

FOR INS USE ONLY

Family Name	Given Name	Middle Initial
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Address - C/O:

Street Number and Name	Apt. #
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City	State or Province
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Country	Zip/Postal Code
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Date of Birth (month/day/year)	Country of Birth
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Social Security #	A #
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Conditional residence expires on (month/day/year)	
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Mailing address if different from residence
in C/O:

Street Number and Name	Apt. #
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City	State or Province
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Country	Zip/Postal Code
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a. ☐ My conditional residence is based on my marriage to a U.S. citizen or permanent resident, and we are filing this petition together.

b. ☐ I am a child who entered as conditional permanent resident and I am unable to be included in a Joint Petition to Remove the Conditional Basis of Alien's Permanent Residence (Form I-751) filed by my parents.

My conditional residence is based on my marriage to a U.S. citizen or permanent resident, but I am unable to file a joint petition and I request a waiver because: (check one)

c. ☐ My spouse is deceased.

d. ☐ I entered into the marriage in good faith, but the marriage was terminated through divorce/annulment.

e. ☐ I am a conditional resident spouse who entered into the marriage in good faith, or I am a conditional resident child, who has been battered or subject to extreme mental cruelty by my citizen or permanent resident spouse or parent.

f. ☐ The termination of my status and deportation from the United States would result in an extreme hardship.

Other names used (including maiden name):	Telephone #
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Date of Marriage	Place of Marriage
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If your spouse is deceased, give the date of death (month/day/year)

Are you in deportation or exclusion proceedings? ☐ Yes ☐ No

Was a fee paid to anyone other than an attorney in connection with this petition? ☐ Yes ☐ No

<p>Returned</p> <p>_____</p> <p>_____</p>	<p>Receipt</p>
<p>Resubmitted</p> <p>_____</p> <p>_____</p>	
<p>Reloc Sent</p> <p>_____</p> <p>_____</p>	
<p>Reloc Rec'd</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Applicant Interviewed</p>	

Remarks

Action

<p>To be completed by Attorney or Representative, if any</p> <p><input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant</p>	
<p>VOLAG#</p>	
<p>ATTY State License #</p>	

Since becoming a conditional resident, have you ever been arrested, cited, charged, indicted, convicted, fined or imprisoned for breaking or violating any law or ordinance (excluding traffic regulations), or committed any crime for which you were not arrested?

☐ Yes ☐ No

If you are married, is this a different marriage than the one through which conditional residence status was obtained?

☐ Yes ☐ No

Have you resided at any other address since you became a permanent resident?

☐ Yes ☐ No (If yes attach a list of all addresses and dates.)

Is your spouse currently serving or employed by the U.S. government and serving outside the U.S.?

☐ Yes ☐ No

Family Name	Given Name	Middle Initial	Phone Number
Address			
Date of Birth (month/day/year)	Social Security #		A#

Name	Date of Birth (month/day/year)	If in U.S., give A#, current immigration status and U.S. Address	Living with you?
1			<input type="checkbox"/> Yes <input type="checkbox"/> No
2			<input type="checkbox"/> Yes <input type="checkbox"/> No
3			<input type="checkbox"/> Yes <input type="checkbox"/> No
4			<input type="checkbox"/> Yes <input type="checkbox"/> No

Evaluator's ID Number:		State:	<input type="text"/>	Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expires on (month/day/year)	Occupation
Last Name					First Name					Address			

I certify under penalty of perjury under the laws of the United States of America, that this petition, and the evidence submitted with it, is all true and correct. If conditional residence was based on a marriage, I further certify that the marriage was entered in accordance with the laws of the place where the marriage took place, and was not for the purpose of procuring an immigration benefit. I also authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit being sought.

Signature	Print Name	Date
Signature of spouse	Print Name	Date

Part 8. Signature of person preparing form if other than above.

Signature	Print Name	Date
Firm Name and Address		