



Petition to Remove Conditions on Residence

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

USCIS
Form I-751
OMB No. 1615-0038
Expires 04/30/2015

For USCIS Use Only	Receipt		Action Block	Remarks
	Reloc Sent	Reloc Rec'd		
	Date ____ / ____ / ____	Date ____ / ____ / ____		
	Date ____ / ____ / ____	Date ____ / ____ / ____		
			<input type="checkbox"/> Petitioner interviewed on _____	<input type="checkbox"/> Approved under INA 216(c)(4)(C) Battered Spouse/Child

To be completed by an Attorney or BIA-accredited Representative, if any Check the box if Form G-28 is attached to represent the petitioner
 Attorney State License Number: _____

▶ **START HERE - Type or print in black ink.**

Part 1. Information About You, the Conditional Resident

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Other Names Used (including maiden name)

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

Other Information

4. Date of Birth (mm/dd/yyyy) ▶

5. Country of Birth

6. Country of Citizenship

7. Alien Registration Number (A-Number) ▶ A-

8. U.S. Social Security Number (if any) ▶

Contact Information

9. Daytime Phone Number () -

10. E-Mail Address (if any)

Marital Status

11. Marital Status Married Single
 Divorced Widowed

12. Date of Marriage (mm/dd/yyyy) ▶

13. Place of Marriage

14. If the marriage through which you gained conditional residence has ended, give the date it ended (date of divorce or date of death) (mm/dd/yyyy) ▶

15. Conditional Residence Expires On (mm/dd/yyyy) ▶

Part 1. Information About You, the Conditional Resident (continued)

Physical Address

- 16.a. In Care Of Name
- 16.b. Street Number and Name
- 16.c. Apt. Ste. Flr.
- 16.d. City or Town
- 16.e. State 16.f. Zip Code

Mailing Address (If different than Physical Address)

- 17.a. In Care Of Name
- 17.b. Street Number and Name
- 17.c. Apt. Ste. Flr.
- 17.d. City or Town
- 17.e. State 17.f. Zip Code

Additional Information About You

18. Are you in removal, deportation, or rescission proceedings? Yes No
19. Was a fee paid to anyone other than an attorney in connection with this petition? Yes No
20. Have you ever been arrested, detained, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance (excluding traffic regulations), or committed any crime which you were not arrested in the United States or abroad? Yes No
21. If you are married, is this a different marriage than the one through which conditional residence status was obtained? Yes No
22. Have you resided at any other address since you became a permanent resident? (If "Yes," attach a list of all addresses and dates.) Yes No

23. Is your spouse or parent's spouse currently serving with or employed by the U.S. Government and serving outside the United States? Yes No

If you answered "Yes" to **Item Number 20.**, provide a detailed explanation on a separate sheet of paper and refer to the section entitled "**What Initial Evidence Is Required?**" to determine what criminal history document to include with your petition.

Part 2. Basis for Petition

Joint Filing

My conditional residence is based on my marriage or my parent's marriage to a U.S. citizen or permanent resident, and I am filing this joint petition together with:

- 1.a. My spouse
- 1.b. My parent's spouse because I am unable to be included in a joint petition filed by my parent and my parent's spouse.

OR (check all that apply)

Waiver Request Filing

My conditional residence is based on my marriage or my parent's marriage to a U.S. citizen or permanent resident; I am unable to file a joint petition with my spouse or my parent's spouse and I request a hardship waiver because:

- 1.c. My spouse or my parent's spouse is deceased.
- 1.d. I or my parent entered the marriage in good faith, but the marriage was terminated through divorce or annulment.
- 1.e. I entered the marriage in good faith, and, during the marriage, I was battered, or was the subject of extreme cruelty, by my U.S. citizen or permanent resident spouse.
- 1.f. My parent entered the marriage in good faith and, during the marriage, I was battered, or was subjected to extreme cruelty, by my parent's U.S. citizen or permanent resident spouse or by my conditional resident parent.
- 1.g. The termination of my status and removal from the United States would result in an extreme hardship.

Part 3. Information About the Petitioning Spouse or, If Filing as a Child Separately, Information About the U.S. Citizen or LPR Stepparent Through Whom You Gained Your Conditional Residence

Relationship

1.a. Spouse or Former Spouse

1.b. Parent's Spouse or Former Spouse

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3. Date of Birth (mm/dd/yyyy) ▶

4. U.S. Social Security Number (if any) ▶

5. Alien Registration Number (A-Number) ▶ A-

6.a. Street Number and Name

6.b. Apt. Ste. Flr.

6.c. City or Town

6.d. State 6.e. Zip Code

6.f. Postal Code

6.g. Province

6.h. Country

4.a. Street Number and Name

4.b. Apt. Ste. Flr.

4.c. City or Town

4.d. State or Province

4.e. Zip Code or Postal Code

4.f. Country

5. Is child living with you? Yes No

6. Is child applying with you? Yes No

Child 2

7.a. Family Name (Last Name)

7.b. Given Name (First Name)

7.c. Middle Name

8. Date of Birth (mm/dd/yyyy) ▶

9. Alien Registration Number (A-Number) ▶ A-

10.a. Street Number and Name

10.b. Apt. Ste. Flr.

10.c. City or Town

10.d. State or Province

10.e. Zip Code or Postal Code

10.f. Country

11. Is child living with you? Yes No

12. Is child applying with you? Yes No

Child 3

13.a. Family Name (Last Name)

13.b. Given Name (First Name)

13.c. Middle Name

14. Date of Birth (mm/dd/yyyy) ▶

15. Alien Registration Number (A-Number) ▶ A-

Part 4. Information About Your Children

List All Your Children (Attach other sheets if necessary).

Child 1

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Date of Birth (mm/dd/yyyy) ▶

3. Alien Registration Number (A-Number) ▶ A-

Part 4. Information About Your Children

(continued)

16.a. Street Number and Name

16.b. Apt. Ste. Flr.

16.c. City or Town

16.d. State or Province

16.e. Zip Code or Postal Code

16.f. Country

17. Is child living with you? Yes No

18. Is child applying with you? Yes No

Child 4

19.a. Family Name (Last Name)

19.b. Given Name (First Name)

19.c. Middle Name

20. Date of Birth (mm/dd/yyyy) ▶

21. Alien Registration Number (A-Number) ▶ A-

22.a. Street Number and Name

22.b. Apt. Ste. Flr.

22.c. City or Town

22.d. State or Province

22.e. Zip Code or Postal Code

22.f. Country

23. Is child living with you? Yes No

24. Is child applying with you? Yes No

Child 5

25.a. Family Name (Last Name)

25.b. Given Name (First Name)

25.c. Middle Name

26. Date of Birth (mm/dd/yyyy) ▶

27. Alien Registration Number (A-Number)

▶ A-

28.a. Street Number and Name

28.b. Apt. Ste. Flr.

28.c. City or Town

28.d. State or Province

28.e. Zip Code or Postal Code

28.f. Country

29. Is child living with you? Yes No

30. Is child applying with you? Yes No

Part 5. Accommodations for Individuals With Disabilities and Impairments *(Read the information in the instructions before completing this section.)*

I am requesting an accommodation:

- 1. Because of my disability(ies) and/or impairment(s). Yes No
- 2. For my spouse because of his or her disability(ies) and/or impairment(s). Yes No
- 3. For my included child(ren) because of his or her (their) disability(ies) and/or impairment(s). Yes No

If you answered "Yes," check any applicable box. Provide information on the disability(ies) and/or impairment(s) for each person:

4.a. Deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):

4.b. Blind or sight-impaired and request the following accommodation(s):

Part 5. Accommodations for Individuals With Disabilities and Impairments *(continued)*

- 4.c. Other type of disability(ies) and/or impairment(s) (describe the nature of the disability(ies) and/or impairment(s) and accommodation(s) being requested):

Part 6. Signature *(Read the information on penalties in the instructions before completing this section. If you checked Block 1.a. in Part 2, your spouse must also sign below. Signature of a conditional resident child under the age of 14 is not required; a parent may sign for the child).*

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 that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit sought.

Signature of Conditional Resident

- 1.a. Signature of Conditional Resident

1.b. Printed Name of Conditional Resident

2. Date of Signature (mm/dd/yyyy) ▶ _____

Signature of Spouse or Individual Listed In Part 3 (if applicable)

- 3.a. Signature of Spouse

3.b. Printed Name of Spouse

4. Date of Signature (mm/dd/yyyy) ▶ _____

NOTE: If you do not completely fill out this form or fail to submit any required documents listed in the instructions, you may not be found eligible for the requested benefit and this petition may be denied.

Part 7. Signature and Contact Information of Person Preparing Form, If Other Than Above

I declare that I prepared this petition at the request of the above person, and it is based on all information of which I have knowledge.

1. Signature of Preparer _____
2. Date of Signature (mm/dd/yyyy) ▶ _____

Preparer's Full Name

- 3.a. Preparer's Family Name (Last Name)

3.b. Preparer's Given Name (First Name)

4. Preparer's Business or Organization Name

Preparer's Mailing Address

- 5.a. Street Number and Name _____
5.b. Apt. Ste. Flr. _____
5.c. City or Town _____
5.d. State _____ 5.e. Zip Code _____

Preparer's Contact Information

6. Daytime Phone Number (()) -
7. E-mail Address (if any)
