Application for Status as a
Temporary Resident Under Section 245A of the INA

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

Do not write in this block. For USCIS Use Only.

Action Block	Fee Stamp	
	Waiver of Inadmissibility Under Section 212(a)_____ ☐ Approved ☐ Denied	Applicant's A-Number
Class of Admission	Place of Admission	Date of Adjustment

START HERE - Type or print in capital letters in black ink. *(If you need more space, use a separate sheet of paper.)*

1. I hereby apply for status as indicated by the block checked below:

☐ **A.** Temporary Resident Status as an alien who illegally entered the U.S. prior to January 1, 1982.

☐ **B.** Temporary Resident Status as an alien who entered the U.S. as a nonimmigrant prior to January 1, 1982, and whose authorized stay expired before such date or whose unlawful status was known to the Government as of January 1, 1982.

2. Name
Family Name *(Last Name)*   Given Name *(First Name)*   Middle Name

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

4. Other A-Nos. and Names Used or Known By (including maiden name, if married)

5. Telephone Numbers (including area codes)
Home
Work

6. Home Address in the U.S.
In Care Of
U.S. Social Security No
Number and Street   Apt. No.
City   State   Zip Code

7. Mailing Address in the U.S. (if different from address in **Number 6**)
In Care Of
No. and Street Name   Apt. No.
City   State   Zip Code

8. Country of Citizenship

9. Place of Birth
City or Town   Country, Province, or State   Country

10. Marital Status

☐ Now Married   ☐ Never Married   ☐ Separated   ☐ Divorced   ☐ Widowed

11. Gender
☐ Male
☐ Female

12. Race
☐ Asian or Pacific Islander   ☐ Black, not of Hispanic origin   ☐ Other *(specify below)*
☐ Hispanic   ☐ White, not of Hispanic origin

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13. Have you previously applied for temporary residence as a Legalization applicant?

☐ No ☐ Yes

If Yes, give date, place of filing, and final disposition, if known. [_____]

14. Do you have other records with USCIS (or the former INS)?

☐ No ☐ Yes

If Yes, give file numbers. A-No. [_____] Other [_____]

| **15.** When did you first come to the U.S.? *(mm/dd/yyyy)* [_____] | **16.** Manner of Entry ☐ Without a visa ☐ With a visa (visitor, student, etc.) specify: [_____] |

17. Place of first entry into U.S. to reside: ☐ Port of Entry (City and State): [_____]

☐ Border - Not through a Port of Entry (State): [_____]

18. Mother's Name [_____] ☐ Living A No. [_____]

(Maiden Name, Last Name, First Name)

Immigration Status [_____] ☐ Deceased *(year)* [_____]

19. Father's Name [_____] ☐ Living A No. [_____]

(Last Name, First Name)

Immigration Status [_____] ☐ Deceased *(year)* [_____]

20. List your present and past husbands/wives and all of your sons and daughters *(if additional space is needed, use separate paper)*.

Family Name	Given Name	A-Number
Country of Birth	Relationship	

Family Name	Given Name	A-Number
Country of Birth	Relationship	

Family Name	Given Name	A-Number
Country of Birth	Relationship	

Family Name	Given Name	A-Number
Country of Birth	Relationship	

Family Name	Given Name	A-Number
Country of Birth	Relationship	

Family Name	Given Name	A-Number
Country of Birth	Relationship	

If you were admitted as a nonimmigrant prior to January 1, 1982, complete Numbers 21 through 29. If not, leave blank and go to Number 30.

21. Passport Number	**22.** Country that Issued Passport	**23.** Location Where Visa Issued *(City and Country)*

24. Type of Visa Issued (B-2, F-1, etc.)	**25.** Date Visa Issued *(mm/dd/yyyy)*	**26.** Authorized Stay in U.S. Expired *(mm/dd/yyyy)*	**27.** Class of Admission (Student, Visitor, etc.)

28. Did you violate your legal status prior to January 1, 1982?

☐ No   ☐ Yes

29. Was your status violation known to the Government prior to January 1, 1982?

☐ No   ☐ Yes   If Yes, how was your status violation known to the Government?

30. RESIDENCES IN THE UNITED STATES:

List all of your residences in the United States since your first entry, beginning with your present address. If you need more space to complete, use a separate sheet of paper. Write your name and Alien Registration Number (A-Number), if any, at the top of each sheet of paper and indicate on the sheet that the information refers to **Number 30**.

Number and Street Name					Apt. No.
City	State	Zip Code	From *(mm/yyyy)*	To *(mm/yyyy)*	

Number and Street Name					Apt. No.
City	State	Zip Code	From *(mm/yyyy)*	To *(mm/yyyy)*	

Number and Street Name					Apt. No.
City	State	Zip Code	From *(mm/yyyy)*	To *(mm/yyyy)*	

Number and Street Name					Apt. No.
City	State	Zip Code	From *(mm/yyyy)*	To *(mm/yyyy)*	

Number and Street Name					Apt. No.
City	State	Zip Code	From *(mm/yyyy)*	To *(mm/yyyy)*	

Number and Street Name					Apt. No.
City	State	Zip Code	From *(mm/yyyy)*	To *(mm/yyyy)*	

Number and Street Name					Apt. No.
City	State	Zip Code	From *(mm/yyyy)*	To *(mm/yyyy)*	

31. AFFILIATIONS OR ASSOCIATIONS: List all affiliations or associations, clubs, organizations, churches, unions, businesses, etc. to which you belong or have belonged. If you need more space to complete, use a separate sheet of paper. Write your name and Alien Registration Number (A-Number), if any, at the top of each sheet of paper and indicate on the sheet that the information refers to **Number 31**.

Name of Organization	Location *(City and State)*	From *(mm/yyyy)*	To *(mm/yyyy)*

32. ABSENCES FROM THE UNITED STATES SINCE FIRST ENTRY: List most recent absence first and then all previous absences dating back to your first entry. If you need more space to complete, use a separate sheet of paper. Write your name and Alien Registration Number (A-Number), if any, at the top of each sheet of paper and indicate on the sheet that the information refers to **Number 32**.

From *(mm/yyyy)*	To *(mm/yyyy)*	Purpose of Trip	Country	Manner of Reentry *(type of visa, EWI)*

33. EMPLOYMENT IN THE UNITED STATES SINCE FIRST ENTRY: Show most recent employment first and then all previous employment dating back to your first entry. If none, write "None." If you need more space to complete, use a separate sheet of paper. Write your name and Alien Registration Number (A-Number), if any, at the top of each sheet of paper and indicate on the sheet that the information refers to **Number 33**.

Full Name of Employer

Number and Street Name | Suite No.

City | State | Zip Code | Occupation

Annual Wage | Hourly Wage | From *(mm/yyyy)* | To *(mm/yyyy)*

Full Name of Employer

Number and Street Name | Suite No.

City | State | Zip Code | Occupation

Annual Wage | Hourly Wage | From *(mm/yyyy)* | To *(mm/yyyy)*

Full Name of Employer

Number and Street Name | Suite No.

City | State | Zip Code | Occupation

Annual Wage | Hourly Wage | From *(mm/yyyy)* | To *(mm/yyyy)*

Full Name of Employer

Number and Street Name | Suite No.

City | State | Zip Code | Occupation

Annual Wage | Hourly Wage | From *(mm/yyyy)* | To *(mm/yyyy)*

Full Name of Employer

Number and Street Name | Suite No.

City | State | Zip Code | Occupation

Annual Wage | Hourly Wage | From *(mm/yyyy)* | To *(mm/yyyy)*

33. EMPLOYMENT IN THE UNITED STATES SINCE FIRST ENTRY *(continued)*

Full Name of Employer

Number and Street Name | Suite No.

City | State | Zip Code | Occupation

Annual Wage | Hourly Wage | From *(mm/yyyy)* | To *(mm/yyyy)*

Full Name of Employer

Number and Street Name | Suite No.

City | State | Zip Code | Occupation

Annual Wage | Hourly Wage | From *(mm/yyyy)* | To *(mm/yyyy)*

Full Name of Employer

Number and Street Name | Suite No.

City | State | Zip Code | Occupation

Annual Wage | Hourly Wage | From *(mm/yyyy)* | To *(mm/yyyy)*

Full Name of Employer

Number and Street Name | Suite No.

City | State | Zip Code | Occupation

Annual Wage | Hourly Wage | From *(mm/yyyy)* | To *(mm/yyyy)*

Full Name of Employer

Number and Street Name | Suite No.

City | State | Zip Code | Occupation

Annual Wage | Hourly Wage | From *(mm/yyyy)* | To *(mm/yyyy)*

34. ☐ I have registered under the Military Selective Service Act. My Selective Service Number is: _____

☐ I am a male over the age of 17 and under the age of 26 required to register under the Military Selective Service Act and have not done so. I wish to register at this time. My SSS Form 1 is attached.

☐ I am a male born after 1959 and over the age of 26 and cannot now register.

☐ I am exempt from Selective Service Registration either because I am a female or I was born before 1960.

35. Have you ever assisted in the persecution of any person or persons on account of race, religion, political opinion, nationality, or membership in a particular social group? ☐ Yes ☐ No

36. Have you ever been treated for a mental disorder, drug addiction, or alcoholism? ☐ Yes ☐ No

37. Have you **ever** committed a crime or offense for which you were **not** arrested? ☐ Yes ☐ No

Have you **ever** been arrested, cited, or detained by any law enforcement officer (including USCIS or former INS and military officers) for any reason? ☐ Yes ☐ No

Have you **ever** been charged with committing any crime or offense? ☐ Yes ☐ No

Have you **ever** been convicted of a crime or offense? ☐ Yes ☐ No

Have you **ever** been in jail or prison? ☐ Yes ☐ No

Have you **ever** been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)? ☐ Yes ☐ No

Have you **ever** received a suspended sentence, been placed on probation, or been paroled? ☐ Yes ☐ No

If you answered "Yes" to any of **Number 37**, complete the following table. If you need more space to complete, use a separate sheet of paper. Write your name and Alien Registration Number (A-Number), if any, at the top of each sheet of paper and indicate on the sheet that the information refers to **Number 37**.

Why were you arrested, cited, detained, or charged?	Date arrested, cited, detained, or charged *(mm/dd/yyyy)*	Where were you arrested, cited, detained, or charged? *(City, State, Country)*	Outcome or disposition of the arrest, citation, detention, or charge

Attach all certified police reports, indictments, and certified court dispositions for any arrests, citations, detentions, charges, or imprisonment.

38. Have you, or a dependent member of your immediate family, ever received public assistance from any source, including, but not limited to, the United States Government, any state, county, city, or municipality? ☐ Yes ☐ No

39. Have you ever:

Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? ☐ Yes ☐ No

Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? ☐ Yes ☐ No

Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? ☐ Yes ☐ No

Illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? ☐ Yes ☐ No

Engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity? ☐ Yes ☐ No

Been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? ☐ Yes ☐ No

Engaged in genocide, or otherwise ordered, incited, assisted, or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion? ☐ Yes ☐ No

Been deported, excluded, or removed from the United States at government expense, or have you ever been or are you now in exclusion, deportation, removal, or rescission proceedings? ☐ Yes ☐ No

Left the United States to avoid being drafted into the United States Armed Forces? ☐ Yes ☐ No

Been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? ☐ Yes ☐ No

40. Do you intend to engage in the United States in:

    A. Espionage? ☐ Yes ☐ No

    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? ☐ Yes ☐ No

    C. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☐ No

41. Did you, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi 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? ☐ Yes ☐ No

42. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act 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? ☐ Yes ☐ No

43. Are you now withholding custody of a United States citizen child outside the United States from a person granted custody of the child? ☐ Yes ☐ No

44. Do you plan to practice polygamy in the United States? ☐ Yes ☐ No

45. If your native alphabet is in other than Roman letters, write your name in your native alphabet.

_____

46. Language of your native alphabet.

_____

47. Signature and Certification of Applicant *(Sign below)*

I CERTIFY, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. I hereby consent and authorize U.S. Citizenship and Immigration Services to verify the information provided and to conduct police, welfare, and other record checks pertinent to this application.

Signature

Date *(mm/dd/yyyy)*

48. Signature of Person Preparing Form if Other Than Above *(Sign below)*

I declare that I prepared this application at the request of the above person(s), and it is based on all information provided to me by the person(s). I have not knowingly withheld any material information that would affect the outcome of this application.

Attorney or Representative Only: In the event of a Request for Evidence (RFE), may USCIS contact you by fax or e-mail?

☐ Yes ☐ No

Preparer's Signature   **Date** *(mm/dd/yyyy)*

Print Preparer's Family Name *(Last Name)*   **Print Preparer's Given Name** *(First Name)*   **Print Preparer's Middle Name**

Preparer's Firm Name *(if applicable)*

Preparer's Address

Daytime Phone Number *(with area code)*   **Fax Number** *(with area code)*   **USCIS Account Number** *(if any)*

E-mail Address *(if any)*