location of Organization	Nature of Organization	Member From: <i>(Month, Day, Year)</i>	Member To: <i>(Month, Day, Year)</i>

62) Have you ever:
 Yes No been ordered deported?
 Yes No overstayed a grant of voluntary departure from an Immigration Judge or the Immigration and Naturalization Service (INS)?
 Yes No failed to appear for deportation?

63) Have you ever been:
 Yes No a habitual drinker?
 Yes No one whose income is derived principally from illegal gambling?
 Yes No one who has given false testimony for the purpose of obtaining immigration benefits?
 Yes No one who has engaged in prostitution or unlawful commercialized vice?
 Yes No involved in a serious criminal offense and have asserted immunity from prosecution?
 yes No a polygamist?
 Yes No one who aided and/or abetted another to enter the United States Illegally?
 Yes No a trafficker of a controlled substance, or a knowing assisted, abettor, conspirator, or colluded with others in any such controlled substance (not including a single offense of simple possession of 30 grams or less of marijuana)?

64) I - can - can not arrange a trip outside the United States to obtain an immigrant visa. If not, please explain:

PART 7 - MISCELLANEOUS INFORMATION (Continued)

65) The following certificates or other supporting documents are attached hereto as a part of this application: (Refer to the Instruction Sheet for documents which should be attached).

APPLICATION NOT TO BE SIGNED BELOW UNTIL APPLICANT APPEARS BEFORE AN IMMIGRATION JUDGE

I do swear (affirm) that the contents of the above application, including the documents attached hereto, are true to the best of my knowledge, and that this application is now signed by me with my full, true name.

(Complete and true signature of applicant or parent or guardian)

Subscribed and sworn to before me by the above-named applicant at

Immigration Judge

Date: (Month, Day, Year)

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing was: - delivered in person, - mailed first class, postage prepaid
on _____ (Month, Day, Year) to _____

Signature of Applicant (or attorney or representative)