## I-751, Petition to Remove Conditions on Residence

START HERE - Typ	For USCIS Use Only					
Part 1. Information A	About You				Returned	Receipt
Family Name (Last Name)	Given Name (First Name) Full Middle Name				Date	
Agrawal	Manisha					
Address: (Street Number and	Name)			Apt. #	Date Resubmitted	
123 Park Avenue	Resublifitied					
C/O: (In care of)					Date	
					Date	
City State/Province					Reloc Sent	
Edison		NJ			Date	
Country		Zip/Postal Code			Date	
USA		08837			Date	
Mailing Address, if different	than above (Street	Apt. #	Reloc Rec'd			
					Date	
C/O: (In care of)					Date	
City		State/Province			☐ Petitioner Interviewed	
Country Zip/Postal Code					Remarks	
Date of Birth (mm/dd/yyyy)	Country of Birth	C	Country of C	Citizenship		
11/20/1975	India	I	ndia			
Alien Registration Number (A	-Number)	Social Security #	(if any)			
A012 22 1973						
Conditional Residence Expires						
01/21/2013 732-555-1212						
Part 2. Basis for Peti	tion (Check	one)				
a. My conditional resident and we are filing this p		marriage to a U.S. o	citizen or p	ermanent resident,	Action Block	
<b>b.</b> I am a child who entered in a joint petition filed		permanent resident,	, and I am	unable to be included		
OR						
My conditional residence is be unable to file a joint petition,				ent resident, I am		
c. My spouse is deceased						
d. I entered into the marriannulment.	To Be Co	ompleted by				
e. I am a conditional resident arriage I was battered permanent resident spo	Attorney or Re	Form G-28 is				
f. I am a conditional residu.S. citizen or condition	applicant.					
g. The termination of my hardship.	ATTY State License	: #				



Part 3	3. Additional Inforn	natio	n About You							
1. Othe	er Names Used (including ma	aiden r	name):							
2. Date	e of Marriage (mm/dd/yyyy)	3.	Place of Marriage	2 4.	. ]	If your spouse is deceased, give	the da	te of de	ath (mm/dd	//уууу)
02/	01/2004	]	Mumbai, India							
5. Are	you in removal, deportation,	or res	cission proceeding	s?			$\overline{\Box}$	Yes	$\boxtimes$	No
	a fee paid to anyone other th				on?		ㅐ	Yes		No
	e you ever been arrested, det		•	-				1 03		140
law	law or ordinance (excluding traffic regulations), or committed any crime which you were not arrested in									
	Jnited States or abroad?							No		
	• If you are married, is this a different marriage than the one through which conditional residence status was obtained?  Yes  N							No		
<b>9.</b> Hav	Have you resided at any other address since you became a permanent resident? (If "Yes," attach a list of						Yes		No	
<b>10.</b> Is yo	our spouse currently serving	with o	r employed by the	U.S. Government ar	nd s	serving outside the United State	s?	Yes	$\overline{\boxtimes}$	No
If you ar	nswered "Yes" to any of the	above,	provide a detailed	explanation on a se	par	rate sheet of paper and refer to "	What I	nitial E	vidence Is	
				to include with you	ır p	etition. Place your name and A-	-Numb	er at the	top of eacl	h sheet
	the number of the item that		• •		_		~			
		t the	•	U	ı V	Vhom You Gained You	ur Co	onditi	onal Res	sidenc
Family 1	Name		First Na	ne		Middle Name				
Gupta			Rahul			Ram				
Address										
	k Avenue, Apt 45, Edisor	n, NJ (								
	Date of Birth (mm/dd/yyyy) Social Security # (if any)  A-Number (if any)									
12/22/1	1974		123-45	-6789	_	None				
Part 5	5. Information Abou	ıt Yo	ur Children-	List All Your	Cł	hildren (Attach other shee	ts if no	ecessar	y)	
Name (	First/Middle/Last) I	Date of	Birth (mm/dd/yyyy)	A-Number (if any	,)	If in U.S., give address/immig	gration	status	Living wit	th you?
Jay Agrawal 05/0		05/01/2003	A012 22 1974		Conditional resident			X Yes	No	
									Yes [	No
					$\vdash$					
					$\Box$				Yes [	No
									Yes [	No
									Yes [	No
					_					NO
Part 6	. Accommodations instructions before c				s a	and Impairments (Read	the i	nform	ation in th	he
I am re	questing an accommoda									
	-		r impairment(s)					V		No
	1. Because of my disability(ies) and/or impairment(s).   Yes No  No  Yes No  No  No  Yes No									
	my included child(ren) be		• , ,	•				Yes		No
	•					on the disability(ies) and/or in	mnairr			
11 50	a unswered 1 es, eneek	uny u	ppiledole ook. 1	iovide information		if the disability (les) and of h	прип	nem(s)	Tor cach p	
	Deaf or hard of hearing a language (e.g., American			ng accommodatio	n(s	s) (if requesting a sign-langu	age in	terpret	er, indicate	e which
	Blind or sight-impaired and request the following accommodation(s):									
	Other type of disability(saccommodation(s) being	-	•	(s) (describe the n	atu	ure of the disability(ies) and/	or imp	airmer	nt(s) and	



Part 7. Signature	checked block "a" in Part 2, your spouse must also sign below).						
correct. If conditional reside	nce was based on a marce and was not for the p	rriage, I further certify that tourpose of procuring an imm	he marriage was entered in igration benefit. I also au	vidence submitted with it is all true and in accordance with the laws of the place thorize the release of any information from sought.			
Signature		Print Name		Date (mm/dd/yyyy)			
		Manisha Devi Agrawal		11/30/2005			
Signature of Spouse		Print Name		Date (mm/dd/yyyy)  11/30/2005			
		Rahul Ram Gupta					
NOTE: If you do not comp for the requested benefit and			d documents listed in the	instructions, you may not be found eligible			
Part 8. Signature of	f Person Prepari	ng Form, If Other t	han Above				
I declare that I prepared this petition at the request of the above person, and it is based  Signature Print Name			s based on all information	of which I have knowledge.  Date (mm/dd/yyyy)			
Firm Name and Address		Daytime Phone Numb (Area/Country Code)		er			
			E-Mail Address (if any)				

