I-131, Application for Travel Document

DO NOT WRITE IN THIS BLOO	CK FO	OR USCIS USE ONLY (except G-28 block below)
	Action Block	Receipt
Reentry Permit		
Refugee Travel Document Single Advance Parole		
Multiple Advance Parole		
Valid to:		
If Reentry Permit or Refugee Travel		Document Hand Delivered
Document, mail to:		On By
Address in Part 1		
American embassy/consulate at:		To be completed by Attorney/Representative, if any. Attorney State License #
Overseas DHS office at:		Check box if G-28 is attached.
Part 1. Information about you	. (Please type or print in black in	k.)
1. A # 2. 1	Date of Birth (mm/dd/yyyy) 3. (Class of Admission 4. Gender
		Male Female
5. Name (<i>Family name in capital letters</i>)	(First)	(Middle)
1 tante (1 amily name in capital tellers)		
(Address (N Low and Charact)		A4 #
6. Address (Number and Street)		Apt. #
City	State or Province	Zip/Postal Code Country
7. Country of Birth	8. Country of Citizenship	9. Social Security # (if any.)
Part 2. Application type (check	one).	
a. I am a permanent resident or con	nditional resident of the United States,	and I am applying for a reentry permit.
b. I now hold U.S. refugee or asyle	ee status and I am applying for a refuge	ee travel document.
c. I am a permanent resident as a d	irect result of refugee or asylee status,	and I am applying for a refugee travel document.
d. I am applying for an advance pa	role document to allow me to return to	the United States after temporary foreign travel.
e. I am outside the United States an	nd I am applying for an advance parolo	e document.
f. I am applying for an advance pa the following information about	-	side the United States. If you checked box "f", provide
1. Name (Family name in capital letters)	(First)	(Middle)
2. Date of Birth (mm/dd/yyyy)	3. Country of Birth	4. Country of Citizenship
5. Address (Number and Street)	Apt	. # Daytime Telephone # (area/country code)
City	State or Province	Zip/Postal Code Country
<u> </u>	l L	

Part 3. Processing information.								
1. Date of Intended Departure (mm/dd/yyyy) 2. Expected Length of Trip								
3. Are you, or any person included in this application, now in exclusion, deportation, removal, or recission proceedings? **No								
If you are applying for an Advance Parole Document, skip to Part 7.								
4. Have you ever before been issued a reentry permit or refugee travel? No Yes (Give the for the last document issued to you):	e following information							
Date Issued (mm/dd/yyyy): Disposition (attached, lost, etc.):								
5. Where do you want this travel document sent? (Check one)								
a. To the U.S. address shown in Part 1 on the first page of this form.								
b. To a U.S. Embassy or consulate at: City: Country:								
c. To a DHS office overseas at: City: Country:								
d. If you checked "b" or "c", where should the notice to pick up the travel document be sent?								
To the address shown in Part 2 on the first page of this form.								
To the address shown below:								
Address (Number and Street) Apt. # Daytime Telepho	one # (area/country code)							
City State or Province Zip/Postal Code Co	ountry							
Part 4. Information about your proposed travel.								
Purpose of trip. If you need more room, continue on a seperate sheet(s) of paper. List the countries you into	end to visit.							
Part 5. Complete only if applying for a reentry permit.								
Since becoming a permanent resident of the United States (or during the less than six months	two to three years							
past five years, whichever is less) how much total time have you spent six months to one year	three to four years							
outside the United States?	more than four years							
Since you became a permanent resident of the United States, have you ever filed a federal income tax return as a nonresident, or failed to file a federal income tax return because you considered yourself to be a								
nonresident? (If "Yes," give details on a separate sheet(s) of paper.)	Yes No							
Part 6. Complete only if applying for a refugee travel document.								
1. Country from which you are a refugee or asylee:								
If you answer "Yes" to any of the following questions, you must explain on a separate sheet(s) of paper.								
2. Do you plan to travel to the above named country?	Yes No							
3. Since you were accorded refugee/asylee status, have you ever:								
a. returned to the above named country?b. applied for and/or obtained a national passport, passport renewal or entry permit of that country?	Yes No							
c. applied for and/or received any benefit from such country (for example, health insurance benefits).	Yes No							
4. Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act:								
a. reacquired the nationality of the above named country?b. acquired a new nationality?	Yes No							
c. been granted refugee or asylee status in any other country?	Yes No							

Don't 7. Commists only if anything for advance	a manala				
Part 7. Complete only if applying for advance					
On a separate sheet(s) of paper, please explain how you q issuance of advance parole. Include copies of any docum	•	-		at circumstances w	arrant
1. For how many trips do you intend to use this document?		One trip More than one trip			
2. If the person intended to receive an advance parole do of the U.S. Embassy or consulate or the DHS overseas				e location (city and	country)
City	Country				
3. If the travel document will be delivered to an overseas	office, where shoul	d the notice to	o pick up the d	locument be sent:	
To the address shown in Part 2 on the first page of	of this form.				
To the address shown below:					
Address (Number and Street)		Apt. #	Daytime Tel	ephone # (area/coun	try code)
City State or Provi	ince	Zip/P	ostal Code	Country	
Part 8. Signature. Read the information on penalty for a reentry permit or refugee I certify, under penalty of perjury under the laws of the U it are all true and correct. I authorize the release of any in needs to determine eligibility for the benefit I am seeking	nited States of Ame aformation from my	erica, that this	application ar	nd the evidence sub	mitted with
Signature D	Date (mm/dd/yyyy)		Daytime Teleph	one Number (with a	rea code)
Please Note: If you do not completely fill out this form of be found eligible for the requested document and this ap		_	ents listed in i	the instructions, ye	ou may not
Part 9. Signature of person preparing form,	if other than th	e applican	t. (Sign below.	.)	
I declare that I prepared this application at the request of	he applicant, and it	is based on a	ll information	of which I have kr	owledge.
Signature	Print or T	Type Your Nam	ne		
Firm Name and Address	Daytime	Telephone Nur	mber (with area	code)	
C/o Yaskhi Ishar Chow & Reddy, LLP	212-629-	9400			
315 Fifth Avenue, 10th Floor New York					
NY 10016					
Fax Number (if any.)	Date (mm	n/dd/yyyy)			
212-629-7664					