

**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>(City, 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 these additional name(s): <hr/> <hr/> <hr/>		

16) I have resided in the following locations in the United States: (List PRESENT ADDRESS FIRST, and work back in time for at least 7 years.)

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 removal be cancelled under the provisions of section 240A(a) of the Immigration and Nationality Act (INA). I believe that I am eligible for this relief because I have been a lawful permanent resident alien for 5 or more years, have 7 years of continuous residence in the United States, and have not been convicted of an aggravated felony. I was admitted as or adjusted to the status of an alien lawfully admitted for permanent residence on \_\_\_\_\_

*(date)*

at \_\_\_\_\_  
*(place)*

## PART 3 - INFORMATION ABOUT YOUR PRESENCE IN THE UNITED STATES

18) My first arrival into the United States was under the name of: *(Last, First, Middle)* \_\_\_\_\_ 19) My first arrival to the United States was on: *(Month, Day, Year)* \_\_\_\_\_

20) Place or port of first Arrival: *(Place or Port, City, and State)* \_\_\_\_\_

- 21) I:  was admitted as a lawful permanent resident.  
 was admitted as a nonimmigrant. Specify visa type: \_\_\_\_\_  
 entered without inspection.  
 other - specify \_\_\_\_\_

22) If admitted as a nonimmigrant, period for which admitted: *(Month, Day, Year)* \_\_\_\_\_ to \_\_\_\_\_ 23) My last extension of stay in the United States expired on: *(Month, Day, Year)* \_\_\_\_\_

24) Since the date of my first arrival, 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 you were absent from the United States)*

***If you have never departed from the United States since your original date of arrival, 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 &amp; 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 &amp; Admitted?</small> <input type="checkbox"/> Yes <input type="checkbox"/> No

25) Have you ever departed the United States: a) under an order of deportation, exclusion or removal? -----  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)*

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

29) The marriage took place in: *(City and Country)* \_\_\_\_\_ 30) Birth place of spouse: *(City and Country)* \_\_\_\_\_

31) My spouse currently resides at: \_\_\_\_\_ 32) Birth date of spouse: *(Month, Day, Year)* \_\_\_\_\_

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

33) My spouse is a citizen of: *(Country)* \_\_\_\_\_

34) If your spouse is other than a native born United States citizen, answer the following:  
 He/she arrived in the United States at: *(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 \_\_\_\_\_  
*(City and State)*

35) 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)**

36) 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: (City and Country)	Description or manner of how marriage was terminated or ended:
_____	_____	_____	_____

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

37) 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**

38) Since my arrival 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
_____	\$ _____			
_____	\$ _____			

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

\_\_\_\_\_

40) 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 (value minus amount owed)-	\$ _____	Automobile (value minus amount owed)-	\$ _____
Other (describe on line below)	\$ _____	Other (describe on line below)	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL</b>	<b>\$ _____</b>

41) 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: \_\_\_\_\_

\_\_\_\_\_

42) 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)

43) 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: (City and Country) Birth Place: (City 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: \$ _____	

44) If your application is denied, would your spouse and all of your children accompany you to your:

Country of Birth -  Yes  No

If you answered "NO" to any of the responses, please explain: \_\_\_\_\_

Country of Nationality -  Yes  No

\_\_\_\_\_

Country of Last Residence -  Yes  No

\_\_\_\_\_

45) 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

46) 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 7 - MISCELLANEOUS INFORMATION**

*(Continued on page 6)*

47) I  - have  - have not entered the United States as a crewman after June 30, 1964.

48) I  - have  - have not been admitted as, or after arrival in the United States acquired the status of, an exchange alien.

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

50) 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, date of conviction, any penalty imposed, any sentence imposed, and the time actually served).* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

51) 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: (*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*) \_\_\_\_\_

52) 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

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

54) 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: \_\_\_\_\_  
 \_\_\_\_\_

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

56) 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> )



**PART 7 - MISCELLANEOUS INFORMATION (Continued)**

**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)*