Department of Homeland Security

U.S. Citizenship and Immigration Services

START HERE - Type or Print (Use black i	For USCI	IS Use Only	
Part 1. Information About You	Returned	Receipt	
Family Name (Last Name) Given Name (F	irst Name) Middle Name		
Address - Street Number and Name	Apt. No.	Resubmitted	
C/O (in care of)			
City Sta	te ZIP Code	D.1 C	
		Reloc Sent	
Date of Birth (mm/dd/yyyy)	Country of Birth		
Country of Citizenship/Nationality U.S. Soc	ial Security No. (if any) A-Number (if any)	Reloc Rec'd	
Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number		
Current USCIS Status	Expires on (mm/dd/yyyy)	Applicant	
Current escis status	Expires on (minutaryyyy)	Interviewed	
Part 2. Application Type (Select one)			
I am applying for an adjustment to perman	nent resident status because:	Section of Law	
	nmediately available immigrant visa number	Sec. 209(a), INA Sec. 209(b), INA	
that has been approved. (Attach a copy	of the approval notice, or a relative, special	☐ Sec. 13, Act of 9/1☐ Sec. 245, INA	1/57
immigrant juvenile, or special immigra application that will give you an imme	diately available visa number, if approved.)	Sec. 249, INA Sec. 1 Act of 11/2/	166
b. My spouse or parent applied for adjust	ment of status or was granted lawful	Sec. 2 Act of 11/2/	
permanent residence in an immigrant v for spouses and children.			
	itizen whom I married within 90 days of	Country Chargeable	e
entry, or I am the K-2 child of such a f	iancé(e). (Attach a copy of the fiancé(e)		
petition approval notice and the marria		Eligibility Under Secondary Secondary Under Se	
d. I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.		Dependent of Prince	cipal Alien
e. I am a native or citizen of Cuba admitt	Special Immigrant Other		
January 1, 1959, and thereafter have be for at least 1 year.	Preference		
	rried child of a Cuban described above in	Action Block	
(e), and I am residing with that person,	and was admitted or paroled into the United	Action Block	
United States for at least 1 year.	after have been physically present in the		
g. I have continuously resided in the Unit	ted States since before January 1, 1972.		
h. Other basis of eligibility. Explain (for			
status has not been terminated, and I h			
instructions.	dditional space is needed, see Page 3 of the		
I am already a permanent resident and am			mpleted by
permanent residence adjusted to the date I		Attorney or Repo	resentative, if any
a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and: (Select one)		represent the applic	
i. I am a native or citizen of Cuba and meet the description in (e) above.		VOLAG No	
j. \square I am the husband, wife, or minor unma description in (f) above.	rried child of a Cuban and meet the	ATTY State License Nu	ımber



City/Town/Village of Birth		Current O	ccupatio	n		
Your Mother's First Name		Your Fath	er's First	Name		
Provide your name exactly as it appe	ears on your Form I-94, Arriv	/al-Departure	Record	Number		
Place of Last Entry Into the United S	In what status did you last enter? (Visitor, student, exchange visitor, crewman, temporary worker, without inspection, etc.)					
(City/State)		visitor, cre	ewman, i	emporary work	er, wiinoui in	ispection, etc.,
W	OCC 9 V	N. C				
Were you inspected by a U.S. Immig	gration Officer? Yes	No L				
Nonimmigrant Visa Number		Consulate	Where V	Visa Was Issued	l	
Date Visa Issued (mm/dd/yyyy)	Gender	Marital S	_	□ Cinala □	Divorand	□ Widowa
	Male Female	Ivia	rried	Single	Divorced	Widowed
Have you ever applied for permanen	t resident status in the U.S.?		, .	give date and pla	ace of	☐ No
		filing a	ınd final	disposition.)		
List your present spouse and all of yo	our children (include adult so	ons and daugh	uters) (I	f you have none	e write "Non	e " If addition:
List your present spouse and all of yo space is needed, see Page 3 of the in-	our children (include adult so structions.)	ons and daugh	aters). (I	f you have none	e, write "None	e." If additions
List your present spouse and all of your space is needed, see Page 3 of the interpretable Family Name (Last Name)	our children (include adult so structions.) Given Name (First N		iters). (I	f you have none		
space is needed, see Page 3 of the in- Family Name (Last Name)	Given Name (First N			Middle Initial	Date of Birt	th (mm/dd/yyy
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Pa	rt 3. Processing Informati	ion (Continued)					
C.	ist your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society, r similar group in the United States or in other places since your 16th birthday. Include any military service in this part. If none, rite "None." Include the name of each organization, location, nature, and dates of membership. If additional space is needed, ttach a separate sheet of paper. Continuation pages must be submitted according to the guidelines provided on Page 3 of the instructions under General Instructions .						
	Name of Organization	ame of Organization Location and Nature Date of Membership Date of Membership					
				From	To)	
mu do	ast be submitted according to the cumentation that must be include	If your answer is "Yes" to any quest e guidelines provided on Page 3 of the led with your application is also providust status or register for permanent	ne instructions under vided in this section.	r General Instruction	s. Informat	ion about	
1.	Have you EVER, in or outside	the United States:					
	a. Knowingly committed any carrested?	crime of moral turpitude or a drug-re	lated offense for wh	ich you have not beer	n Yes 🗌	No 🗌	
	b. Been arrested, cited, charge or ordinance, excluding traf	d, indicted, convicted, fined, or imprefic violations?	isoned for breaking	or violating any law	Yes	No 🗌	
	c. Been the beneficiary of a pa	ardon, amnesty, rehabilitation decree	, other act of clemer	ey, or similar action?	Yes	No 🗌	
	d. Exercised diplomatic immu	nity to avoid prosecution for a crimin	nal offense in the U	nited States?	Yes	No 🗌	
		tance in the United States from any s cipality (other than emergency medi			Yes	No 🗌	
3.	Have you EVER :						
	a. Within the past 10 years becactivities in the future?	en a prostitute or procured anyone fo	r prostitution, or int	end to engage in such	Yes	No 🗌	
	b. Engaged in any unlawful co	ommercialized vice, including, but no	ot limited to, illegal	gambling?	Yes	No 🗌	
	c. Knowingly encouraged, ind illegally?	uced, assisted, abetted, or aided any	alien to try to enter	the United States	Yes	No 🗌	
	d. Illicitly trafficked in any co trafficking of any controlled	ntrolled substance, or knowingly ass d substance?	isted, abetted, or co	luded in the illicit	Yes	No 🗌	
	membership or funds for, or has support to any person or organi	onspired to engage in, or do you inte ve you through any means ever assis zation that has ever engaged or cons	ted or provided any pired to engage in sa	type of material	d Yes	No 🗌	



Part 3. Processing Information (Continued) 5. Do you intend to engage in the United States in: a. Espionage? **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? c. Any activity to violate or evade any law prohibiting the export from the United States of goods, No technology, or sensitive information? 6. Have you EVER been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? 7. Did you, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi No 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? 8. Have you EVER been deported from the United States, or removed from the United States at government No expense, excluded within the past year, or are you now in exclusion, deportation, removal, or rescission proceedings? 9. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality No Act (INA) 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? 10. Have you EVER left the United States to avoid being drafted into the U.S. Armed Forces? No 11. Have you EVER been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence No requirement and have not yet complied with that requirement or obtained a waiver? 12. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted No custody of the child? **13.** Do you plan to practice polygamy in the United States? Yes No 14. Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following: a. Acts involving torture or genocide? No **b.** Killing any person? Yes No **c.** Intentionally and severely injuring any person? **d.** Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes No e. Limiting or denying any person's ability to exercise religious beliefs? No 🗌 Yes 15. Have you EVER: a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, Yes No self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved Yes detaining persons? 16. Have you EVER been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?



Part 3. Processing Information (Continued)	
17. Have you EVER assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person?	Yes No No
18. Have you EVER received any type of military, paramilitary, or weapons training?	Yes No No
Part 4. Accommodations for Individuals With Disabilities and/or Impairments (See Page 7 of the in before completing this section.)	nstructions
Are you requesting an accommodation because of your disability(ies) and/or impairment(s)?	Yes No No
If you answered "Yes," select any applicable box:	
a. I am deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language indicate which language (e.g., American Sign Language)):	e interpreter,
b. I am blind or sight-impaired and request the following accommodation(s):	
c. I have another type of disability and/or impairment (describe the nature of your disability(ies) and/or in accommodation(s) you are requesting):	npairment(s) and

Part 5. Signature (Read the information on penalties on **Page 8** of the instructions before completing this section. You must file this application while in the United States.)

Your Registration With U.S. Citizenship and Immigration Services

"I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (INA), as an alien who has been or will be in the United States for more than 30 days, I am required to register with U.S. Citizenship and Immigration Services (USCIS). I understand and acknowledge that, under section 265 of the INA, I am required to provide USCIS with my current address and written notice of any change of address within 10 days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested, and removed from the United States."

Selective Service Registration

The following applies to you if you are a male at least 18 years of age, but not yet 26 years of age, who is required to register with the Selective Service System: "I understand that my filing Form I-485 with U.S. Citizenship and Immigration Services (USCIS) authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth, and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached 26 years of age."



Part 5. Signature (Continued)					
	Applicant's Statement (Sele	ect one)			
☐ I can read and understand English, and as my answer to each question.	I have read and understand each and	every quest	on and instruction	on on this form, as well	
Each and every question and instruction language, a language. I understand each and every	nguage in which I am fluent, by the p	person named	l in Interpreter '	s Statement and	
I certify, under penalty of perjury under the all true and correct. I certify also that I hav					
I authorize the release of any information for determine eligibility for the benefit I am se		and Immig	ration Services (USCIS) needs to	
Signature (Applicant)	Print Your Full Name		Date (mm/dd/yyyy)	Daytime Phone Number (include area code)	
NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit, and this application may be denied.					
I certify that I am fluent in English and the Language Used (language in which applic		ignature			
	0				
I further certify that I have read each and evapplicant in the above-mentioned language, well as the answer to each question.	• •			•	
Signature (Interpreter)	Print Your Full Name		Date (mm/dd/yyyy)	Daytime Phone Number (include area code)	
Part 6. Signature of Person Preparis	ng Form, If Other Than Above				
I declare that I prepared this application have knowledge.	at the request of the above applica	ant, and it is			
Signature	Print Your Full Name		Date (mm/dd/yyyy)	Daytime Phone Number (include area code)	
E' N 1A11		F 141	1 (:6)		
Firm Name and Address		Email Add	dress (if any)		

