

## Application to Register Permanent Residence or Adjust Status

#### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

**USCIS Form I-485**OMB No. 1615-0023
Expires 03/31/2023

|  |                               | F                                 | or USC                             | CIS Use                              | Only  |  |
|--|-------------------------------|-----------------------------------|------------------------------------|--------------------------------------|---|--|
| Preference Category:   |                               |                                   | Receip                             | pt                                   |   | Action Block   |
| Country Chargeable:  |                               |                                   |                                    |                                      |   |  |
| Priority Date:   |                               |                                   |                                    |                                      |   |  |
| Date Form I-693 Received:  |                               |                                   |                                    |                                      |   |  |
| ☐ Applicant ☐ Interview Interviewed Waived  Date of Initial Interview: ☐  Lawful Permanent Resident as of: ☐   | rviewed Waived                |                                   |                                    | 249<br>3, Act of 9/1<br>n Adjustment |   |  |
|  | To be co                      | ompleted by an                    | attorney                           | or accred                            | ited represe  | ntative (if any).  |
|  | Volag Nur<br>(if any)         | mber                              | Attorne<br>(if appli               | •                                    | ar Number   | Attorney or Accredited Representative USCIS Online Account Number (if any) |
| NOTE TO ALL APPLICA Instructions, U.S. Citizenship Part 1. Information A for lawful permanent re  Your Current Legal Na nickname) 1.a. Family Name   | p and Imm  About Yoursidence) | igration Services  ou (Person app | s (USCIS)                          | 3.a. 3.b. 3.c.                       | Family Nan<br>(Last Name<br>Given Name<br>(First Name   | ne e   |
| (Last Name)  1.b. Given Name (First Name)  |                               |                                   |                                    |                                      | (Last Name<br>Given Name<br>(First Name   | )  |
| 1.c. Middle Name   |                               |                                   |                                    | 4.c.                                 | Middle Nan  | ne   |
| Other Names You Have Used Since Birth (if applicable)  |                               |                                   |                                    | Oth                                  | er Informo  | ation About You  |
| NOTE: Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names. If you need extra space to complete this section, use the space provided in Part 14.  Additional Information.  2.a. Family Name (Last Name) |                               |                                   | <ol> <li>5.</li> <li>6.</li> </ol> | NOTE: In include any connection      | addition to providing your actual date of birth, other dates of birth you have used in with any legal names or non-legal names in ovided in Part 14. Additional Information.  Male Female |  |
| <b>2.b.</b> Given Name   |                               |                                   |                                    | 7.                                   | City or Tow   | n of Birth   |
| (First Name)  2.c. Middle Name   |                               |                                   |                                    |                                      |   |  |

|               |  |       | A-Number ► A-  |
|---------------|--|-------|--|
| Par           | et 1. Information About You (Person applying   | Soc   | rial Security Card   |
| for <b>8.</b> | lawful permanent residence) (continued)  Country of Birth  | 14.   | Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?  Yes No   |
| 9.            | Country of Citizenship or Nationality  |       | If you answered "Yes," provide the information requested in <b>Item Number 15.</b>   |
| 10.           | Alien Registration Number (A-Number) (if any)  • A-  | 15.   | Provide your U.S. Social Security Number (SSN).  ▶   |
|               | NOTE: If you have EVER used other A-Numbers, include the additional A-Numbers in the space provided in Part 14. Additional Information.                                | 16.   | Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to <b>Item Number 17. Consent for Disclosure</b> , to receive a card).   Yes No                     |
| 11.           | USCIS Online Account Number (if any)  •  | 17.   | Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card. |
| U.S           | S. Mailing Address   |       | Yes No   |
| 12.a.         | In Care Of Name (if any)   | Rec   | eent Immigration History   |
| 12.b          | Street Number and Name   |       | ide the information for <b>Item Numbers 18 24.</b> if you last red the United States using a passport or travel document.  |
| 12.c.         | Apt Ste Flr  | 18.   | Passport Number Used at Last Arrival   |
| 12.d          | . City or Town   |       |  |
| 12.e.         | State 12.f. ZIP Code   | 19.   | Travel Document Number Used at Last Arrival  |
| Alte          | (USPS ZIP Code Lookup) ernate and/or Safe Mailing Address  | 20.   | Expiration Date of this Passport or Travel Document (mm/dd/yyyy)   |
| (VA           | ware applying based on the Violence Against Women Act WA) or as a special immigrant juvenile, human trafficking m (T nonimmigrant), or victim of a qualifying crime (U | 21.   | Country that Issued this Passport or Travel Document   |
| nonii<br>abou | mmigrant) and you do not want USCIS to send notices this application to your home, you may provide an native and/or safe mailing address.                              | 22.   | Nonimmigrant Visa Number from this Passport (if any)   |
|               | In Care Of Name (if any)   | Place | e of Last Arrival into the United States   |
| 20.00         | - m care of rame (it any)  |       | . City or Town   |
| 13.b          | Street Number  |       |  |
| 13.c.         | and Name . Apt. Ste. Flr.  | 23.b  | . State  |

Form I-485 Edition 03/29/21 Page 2 of 18

**13.d.** City or Town

**13.e.** State

**13.f.** ZIP Code

**24.** Date of Last Arrival (mm/dd/yyyy)

|            |           |  | <br> |  | <br> |  |
|------------|-----------|--|------|--|------|--|
| A-Number ► | <b>A-</b> |  |      |  |      |  |

## **Part 1. Information About You** (Person applying for lawful permanent residence) (continued)

| When   | ı I la  | st arrived in   | n the         | Unite  | d St | ates | s, I: |      |      |      |       |      |        |
|--|---|---|---------------|--------|------|------|-------|------|------|------|-------|------|--------|
| 25.a.  |   | Was inspected at a port of entry and admitted as (for example, exchange visitor; visitor, waived through; temporary worker; student): |               |        |      |      |       |      |      |      |       |      |        |
|  |   |   |               |        |      |      |       |      |      |      |       |      |        |
| 25.b.  |   | Was inspe   |               |        |      |      |       |      |      |      |       | (fo  | r      |
| 25.c.  |   | Came into parole.   | the U         | Jnited | Sta  | ites | witl  | hou  | t ad | mis  | sion  | or   |        |
| 25.d.  |   | Other:  |               |        |      |      |       |      |      |      |       |      |        |
|  |   |   |               |        |      |      |       |      |      |      |       |      |        |
| If you   | ı wer   | e issued a F  | Form          | I-94 A | rriv | al-I | Depa  | artu | re R | eco  | rd N  | Jum  | ber:   |
| 26.a.  | For   | m I-94 Arri   | val-E         | Depart | ure  | Rec  | ord   | Nu   | mb   | er   |       |      |        |
|  |   |   | ightharpoonup |        |      |      |       |      |      |      |       |      |        |
| 26.b.  | Exp   | iration Dat   | ∟<br>e of A   | Author | rize | d St | ay S  | Sho  | wn   | on I | Forr  | n I- | <br>94 |
|  | (mn   | n/dd/yyyy)  |               |        |      |      | •     |      |      |      |       |      |        |
| 26.c.  |   | us on Form<br>oled, if parc   |               | (for e | xan  | nple | e, cl | ass  | of a | ıdm  | issio | on,  | or     |
| 27.  | What is your current immigration status (if it has changed since your arrival)? |   |               |        |      |      |       |      |      |      |       |      |        |
| Provide your name exactly as it appears on your Form I-94 (if any) |   |   |               |        |      |      |       |      |      |      |       |      |        |
| 28.a.  |   | amily Name Last Name)   |               |        |      |      |       |      |      |      |       |      |        |
| 28.b.  |   | en Name<br>st Name)   |               |        |      |      |       |      |      |      |       |      |        |
| 28.c.  | ,   | ldle Name   |               |        |      |      |       |      |      |      |       |      |        |
|  |   |   |               |        |      |      |       |      |      |      |       |      |        |

#### Part 2. Application Type or Filing Category

**NOTE:** Attach a copy of the Form I-797 receipt or approval notice for the underlying petition or application, as appropriate.

I am applying to register lawful permanent residence or adjust status to that of a lawful permanent resident based on the following immigrant category (select **only one** box). (See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

| 1.a. | Form | :1., l   | hone  |
|------|------|----------|-------|
| ı.a. | гаш  | 11 V - L | oased |

| 1.a. | rai | mny-pased   |
|------|-----|---|
|      |     | Immediate relative of a U.S. citizen, Form I-130  |
|      |     | Other relative of a U.S. citizen or relative of a lawful permanent resident under the family-based preference categories, Form I-130    |
|      |     | Person admitted to the United States as a fiancé(e) or<br>child of a fiancé(e) of a U.S. citizen, Form I-129F<br>(K-1/K-2 Nonimmigrant) |
|      |     | Widow or widower of a U.S. citizen, Form I-360  |
|      |     | VAWA self-petitioner, Form I-360  |
| 1.b. | Em  | ployment-based  |
|      |     | Alien worker, Form I-140  |
|      |     | Alien entrepreneur, Form I-526  |
| 1.c. | Spe | ecial Immigrant   |
|      |     | Religious worker, Form I-360  |
|      |     | Special immigrant juvenile, Form I-360  |
|      |     | Certain Afghan or Iraqi national, Form I-360  |
|      |     | Certain international broadcaster, Form I-360   |
|      |     | Certain G-4 international organization or family<br>member or NATO-6 employee or family member,<br>Form I-360                           |
| 1.d. | Asy | rlee or Refugee   |
|      |     | Asylum status (INA section 208), Form I-589 or Form I-730   |
|      |     | Refugee status (INA section 207), Form I-590 or Form I-730  |
| 1.e. | Hu  | man Trafficking Victim or Crime Victim  |
|      |     | Human trafficking victim (T Nonimmigrant), Form   |

I-914 or derivative family member, Form I-914A

Crime victim (U Nonimmigrant), Form I-918, derivative family member, Form I-918A, or qualifying family member, Form I-929

Form I-485 Edition 03/29/21 Page 3 of 18

| A-Number ► | <b>A-</b> |  |  |  |  |
|------------|-----------|--|--|--|--|

## **Part 2. Application Type or Filing Category** (continued)

#### 1.f. Special Programs Based on Certain Public Laws The Cuban Adjustment Act The Cuban Adjustment Act for battered spouses and children Dependent status under the Haitian Refugee Immigrant Fairness Act Dependent status under the Haitian Refugee Immigrant Fairness Act for battered spouses and children Lautenberg Parolees Diplomats or high ranking officials unable to return home (Section 13 of the Act of September 11, 1957) Indochinese Parole Adjustment Act of 2000 1.g. Additional Options Diversity Visa program Continuous residence in the United States since before January 1, 1972 ("Registry") Individual born in the United States under diplomatic status Other eligibility 2. Are you applying for adjustment based on the Immigration and Nationality Act (INA) section 245(i)? Yes No NOTE: If you answered "Yes" to Item Number 2., you must have selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 1.a. - 1.g.** as the basis for your application for adjustment of status. Fill out the rest of this application and Supplement A to Form I-485, Adjustment of Status Under Section 245(i) (Supplement

A). For detailed filing instructions, read the Form I-485 Instructions (including any **Additional Instructions** that relate to the immigrant category that you selected in **Item Numbers 1.a. - 1.g.**) and Supplement A Instructions.

#### Information About Your Immigrant Category

If you are the **principal applicant**, provide the following information.

| infor | mation.  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|
| 3.    | Receipt Number of Underlying Petition (if any)   |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |
| 4.    | Priority Date from Underlying Petition (if any)  |  |  |  |  |  |  |
|       | (mm/dd/yyyy)   |  |  |  |  |  |  |
| child | If you are a <b>derivative applicant</b> (the spouse or unmarried child under 21 years of age of a principal applicant), provide the following information for the <b>principal applicant</b> .                  |  |  |  |  |  |  |
| Princ | cipal Applicant's Name   |  |  |  |  |  |  |
| 5.a.  | Family Name (Last Name)  |  |  |  |  |  |  |
| 5.b.  | Given Name (First Name)  |  |  |  |  |  |  |
| 5.c.  | Middle Name  |  |  |  |  |  |  |
| 6.    | Principal Applicant's A-Number (if any)  |  |  |  |  |  |  |
|       | ► A-   |  |  |  |  |  |  |
| 7.    | Principal Applicant's Date of Birth  |  |  |  |  |  |  |
|       | (mm/dd/yyyy)   |  |  |  |  |  |  |
| 8.    | Receipt Number of Principal's Underlying Petition (if any)   |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |
| 9.    | Priority Date of Principal Applicant's Underlying Petition   |  |  |  |  |  |  |
|       | (if any) (mm/dd/yyyy)  |  |  |  |  |  |  |
| Dor   | t 3. Additional Information About You  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |
| 1.    | Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S.  |  |  |  |  |  |  |
|       | Consulate abroad? Yes No   |  |  |  |  |  |  |
|       | If you answered "Yes" to <b>Item Number 1.</b> , complete <b>Item Numbers 2.a 4.</b> below. If you need extra space to complete this section, use the space provided in <b>Part 14. Additional Information</b> . |  |  |  |  |  |  |
| Loca  | ocation of U.S. Embassy or U.S. Consulate  |  |  |  |  |  |  |
| 2.a.  | City   |  |  |  |  |  |  |
| 2.b.  | Country  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |
| 3.    | Decision (for example, approved, refused, denied, withdrawn)   |  |  |  |  |  |  |
| 4.    | Date of Decision (mm/dd/yyyy)  |  |  |  |  |  |  |

Form I-485 Edition 03/29/21 Page 4 of 18

|  | 11 (dilicot ) 12   |
|--|--|
| Part 3. Additional Information About You (continued)   | Provide your most recent address outside the United States where you lived for more than one year (if not already listed above).   |
| Address History  | 9.a. Street Number and Name  |
| Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in <b>Part 14. Additional Information</b> . | 9.b.   |
| Physical Address 1 (current address)   |  |
| <b>5.a.</b> Street Number  | <b>9.f.</b> Province   |
| and Name   | 9.g. Postal Code   |
| <b>5.b.</b> Apt. Ste. Flr.   | <b>9.h.</b> Country  |
| <b>5.c.</b> City or Town   |  |
| 5.d. State 5.e. ZIP Code   | Dates of Residence   |
| <b>5.f.</b> Province   | 10.a. From (mm/dd/yyyy)  |
| 5.g. Postal Code   | <b>10.b.</b> To (mm/dd/yyyy)   |
| <b>5.h.</b> Country  | Employment History   |
| Dates of Residence  6.a. From (mm/dd/yyyy)  6.b. To (mm/dd/yyyy)   | Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in <b>Part 14. Additional Information</b> . |
|  | Employer 1 (current or most recent)  |
| Physical Address 2   | 11. Name of Employer or Company  |
| 7.a. Street Number and Name  |  |
| <b>7.b.</b> Apt. Ste. Flr.   | Address of Employer or Company   |
| 7.c. City or Town  | 12.a. Street Number and Name   |
| 7.d. State 7.e. ZIP Code   | 12.b. Apt. Ste. Flr.   |
| 7.f. Province  | 12.c. City or Town   |
| 7.g. Postal Code   | 12.d. State 12.e. ZIP Code   |
| <b>7.h.</b> Country  | <b>12.f.</b> Province  |
|  | 12.g. Postal Code  |
| Dates of Residence   | 12.h. Country  |
| 8.a. From (mm/dd/yyyy)   |  |
|  | 13. Your Occupation  |

Form I-485 Edition 03/29/21 Page 5 of 18

**8.b.** To (mm/dd/yyyy)

| Part 3. Additional Information About You                               | Address of Employer or Company                     |  |  |  |  |
|--|--|--|--|--|--|
| (continued)  | 20.a. Street Number and Name                       |  |  |  |  |
| Dates of Employment  | <b>20.b.</b> Apt. Ste. Flr.                        |  |  |  |  |
| <b>14.a.</b> From (mm/dd/yyyy)   | <b>20.c.</b> City or Town                          |  |  |  |  |
| <b>14.b.</b> To (mm/dd/yyyy)   | 20.d. State 20.e. ZIP Code                         |  |  |  |  |
| Employer 2   | 20.f. Province                                     |  |  |  |  |
| <b>15.</b> Name of Employer or Company                                 | 20.g. Postal Code                                  |  |  |  |  |
| Address of Employer or Company   | <b>20.h.</b> Country                               |  |  |  |  |
| Address of Employer or Company  16.a. Street Number                    |  |  |  |  |  |
| and Name   | 21. Your Occupation                                |  |  |  |  |
| <b>16.b.</b> Apt. Ste. Flr.  |  |  |  |  |  |
| <b>16.c.</b> City or Town  | Dates of Employment                                |  |  |  |  |
| 16.d. State 16.e. ZIP Code   | 22.a. From (mm/dd/yyyy)                            |  |  |  |  |
| 16.f. Province   | <b>22.b.</b> To (mm/dd/yyyy)                       |  |  |  |  |
| 16.g. Postal Code  | Part 4. Information About Your Parents             |  |  |  |  |
| <b>16.h.</b> Country   | rart 4. Information About 1 our Farents            |  |  |  |  |
|  | Information About Your Parent 1                    |  |  |  |  |
| 17. Your Occupation  | Parent 1's Legal Name                              |  |  |  |  |
|  | 1.a. Family Name (Last Name)                       |  |  |  |  |
| Dates of Employment  | 1.b. Given Name (First Name)                       |  |  |  |  |
| <b>18.a.</b> From (mm/dd/yyyy)   | 1.c. Middle Name                                   |  |  |  |  |
| <b>18.b.</b> To (mm/dd/yyyy)   | Parent 1's Name at Birth (if different than above) |  |  |  |  |
| Provide your most recent employment outside of the United              | 2.a. Family Name (Last Name)                       |  |  |  |  |
| States (if not already listed above).  19. Name of Employer or Company | <b>2.b.</b> Given Name                             |  |  |  |  |
|  | (First Name)  2.c. Middle Name                     |  |  |  |  |
|  |  |  |  |  |  |
|  | 3. Date of Birth (mm/dd/yyyy)                      |  |  |  |  |
|  | 4. Sex Male Female                                 |  |  |  |  |
|  | 5. City or Town of Birth                           |  |  |  |  |
|  | <b>6.</b> Country of Birth                         |  |  |  |  |
|  |  |  |  |  |  |

Form I-485 Edition 03/29/21 Page 6 of 18

|       | et 4. Information About Your Parents ntinued)   | 3.    | How many times have you been married (including annulled marriages and marriages to the same person)? |
|-------|---|-------|---|
| 7.    | Current City or Town of Residence (if living)   |       |   |
|       |   |       | ormation About Your Current Marriage  |
| 8.    | Current Country of Residence (if living)  | ,     | cluding if you are legally separated)   |
|       |   | •     | u are currently married, provide the following information t your current spouse.                     |
| Infe  | ormation About Your Parent 2  | Curr  | ent Spouse's Legal Name   |
| Pare  | nt 2's Legal Name   | 4.a.  | Family Name<br>(Last Name)  |
| 9.a.  | Family Name (Last Name)   | 4.b.  | ·   |
| 9.b.  | Given Name<br>(First Name)  | 4.c.  | Middle Name   |
| 9.c.  | Middle Name   | 5.    | A-Number (if any)   |
| Pare  | nt 2's Name at Birth (if different than above)  |       | ► A-  |
|       | Family Name   | 6.    | Current Spouse's Date of Birth (mm/dd/yyyy)   |
| 10 b  | (Last Name) Given Name  |       |   |
| 10.0  | (First Name)  | 7.    | Date of Marriage to Current Spouse (mm/dd/yyyy)   |
| 10.c. | Middle Name   |       |   |
| 11.   | Date of Birth (mm/dd/yyyy)  |       | ent Spouse's Place of Birth   |
| 12.   | Sex Male Female   | 8.a.  | City or Town  |
| 13.   | City or Town of Birth   | 8.b.  | State or Province   |
| 13.   | City of Town of Birth   | 0.0.  | State of Frovince   |
| 14.   | Country of Birth  | 8.c.  | Country   |
|       |   | 3.61  |   |
| 15.   | Current City or Town of Residence (if living)   | Place | e of Marriage to Current Spouse   |
|       |   |       | City or Town  |
| 16.   | Current Country of Residence (if living)  |       |   |
|       |   | 9.b.  | State or Province   |
|       |   |       |   |
| Par   | t 5. Information About Your Marital History   | 9.c.  | Country   |
| 1.    | What is your current marital status?  |       |   |
|       | ☐ Single, Never Married ☐ Married ☐ Divorced  | 10.   | Is your current spouse applying with you?   |
|       | ☐ Widowed ☐ Marriage Annulled   |       | Yes No  |
|       | Legally Separated   |       |   |
| 2.    | If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard? |       |   |
|       | N/A Yes No  |       |   |

Form I-485 Edition 03/29/21 Page 7 of 18

## **Part 5. Information About Your Marital History** (continued)

#### Information About Prior Marriages (if any)

If you have been married before, whether in the United States or in any other country, provide the following information about your prior spouse. If you have had more than one previous marriage, use the space provided in **Part 14. Additional Information** to provide the information below.

Prior Spouse's Legal Name (provide family name before marriage)

| 11.a. | Family Name (Last Name)                        |
|-------|--|
| 11.b. | Given Name<br>(First Name)                     |
| 11.c. | Middle Name                                    |
| 12.   | Prior Spouse's Date of Birth (mm/dd/yyyy)      |
| 13.   | Date of Marriage to Prior Spouse (mm/dd/yyyy)  |
| Place | of Marriage to Prior Spouse                    |
| 14.a. | City or Town                                   |
|       |  |
| 14.b. | State or Province                              |
|       |  |
| 14.c. | Country  |
|       |  |
| 15.   | Date Marriage with Prior Spouse Legally Ended  |
|       | (mm/dd/yyyy)                                   |
| Place | Where Marriage with Prior Spouse Legally Ended |
| 16.a. | City or Town                                   |
|       |  |
| 16.b. | State or Province                              |
|       |  |
| 16.c. | Country  |
|       |  |
|       |  |

#### Part 6. Information About Your Children

1. Indicate the total number of ALL living children (including adult sons and daughters) that you have.

**NOTE:** The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

Provide the following information for each of your children. If you have more than three children, use the space provided in **Part 14. Additional Information**.

Child 1

| Current Legal Name |  |
|--------------------|--|
|                    |  |

- 2.a. Family Name (Last Name)

  2.b. Given Name (First Name)
- 2.c. Middle Name
- **3.** A-Number (if any)

| ► A- |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|
|------|--|--|--|--|--|--|--|--|--|

**4.** Date of Birth (mm/dd/yyyy)

| 5. | Country of Birth |
|----|------------------|
|    |                  |

**6.** Is this child applying with you?

| Yes | □No |
|-----|-----|
|-----|-----|

Page 8 of 18

Child 2

10.

Current Legal Name

- 7.a. Family Name (Last Name)
- 7.b. Given Name (First Name)
- 7.c. Middle Name
- **8.** A-Number (if any)

| F 11 |  |  |
|------|--|--|
|------|--|--|

9. Date of Birth (mm/dd/yyyy)

| _ |  |  |  |
|---|--|--|--|

| A-Number | <b>&gt;</b> | <b>A-</b> |  |  |  |  |  |
|----------|-------------|-----------|--|--|--|--|--|
|          |             |           |  |  |  |  |  |

|     | t 6. Information About Your Children atinued)                                  |                                  | t 8. General Eligibility and Inadmissibility bunds   |
|-----|--|----------------------------------|--|
|     | 3 ent Legal Name Family Name (Last Name)                                       | 1.                               | Have you <b>EVER</b> been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world including any military service? |
|     | Given Name (First Name)  |                                  | Yes No  answered "Yes" to <b>Item Number 1.</b> , complete <b>Item</b> bers 2 13.b. below. If you need extra space to complete   |
|     | A-Number (if any)  A-  | this so<br><b>Infor</b><br>answe | ection, use the space provided in <b>Part 14. Additional mation</b> . If you answered "No," but are unsure of your er, provide an explanation of the events and circumstances a space provided in <b>Part 14. Additional Information</b> .                           |
| 14. | Date of Birth (mm/dd/yyyy)   | Orgai                            | nization 1   |
| 15. | Country of Birth   | 2.                               | Name of Organization   |
|     |  |                                  |  |
| 16. | Is this child applying with you?   | 3.a.                             | City or Town   |
| Par | t 7. Biographic Information  | 3.b.                             | State or Province  |
| 1.  | Ethnicity (Select <b>only one</b> box)   |                                  |  |
|     | Hispanic or Latino   | 3.c.                             | Country  |
|     | Not Hispanic or Latino   |                                  |  |
| 2.  | Race (Select all applicable boxes)   | 4.                               | Nature of Group  |
|     | White  |                                  |  |
|     | Asian  | Dates                            | s of Membership or Dates of Involvement  |
|     | Black or African American  | 5.a.                             | From (mm/dd/yyyy)  |
|     | American Indian or Alaska Native     Native Hawaiian or Other Pacific Islander | 5.b.                             | To (mm/dd/yyyy)  |
| 3.  | Height Feet Inches   | Orgai                            | nization 2   |
| 4.  | Weight Pounds Pounds   | 6.                               | Name of Organization   |
| 5.  | Eye Color (Select <b>only one</b> box)   | 7.a.                             | City or Town   |
|     | Black Blue Brown   | 1 .a.                            | City of Town   |
|     | Gray Green Hazel   | 7.b.                             | State or Province  |
|     | ☐ Maroon ☐ Pink ☐ Unknown/Other  | 7.0.                             | State of Frovince  |
| 6.  | Hair Color (Select <b>only one</b> box)  | 7.c.                             | Country  |
|     | Bald (No hair) Black Blond   |                                  |  |
|     | ☐ Brown ☐ Gray ☐ Red   | 8.                               | Nature of Group  |
|     | Sandy Unknown/Other  |                                  | - · · · K  |

Form I-485 Edition 03/29/21 Page 9 of 18

| Par                            | t 8. General Eligibility and In   | admissibility   | 20.   | Have you <b>EVER</b> had a prior final order of exclusion,  |
|--------------------------------|---|---|---|---|
|                                | ounds (continued)   | adding sibility   |   | deportation, or removal reinstated? Yes No  |
|                                | s of Membership or Dates of Involvem  | nent  | 21.   | Have you <b>EVER</b> held lawful permanent resident status which was later rescinded? Yes No  |
|                                | From (mm/dd/yyyy) To (mm/dd/yyyy)   |   | 22.   | Have you <b>EVER</b> been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time? Yes No   |
| Orga                           | nization 3  |   | 23.   | Have you <b>EVER</b> applied for any kind of relief or  |
| 10.                            | Name of Organization  |   |   | protection from removal, exclusion, or deportation?  Yes No   |
| 11.a.                          | City or Town  |   | 24.a  | Have you <b>EVER</b> been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement?  |
| 11.b.                          | State or Province   |   | ***   |   |
| 11.c.                          | Country   |   | Nun   | nu answered "Yes" to <b>Item Number 24.a.</b> , complete <b>Item nbers 24.b 24.c.</b> If you answered "No" to <b>Item Number</b> , skip to <b>Item Number 25.</b>   |
|                                |   |   | 24.b  | Have you complied with the foreign residence  |
| 12.                            | Nature of Group   |   |   | requirement?  |
| Dates                          | s of Membership or Dates of Involvem  | nent  | 24.c.   | Have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you?  Yes No  |
| 13.a.                          | From (mm/dd/yyyy)   |   |   |   |
| 13.b.                          | To (mm/dd/yyyy)   |   | Cri   | minal Acts and Violations   |
| think<br><b>you a</b><br>an ex | ver Item Numbers 14 80.b. Choose is correct. If you answer "Yes" to any answer "No," but are unsure of your planation of the events and circumstarded in Part 14. Additional Information Have you EVER been denied admissional States?  Have you EVER been denied a visa to the correct states of the correct states. | y questions (or if r answer), provide nces in the space ion.  ion to the United  Yes No | ques<br>other<br>enfo<br>have<br>ques<br>Unit<br>"Yes<br>Part<br>that | Item Numbers 25 45., you must answer "Yes" to any tion that applies to you, even if your records were sealed or rwise cleared, or even if anyone, including a judge, law reement officer, or attorney, told you that you no longer a record. You must also answer "Yes" to the following tions whether the action or offense occurred here in the ed States or anywhere else in the world. If you answer "to Item Numbers 25 45., use the space provided in 14. Additional Information to provide an explanation includes why you were arrested, cited, detained, or charged; re you were arrested, cited, detained, or charged; when the event occurred; and the outcome or disposition (for |
| 16.                            | Have you <b>EVER</b> worked in the Unite authorization?   | ed States without  Yes No   | exan  | nple, no charges filed, charges dismissed, jail, probation, munity service).  |
| 17.<br>18.                     | Have you <b>EVER</b> violated the terms of nonimmigrant status?  Are you presently or have you <b>EVER</b>  | or conditions of your  Yes No   | 25.   | Have you <b>EVER</b> been arrested, cited, charged, or detained for any reason by any law enforcement official (including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard)?   |
| 10.                            | exclusion, rescission, or deportation p   |   | • -   | les live  |
| 19.                            | Have you <b>EVER</b> been issued a final deportation, or removal?   | Yes No order of exclusion, Yes No   | 26.   | Have you <b>EVER</b> committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime)?  Yes No   |

Form I-485 Edition 03/29/21 Page 10 of 18

|     |  |            | A-Number ► A-  |
|-----|--|------------|--|
|     | rt 8. General Eligibility and Inadmissibility ounds (continued)  | 35.        | Have you <b>EVER</b> engaged in prostitution or are you coming to the United States to engage in prostitution?  Yes No   |
| 27. | Have you <b>EVER</b> pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)?  NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide | 36.<br>37. | Have you <b>EVER</b> directly or indirectly procured (or attempted to procure) or imported prostitutes or persons for the purpose of prostitution?  Yes No  Have you <b>EVER</b> received any proceeds or money from prostitution?  Yes No  Do you intend to engage in illegal gambling or any other |
| 28. | documentation of that post-conviction action.  Have you <b>EVER</b> been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house   |            | form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States?  Yes No  |
| -   | arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)?  Yes No   | 39.        | Have you <b>EVER</b> exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States?  Yes No   |
| 29. | Have you <b>EVER</b> been a defendant or the accused in a criminal proceeding (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication)?  Yes No  | 40.        | Have you <b>EVER</b> , while serving as a foreign government official, been responsible for or directly carried out violations of religious freedoms? Yes No   |
| 30. | Have you <b>EVER</b> violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country?   | 41.        | Have you <b>EVER</b> induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of persons for commercial sex acts?  Yes No  |
| 31. | Yes No  Have you <b>EVER</b> been convicted of two or more offenses (other than purely political offenses) for which the combined sentences to confinement were five years or more?  Yes No  | 42.        | Have you <b>EVER</b> trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion.  Yes No                       |
| 32. | Have you <b>EVER</b> illicitly (illegally) trafficked or benefited from the trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics?   Yes No   | 43.        | Have you <b>EVER</b> knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? Yes No   |
| 33. | Have you <b>EVER</b> knowingly aided, abetted, assisted, conspired, or colluded in the illicit trafficking of any illegal narcotic or other controlled substances?  Yes No   |            | Are you the spouse, son or daughter of a foreign national who engaged in the trafficking of persons and have received or obtained, within the last five years, any financial or other benefits from the illicit activity of your spouse or your parent, although you knew or reasonably              |
| 34. | Are you the spouse, son, or daughter of a foreign national who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of  |            | should have known that this benefit resulted from the illiciantivity of your spouse or parent?  Yes No   |
|     | a controlled substance, such as chemicals, illegal drugs, or<br>narcotics and you obtained, within the last five years, any<br>financial or other benefit from the illegal activity of your<br>spouse or parent, although you knew or reasonably should  | 45.        | Have you <b>EVER</b> engaged in money laundering or have you <b>EVER</b> knowingly aided, assisted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity?   |

Form I-485 Edition 03/29/21 Page 11 of 18

Yes No

Yes No

have known that the financial or other benefit resulted

from the illicit activity of your spouse or parent?

|  | A-Number ► A-   |  |  |  |  |
|--|---|--|--|--|--|
| Part 8. General Eligibility and Inadmissibility Grounds (continued)  | <b>48.e.</b> Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in   |  |  |  |  |
| Security and Related   | Item Number 48.a.? Yes No   |  |  |  |  |
| Do you intend to:  | <b>49.</b> Have you <b>EVER</b> received any type of military, paramilitary, or weapons training? Yes No  |  |  |  |  |
| <b>46.a.</b> Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States?  Yes No   |   |  |  |  |  |
| <ul><li>46.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information?</li><li>Yes No</li></ul>   | <b>NOTE:</b> If you answered "Yes" to any part of <b>Item Numbers 46.a.</b> - <b>50.</b> , explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in <b>Part 14. Additional Information</b> .  |  |  |  |  |
| <b>46.c.</b> Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States?  Yes No  | Are you the spouse or child of an individual who <b>EVER</b> :  51.a. Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated, planned, or prepared any of the following: hijacking, ashotogas kidnessing, political association are use of a                                       |  |  |  |  |
| <b>46.d.</b> Engage in any activity that could endanger the welfare, safety, or security of the United States?   | sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property?  Yes No  |  |  |  |  |
| Yes No  46.e. Engage in any other unlawful activity? Yes No  47. Are you engaged in or, upon your entry into the United  | <b>51.b.</b> Participated in, or been a member or a representative of a group or organization that did any of the activities described in <b>Item Number 51.a.</b> ? Yes No   |  |  |  |  |
| States, do you intend to engage in any activity that could have potentially serious adverse foreign policy consequences for the United States? Yes No  | <b>51.c.</b> Recruited members, or asked for money or things of value, for a group or organization that did any of the activities described in <b>Item Number 51.a.</b> ? Yes No  |  |  |  |  |
| Have you <b>EVER</b> :   | <b>51.d.</b> Provided money, a thing of value, services or labor, or  |  |  |  |  |
| <b>48.a.</b> Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated, planned, or prepared any of the following: hijacking, sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property?  Yes No | any other assistance or support for any of the activities described in <b>Item Number 51.a.</b> ? Yes No <b>51.e.</b> Provided money, a thing of value, services or labor, or any other assistance or support to an individual, group, or organization who did any of the activities described in <b>Item Number 51.a.</b> ? Yes No |  |  |  |  |
| <b>48.b.</b> Participated in, or been a member of, a group or organization that did any of the activities described in <b>Item Number 48.a.</b> ?  | <b>51.f.</b> Received any type of military, paramilitary, or weapons training from a group or organization that did any of the activities described in <b>Item Number 51.a.</b> ?   |  |  |  |  |
| <b>48.c.</b> Recruited members or asked for money or things of value for a group or organization that did any of the activities  | ☐ Yes ☐ No <b>NOTE:</b> If you answered "Yes" to any part of <b>Item Number</b>   |  |  |  |  |

51., explain the relationship and what occurred, including the dates and location of the circumstances, in the space provided

in Part 14. Additional Information.

described in Item Number 48.a.?

described in Item Number 48.a.?

48.d. Provided money, a thing of value, services or labor, or

any other assistance or support for any of the activities

Form I-485 Edition 03/29/21 Page 12 of 18

☐ Yes ☐ No

Yes No

|                | et 8. General Eligibility and Inadmissibility bunds (continued)  | 59.               | Have you <b>EVER</b> recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group?  Yes No  |
|----------------|--|-------------------|---|
| 52.            | Have you <b>EVER</b> assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person?  Yes No   | 60.               | Have you <b>EVER</b> used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?  Yes No   |
| 53.            | Have you <b>EVER</b> worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?  Yes No  | <b>52.</b> - loca | <b>TE:</b> If you answered "Yes" to any part of <b>Item Numbers</b> 60., explain what occurred, including the dates and tion of the circumstances, in the space provided in <b>Part 14</b> . litional Information.  |
| 54.            | Have you <b>EVER</b> been a member of, assisted, or  | Pul               | blic Assistance   |
|                | 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?  Yes No  | 61.               | Have you received public assistance in the United States from any source, including the U.S. Government or any state, county, city, or municipality (other than emergency medical treatment)?  Yes No               |
| 55.            | Have you <b>EVER</b> served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, insurgent organization, or any other armed group?  Yes No | 62.               | Are you likely to receive public assistance in the future in the United States from any source, including the U.S. Government or any state, county, city, or municipality (other than emergency medical treatment)? |
| 56.            | Have you <b>EVER</b> been a member of, or in any way affiliated with, the Communist Party or any other   | Illa              | Yes No  |
|                | totalitarian party (in the United States or abroad)?   |                   |   |
| 57.            | ☐ Yes ☐ No  During the period from March 23, 1933 to May 8, 1945, did you ever order, incite, assist, or otherwise participate   | 63.a              | Have you <b>EVER</b> failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997?  Yes No  |
|                | in the persecution of any person because of race, religion, national origin, or political opinion, in association with either the Nazi government of Germany or any  | 63.b              | believe you had reasonable cause? Yes," do you Yes No   |
|                | organization or government associated or allied with the Nazi government of Germany?  Yes No   | 63.c              | . If your answer to <b>Item Number 63.b.</b> is "Yes," attach a written statement explaining why you had reasonable cause.  |
|                | e you <b>EVER</b> ordered, incited, called for, committed, assisted, ed with, or otherwise participated in any of the following:   | 64.               | Have you <b>EVER</b> submitted fraudulent or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a  |
| 58.a.          | Acts involving torture or genocide? Yes No   |                   | visa or entry into the United States? Yes No  |
| 58.b.          | . Killing any person?  | 65.               | Have you <b>EVER</b> lied about, concealed, or misrepresented any information on an application or petition to obtain a   |
|                | Intentionally and severely injuring any person?  Yes No  Engaging in any kind of savuel contact or relations with  |                   | visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit?  Yes No  |
| 5 <b>6.</b> a. | Engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened?  Yes No   | 66.               | Have you <b>EVER</b> falsely claimed to be a U.S. citizen (in writing or any other way)?  |
| 58.e.          | Limiting or denying any person's ability to exercise religious beliefs? Yes No   | 67.               | Have you <b>EVER</b> been a stowaway on a vessel or aircraft arriving in the United States? Yes No  |

Form I-485 Edition 03/29/21 Page 13 of 18

|               |  |       | 71 Trained > 11   |
|---------------|--|-------|---|
|               | et 8. General Eligibility and Inadmissibility bunds (continued)  |       | scellaneous Conduct   |
| 68.           | Have you <b>EVER</b> knowingly encouraged, induced, assisted,  | 74.   | Do you plan to practice polygamy in the United States?  Yes No  |
|               | abetted, or aided any foreign national to enter or to try to enter the United States illegally (alien smuggling)?  Yes No  | 75.   | Are you accompanying another foreign national who requires your protection or guardianship but who is inadmissible after being certified by a medical officer as  |
| 69.           | Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents?  Yes No   |       | being helpless from sickness, physical or mental disability, or infancy, as described in INA section 232(c)?  Yes No  |
|               | noval, Unlawful Presence, or Illegal Reentry<br>er Previous Immigration Violations   | 76.   | Have you <b>EVER</b> assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a U.S. citizen who has been granted custody of the child?  Yes No                  |
| 70.           | Have you <b>EVER</b> been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States?           | 77.   | Have you <b>EVER</b> voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States?  Yes No   |
| 71.           | ☐ Yes ☐ No  Have you <b>EVER</b> entered the United States without being inspected and admitted or paroled? ☐ Yes ☐ No   | 78.   | Have you <b>EVER</b> renounced U.S. citizenship to avoid being taxed by the United States? Yes No   |
| Cina          |  | Have  | e you <b>EVER:</b>  |
|               | e April 1, 1997, have you been unlawfully present in the ed States:  | 79.a  | • Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National  |
| 72.a.         | For more than 180 days but less than a year, and then departed the United States? Yes No   |       | Security Training Corps on the ground that you are a foreign national?  Yes No  |
| 72.b          | For one year or more and then departed the United States?  Yes No  | 79.b  | Been relieved or discharged from such training or service on the ground that you are a foreign national?  |
| you o<br>admi | <b>FE:</b> You were unlawfully present in the United States if entered the United States without being inspected and itted or inspected and paroled, or if you legally entered the ed States but you stayed longer than permitted. | 79.c. | Yes No  Been convicted of desertion from the U.S. armed forces?  Yes No   |
| Since         | e April 1, 1997, have you <b>EVER</b> reentered or attempted to ter the United States without being inspected and admitted proled after:   | 80.a  | Have you <b>EVER</b> left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? Yes No  |
| 73.a.         | Having been unlawfully present in the United States for more than one year in the aggregate? Yes No  | 80.b  | If your answer to <b>Item Number 80.a</b> . is "Yes," what was  |
| 73.b          | . Having been deported, excluded, or removed from the United States? Yes No  |       | your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)? |

Page 14 of 18 Form I-485 Edition 03/29/21

|       | t 9. Accommodations for Individuals With abilities and/or Impairments  | 2. At my request, the preparer named in Part 12.,   |
|-------|--|---|
|       | <b>E:</b> Read the information in the Form I-485 Instructions re completing this part.   | prepared this application for me based only upon information I provided or authorized.  |
| 1.    | Are you requesting an accommodation because of your  | Applicant's Contact Information   |
|       | disabilities and/or impairments? Yes No  | 3. Applicant's Daytime Telephone Number   |
|       | If you answered "Yes" to <b>Item Number 1.</b> , select any applicable box in <b>Item Numbers 2.a 2.c.</b> and provide an answer.                          | 4. Applicant's Mobile Telephone Number (if any)   |
| 2.a.  | I am deaf or hard of hearing and request the following accommodation. (If you are requesting a sign-language interpreter, indicate for which               | 5. Applicant's Email Address (if any)   |
|       | language (for example, American Sign Language).):  | Applicant's Declaration and Certification   |
| 2.b.  | ☐ I am blind or have low vision and request the following accommodation:   | Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek. |
| 2.c.  | I have another type of disability and/or impairment.  (Describe the nature of your disability and/or impairment and the accommodation you are requesting.) | I understand that if I am a male who is 18 to 26 years of age, submitting this application will automatically register me with the Selective Service System as required by the Military Selective Service Act.  |
|       |  | I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.   |
| Info  | et 10. Applicant's Statement, Contact ormation, Declaration, Certification, and nature   | I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:  |
| Instr | <b>E:</b> Read the <b>Penalties</b> section of the Form I-485 uctions before completing this part. You must file Form 5 while in the United States.        | I reviewed and understood all of the information contained in, and submitted with, my application; and  |
|       | olicant's Statement  | 2) All of this information was complete, true, and correct at the time of filing.   |
|       | <b>TE:</b> Select the box for either <b>Item Number 1.a.</b> or <b>1.b.</b> If cable, select the box for <b>Item Number 2.</b>                             | I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were  |
| 1.a.  | I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.      | provided or authorized by me, that I reviewed and understand<br>all of the information contained in, and submitted with, my<br>application and that all of this information is complete, true, and<br>correct.  |
| 1.b.  | The interpreter named in <b>Part 11.</b> read to me every question and instruction on this application and my answer to every question in                  |   |
|       | a language in which I am fluent, and I understood everything.  |   |

Form I-485 Edition 03/29/21 Page 15 of 18

|        |  |                    | 111,00000   |
|--------|--|--------------------|---|
| Info   | t 10. Applicant's Statement, Contact ormation, Declaration, Certification, and nature (continued)            | Inte               | Interpreter's Daytime Telephone Number  |
| App    | olicant's Signature  | 5.                 | Interpreter's Mobile Telephone Number (if any)  |
| 6.a.   | Applicant's Signature (sign in ink)  | 6.                 | Interpreter's Email Address (if any)  |
| 6.b.   | Date of Signature (mm/dd/yyyy)   |                    |   |
| NOT    | <b>TE TO ALL APPLICANTS:</b> If you do not completely fill   | Inte               | erpreter's Certification  |
| out th | nis application or fail to submit required documents listed e Instructions, USCIS may deny your application. | I am               | tify, under penalty of perjury, that:  fluent in English and,   |
|        | t 11. Interpreter's Contact Information, tification, and Signature   | <b>1.b.</b> , ever | h is the same language specified in <b>Part 10., Item Number</b> and I have read to this applicant in the identified language y question and instruction on this application and his or her |
| Provi  | de the following information about the interpreter.  | she ı              | ver to every question. The applicant informed me that he or understands every instruction, question, and answer on the acation, including the <b>Applicant's Declaration and</b>            |
| Inte   | erpreter's Full Name   |                    | ification, and has verified the accuracy of every answer.   |
| 1.a.   | Interpreter's Family Name (Last Name)  | Inte               | erpreter's Signature  |
| 1.b.   | Interpreter's Given Name (First Name)  | 7.a.               | Interpreter's Signature (sign in ink)   |
| 1.0.   | interpreter's Given Ivanie (First Ivanie)  |                    |   |
| 2.     | Interpreter's Business or Organization Name (if any)   | 7.b.               | Date of Signature (mm/dd/yyyy)  |
|        |  | Par                | t 12. Contact Information, Declaration, and   |
| Inte   | erpreter's Mailing Address   | Sig                | nature of the Person Preparing this   |
| 3.a.   | Street Number and Name   |                    | plication, if Other Than the Applicant  |
| 3.b.   | Apt. Ste. Flr.   | Prov               | ide the following information about the preparer.   |
| 3.c.   | City or Town   | Pre                | parer's Full Name   |
| 3.d.   | State 3.e. ZIP Code  | 1.a.               | Preparer's Family Name (Last Name)  |
| 3.f.   | Province   | 1.b.               | Preparer's Given Name (First Name)  |
| 3.g.   | Postal Code  |                    |   |
| 3.h.   | Country  | 2.                 | Preparer's Business or Organization Name (if any)   |

Form I-485 Edition 03/29/21 Page 16 of 18

| A-Number ► A- | A-Number | <b></b> | A- |  |  |  |  |  |  |  |  |  |
|---------------|----------|---------|----|--|--|--|--|--|--|--|--|--|
|---------------|----------|---------|----|--|--|--|--|--|--|--|--|--|

# Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

| Pre        | parer's Mailing Address  |
|------------|--|
| 3.a.       | Street Number and Name   |
| 3.b.       | Apt. Ste. Flr.   |
| 3.c.       | City or Town   |
| 3.d.       | State 3.e. ZIP Code  |
| 3.f.       | Province   |
| 3.g.       | Postal Code  |
| 3.h.       | Country  |
|            |  |
| Pro        | parer's Contact Information  |
| -          | ·  |
| 4.         | Preparer's Daytime Telephone Number  |
| 5.         | Preparer's Mobile Telephone Number (if any)  |
| <i>J</i> . | reparers whome receptione number (if any)  |
| 6.         | Preparer's Email Address (if any)  |
|            |  |
| n          |  |
| Pre        | parer's Statement  |
| 7.a.       | I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.  |
| 7.b.       | ☐ I am an attorney or accredited representative and my representation of the applicant in this case ☐ extends ☐ does not extend beyond the preparation of this application.  |
|            | <b>NOTE:</b> If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application. |

#### Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

| 8.a.   | Preparer's Sig   | gnature   | (sign in ink)   | )   |  |  |  |  |  |
|--|--|---|---|---|--|--|--|--|--|
| 8.b.   | Date of Signa  | ature (m  | m/dd/yyyy)  |   |  |  |  |  |  |
| NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.  |  |   |   |   |  |  |  |  |  |
| Pa   | rt 13. Signa   | ature a   | nt Intervi  | ew  |  |  |  |  |  |
| laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the corrections made to this application, <b>numbered</b> through  , are complete, true, and correct. All |  |   |   |   |  |  |  |  |  |
| corre  | dence or Adjust<br>ections made to   | st Status<br>o this ap  | , subscribed<br>plication, <b>n</b>   | l by me,<br>umbere                            | including the  |  |  |  |  |
| corre  | dence or Adjust<br>ections made to   | st Status<br>this ap<br>, are con   | , subscribed<br>plication, <b>n</b><br>nplete, true,  | l by me,<br>umbere<br>and cor                 | including the ed rect. All                                       |  |  |  |  |
| corre<br>thro<br>addit   | dence or Adjust<br>ections made to<br>ugh,   | st Status<br>this ap<br>, are con   | , subscribed<br>plication, <b>n</b><br>nplete, true,  | l by me,<br>umbere<br>and cor                 | including the ed rect. All                                       |  |  |  |  |
| through addition true,   | dence or Adjust<br>ections made to<br>ugh,<br>tional pages su  | st Status this ap , are con abmitted All docu                                 | n, subscribed plication, nonplete, true, by me with through ments subm                        | by me, umbere and cor this For                | rect. All rm I-485, on are complete, this interview              |  |  |  |  |
| thro<br>addit<br>num<br>true,<br>were  | dence or Adjustections made to ugh tional pages subered pages and correct.   | st Status this ap are con abmitted All docu and a                             | by me with through ments submire complete.  | and cor<br>this For                           | rect. All rm I-485, on are complete, this interview nd correct.  |  |  |  |  |
| thromaddit<br>num<br>true,<br>were<br>Subs   | dence or Adjustections made to ugh itional pages subered pages and correct. As provided by respectively.   | st Status this ap are con abmitted All docu and a sworn to                    | plication, nonplete, true, by me with through ments submare complete (affirmed)               | and cor<br>this For<br>itted at<br>e, true, a | rect. All rm I-485, on are complete, this interview and correct. |  |  |  |  |
| throwaddit<br>num<br>true,<br>were<br>Subs   | dence or Adjustections made to ugh itional pages subered pages and correct. As provided by recribed to and secretarial secreta | st Status this ap are con abmitted All docu and a sworn to                    | plication, nonplete, true, by me with through ments submare complete (affirmed)               | and cor<br>this For<br>itted at<br>e, true, a | rect. All rm I-485, on are complete, this interview and correct. |  |  |  |  |
| throwaddit num true, were Subs   | dence or Adjustections made to ugh itional pages subered pages and correct. As provided by recribed to and secretarial secreta | st Status this ap are con abmitted All docu are and a sworn to                | plication, nonplete, true, by me with through ments submare complete o (affirmed) ame or Stan | and cor<br>this For<br>itted at<br>e, true, a | rect. All rm I-485, on are complete, this interview and correct. |  |  |  |  |
| throi addit num true, were Subs  | dence or Adjustections made to ugh, tional pages subered pages and correct. As provided by recribed to and sets Officer's Provided Strain of the provided by recribed to and sets Officer's Provided Strain of the provided by recribed to and sets Officer's Provided Strain of the provided by recribed to and sets Officer's Provided Strain of the provided Strain o        | st Status this ap are consistent abmitted All docume and a sworn to rinted Na | plication, nonplete, true, by me with through ments submare complete o (affirmed) ame or Stan | and cor<br>this For<br>itted at<br>e, true, a | rect. All rm I-485, on are complete, this interview and correct. |  |  |  |  |

Form I-485 Edition 03/29/21 Page 17 of 18

| Par  | t 14. Additional Information   | 5.a.         | Page Number | 5.b. | Part Number | 5.c. | Item Number |
|--|--|--------------|-------------|------|-------------|------|-------------|
| within<br>space<br>to cor<br>sheet<br>at the<br><b>Num</b> l | n need extra space to provide any additional information in this application, use the space below. If you need more than what is provided, you may make copies of this page implete and file with this application or attach a separate of paper. Type or print your name and A-Number (if any) top of each sheet; indicate the <b>Page Number</b> , <b>Part</b> ber, and <b>Item Number</b> to which your answer refers; and indicate each sheet. | 5.d.         |             |      |             |      |             |
|  | Family Name (Last Name)  |              |             |      |             |      |             |
| 1.b.   | Given Name<br>(First Name)   |              |             |      |             |      |             |
|  | Middle Name  | 6.a.         | Page Number | 6.b. | Part Number | 6.c. | Item Number |
| 2.   | A-Number (if any) ► A-   | 6.d.         |             |      |             |      |             |
| 3.a.   | Page Number 3.b. Part Number 3.c. Item Number  |              |             |      |             |      |             |
| 3.d.   |  |              |             |      |             |      |             |
| 4.a.<br>4.d.   | Page Number 4.b. Part Number 4.c. Item Number  | 7.a.<br>7.d. | Page Number | 7.b. | Part Number | 7.c. | Item Number |

Form I-485 Edition 03/29/21 Page 18 of 18