

I-698, Application to Adjust Status From Temporary to Permanent Resident (Under Section 245A of the INA)

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

Do not write in this block - For USCIS use only.

Action Block	Fee Stamp
	Remarks

START HERE - Please type or print in black ink. If you need more space, use a separate sheet(s) of paper.

1. Name

Family Name (In capital letters)	Given Name	Middle Name	Applicant's A#

<p>2. Gender</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>3. Name as it appears on Temporary Resident Card (Form I-688)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p>4. Telephone Numbers (Include area codes.)</p> <p>Home: </p> <p>Work: </p>
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5. Reason for difference in name. (For example: marriage, divorce.)

6. Home Address in the United States.

In care of			
Number and Street		Apt. #	
City		State	
	Zip Code		

7. Mailing Address in the U.S. (If different from address in Number 6 above.)

In care of			
Number and Street		Apt. #	
City		State	
	Zip Code		

8. Place of Birth (City or Town)	County, Province or State	Country	Country of Citizenship/Nationality

9. Date of Birth (mm/dd/yyyy)	10. Your Mother's First Name	11. Your Father's First Name	12. Your U.S. Social Security #

13. Marital Status Married Never Married Separated Divorced Widowed

14. Absences from the United States since becoming a temporary resident alien. List most recent absence first. If you have a single absence in excess of 30 days or if the total of all your absences exceeds 90 days, explain and attach any relevant information.

Country	Purpose of Trip	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Total Days Absent

15. When applying for temporary resident status, I did did not submit a medical examination, Form I-693, with my application that included a serologic (blood) test for human immunodeficiency virus(HIV) infection. (If you did not, submit with this Form I-698 application a medical examination Form I-693 that includes a serologic test for HIV.)

16. Concerning the requirement of minimal understanding of ordinary English and a knowledge and understanding of the history and government of the United States: (Check appropriate block under **Section A** or **B**).

A. I will satisfy these requirements by:

- Examination at the time of interview for permanent residence.
- Satisfactorily pursuing a course of study recognized by the Secretary of Homeland Security.

B. I have satisfied these requirements by:

- Having satisfactorily pursued a course of study recognized by the Secretary of Homeland Security. (Please attach appropriate documentation.)
- Exemption, in that I am 65 years of age or older, under the age of 16, or I am physically unable to comply. (If you are physically unable to comply, explain and attach relevant documentation.)

17. Have you ever assisted in the persecution of any person or persons on account of race, religion, political opinion, nationality or membership in a particular social group? Yes No

18. Have you ever been treated for a mental disorder, drug addiction or alcoholism? Yes No

19. Have you **ever** committed a crime or offense for which you were **not** arrested? Yes No

Have you **ever** been arrested, cited or detained by any law enforcement officer (including USCIS or former INS and military officers) for any reason? Yes No

Have you **ever** been charged with committing any crime or offense? Yes No

Have you **ever** been convicted of a crime or offense? Yes No

Have you **ever** been in jail or prison? Yes No

Have you **ever** been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)? Yes No

Have you **ever** received a suspended sentence, been placed on probation or been paroled? Yes No

20. Have you, or a dependent member of your immediate family, ever received public assistance from any source, including, but not limited to, the United States Government, any state, county, city or municipality? If yes, provide the names(s) of the recipients(s) and U.S. Social Security number(s). Yes No

21. Have you ever:

a. Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? Yes No

b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes No

c. Knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the United States illegally? Yes No

d. Illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance? Yes No

Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking or any other form of terrorist activity? Yes No

Do you intend to engage in the United States in:

a. Espionage? Yes No

b. Any activity a purpose of which is opposition to, or the control or overthrow of, the government of the United States, by force, violence or other unlawful means? Yes No

c. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? Yes No

Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? Yes No

Did you, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion? Yes No

Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin or political opinion? Yes No

Have you ever been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now, or have you ever been in exclusion, deportation, removal or rescission proceedings? Yes No

Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States or any immigration benefit? Yes No

Have you ever left the United States to avoid being drafted into the United States Armed Forces? Yes No

Have you ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? Yes No

Are you now withholding custody of a United States citizen child outside the United States from a person granted custody of the child? Yes No

Do you plan to practice polygamy in the United States? Yes No

22. If your native alphabet is in other than Roman letters, write your name in your native alphabet.

23. Language of your native alphabet.

24. Signature and Certification of applicant.

I CERTIFY, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. I hereby consent and authorize the U.S. Citizenship and Immigration Services to verify the information provided and to conduct police, welfare and other record checks pertinent to this application.

Signature	<input type="text"/>	Date	<input type="text"/>
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25. Signature of person preparing form, if other than applicant.

I declare under penalty of perjury that I prepared this application at the request of the above person.

The answers provided are based on information of which I have personal knowledge and/or were provided to me by the above named person in response to the exact questions contained on this form.

Signature	<input type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>		
Address	<input type="text"/>	Telephone number with area code	
	<input type="text"/>	()	<input type="text"/>

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26. Final Action: Temporary Residence Approved Denied

27. Final Action: Waiver of Inadmissibility under Section 212(a) _____ Approved Denied

28. Class of Admission	29. Place of Adjustment	30. Date of Adjustment
31. Final Actin By (Print Name and Title)	32. ID Number	33. Date