

Application for Permission to Reapply for Admission Into the United States After Deportation or Removal

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-212 OMB No. 1615-0018 Expires 02/28/2026

		For DHS Use On	ly	
Alien Registration Number	F	ee Stamp		Action Block
A-				
Initial Receipt Transferred In				
	D. (1D.)	T .		
Approved	Relocated Returned	Remark	S	
☐ INA 212(a)(9)(A) for Advance Approval				DHS Office Name/Location
☐ INA 212(a)(9)(A)	Transferred Out	_		
☐ INA 212(a)(9)(C)	Transferred Out			
Denied				
To be completed by an Se	lect this box if	Attorney State Ba	r Number	Attorney or Accredited Representative
Attorney or Accredited Fo		(if applicable)		USCIS Online Account Number (if any)
Representative (II ally).	rm G-28I is ached.			
➤ START HERE - Type or print in	n black ink.			
Part 1. Information About Y	You	4.a.	Family Nan (Last Name	
1. Alien Registration Number (A-	Number) (if any)	4.b.	Given Nam	e
► A-			(First Name	
<u>L</u>		4.c.	Middle Nan	me
Your Full Name				
2.a. Family Name		Mai	iling Addr	ess <u>USPS ZIP Code Lookup</u>
(Last Name)				re outside the United States, provide a U.S.
2.b. Given Name (First Name)			•	if available. If a U.S. mailing address is not le your mailing address abroad.
2.c. Middle Name				
Trindre Trume		5.a.	In Care Of	Name (if any)
Other Names Used				
Provide all other names you have eve	erused including ali	5.b.	Street Number and Name	ber
maiden name, and nicknames. If you		5.c.	Apt.	Ste. Flr.
complete this section, use the space p	provided in Part 9.			
Additional Information.		5.d.	City or Tow	vn
3.a. Family Name (Last Name)		5.e.	State	5.f. ZIP Code
3.b. Given Name (First Name)		5.g.	Province	
3.c. Middle Name		5.h.	Postal Code	2
		5.i.	Country	

Pai	rt 1. Information About You (continued)	If you seek an immigrant or nonimmigrant visa and you are or will file your application for consent to reapply with your
6.	Is your mailing address the same address where you currently live (physical address)? Yes No	immigrant or nonimmigrant visa application, provide the information requested in Item Numbers 16 17.b.
	If you answered "No" to Item Number 6. , provide your current physical address in Item Numbers 7.a 7.f.	16. The Department of State (DOS) Consular Case Number (if available)
Phy	vsical Address	The Location of the U.S. Embassy or U.S. Consulate Where
7.a.	Street Number and Name	Your Application for an Immigrant Visa is Being or Will Be Made
7.b.	Apt. Ste. Flr.	17.a. City or Town
7.c.	City or Town	17.b. Country
7.d.	State 7.e. ZIP Code	
7.f. 7.g.	Province Postal Code	If you are seeking consent to reapply in connection with your application to adjust your status to that of a lawful permanent
Ü	Country	resident, provide information in Item Numbers 18.a 18.c. 18.a. USCIS Receipt Number (if any)
Oth	ner Information About You	18.b. Where did you file your application (for example, "USCIS Office Name" or "Lockbox")?
8.	U.S. Social Security Number (if any)	
0	NO O II A NO O II A CO	18.c. Date Filed (mm/dd/yyyy)
9.	U.S. Online Account Number (if any)	19. Are you submitting Form I-601, Application for Waiver of Grounds of Inadmissibility, along with this application?
10.	Gender Male Female	Yes No
11.	Date of Birth (mm/dd/yyyy)	If you answered "No," provide the information requested in Item Numbers 20.a 20.c. about previously filed
12.	City or Town of Birth	Forms I-601 (if any): 20.a. USCIS Receipt Number for Form I-601 (if any)
13.	State or Province of Birth (if applicable)	
-: •	The state of the s	20.b. Where did you file your application (for example, "USCIS Office Name" or "Lockbox")?
14.	Country of Birth	Decided the state of the state
15.	Country of Citizenship or Nationality	20.c. Date Filed (mm/dd/yyyy)

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Part 2. Reasons You Are Filing Form I-212

If you are inadmissible to the United States for the following reason, select "Yes" and then select the appropriate boxes. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

Removal	as	an	Arriving	Alien	(INA	Section
212(a)(9)	(A	(i))			

1.a.	I have been removed as an arriving alien in expedited			
	removal proceedings under INA section 235(b)(1) or I was removed at the end of proceedings under INA section 240 as an arriving alien.			
1.b.	☐ I have only been removed once, and my last removal was less than five years ago.			
1.c.	I have been removed at least two or more times, and my last removal was less than 20 years ago.			
1.d.	I have been convicted of an aggravated felony in the United States or abroad, before or after my removal from the United States. Provide information on your aggravated felony convictions in Part 9. Additional Information and include the required evidence.			
2.	Date You Were Removed From the United States			
	(mm/dd/yyyy)			
	tion From Where You Were Removed			
3.	City or Town			
4.	State			
	noval as a Deportable Alien (INA Section (a)(9)(A)(ii))			
5.a.	I have been removed as a deportable alien under INA section 240 or any other provision of the law, or I departed the United States while an order of removal was outstanding. Yes No			
5.b.	☐ I have only been removed once and my removal was less than 10 years ago.			
5.c.	☐ I have been removed two or more times, and my last removal was less than 20 years ago.			
5.d.	I have been convicted of an aggravated felony in the United States or abroad, before or after my removal from the United States. Provide information on your aggravated felony convictions in Part 9. Additional Information and include the required evidence.			
6.	Date You Were Excluded, Deported, or Removed From the United States (mm/dd/yyyy)			

Loca	tion From Where You Were Removed	[
7.a.	a. City or Town			
7.b.	State			
	ry After Unlawful Presence in ear (INA Section 212(a)(9)(C)(00 0 0		
8.	I entered or attempted to enter the Ur being admitted or paroled, after havin present in the United States on or after period of more than one year, in the a	ng been unlawfully er April 1, 1997, for		
	NOTE: If you answered "Yes" to Itall the time periods during which you present in the United States (includin which you overstayed your lawful state your most recent period of unlawful pattach evidence demonstrating that your state the United States for 10 year departure.	were unlawfully g any periods in atus). Begin with presence. Also bu have <i>remained</i>		
Perio	ods of Unlawful Presence			
9.a.	From (mm/dd/yyyy)			
9.b.	To (mm/dd/yyyy)			
10.	Date You Departed the United States of Unlawful Presence (mm/dd/yyyy)	After Your Period		
	tion Where You Departed the United S	States After Your		
11.a.	City or Town			
11.b	State			
	tion Where You Reentered or Attempted States	ted to Reenter the		
12.a.	City or Town			
12.b.	State			
13.	Date You Attempted to Unlawfully E			

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(mm/dd/yyyy)

	t 2. Reasons You Are Filing Form I-212 ntinued)	U.S. Citizen or Lawful Permanent Resident Family Members (if any)		
Entry After Removal (INA Section $212(a)(9)(C)(i)(II)$)		NOTE: If you need extra space to complete this section, use the space provided in Part 9. Additional Information .		
14.	I entered or attempted to enter the United States without being admitted or paroled after having been excluded, deported, or removed. NOTE: If you answered "Yes" to Item Number 14., list all the dates when you were excluded, deported, or removed from the United States. If you need extra space to complete this section, use the space provided in Part 9. Additional Information.	3.a. Family Name (Last Name) 3.b. Given Name (First Name) 3.c. Middle Name 3.d. Relationship		
15.	Date You Were Excluded, Deported, or Removed From the United States (mm/dd/yyyy)	My relative is (Select one): 4.a.		
	tion Where You Reentered or Attempted to Reenter the ed States After Your Exclusion, Deportation, or Removal			
16.a.	City or Town	Part 4. Biographic Information 1. Ethnicity (Select only one box)		
16.b.	State	Hispanic or Latino Not Hispanic or Latino		
17.	Date You Entered or Attempted to Reenter the United States After Exclusion, Deportation, or Removal (mm/dd/yyyy) t 3. Reasons For Your Request For	2. Race (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native		
Per	mission to Reapply	Native Hawaiian or Other Pacific Islander		
	Department of Homeland Security (DHS) permits you to er the United States, what immigration status will you seek?	3. Height Feet Inches		
 1.a. 1.b. 1.c. 1.d. 	 □ Permanent Resident □ Visitor □ Student □ Other (Explain) 	4. Weight Pounds		
2.	Explain Why You Would Like to Reenter the United States NOTE: If you need extra space to complete this section, use the space provided in Part 9. Additional Information.	6. Hair Color (Select only one box) Bald (No hair) Brown Gray Red Sandy White Unknown/Other		

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Part 5. Additional Information if Filing with CBP

If you are filing this application with Customs and Border Protection (CBP), provide the information requested in **Item Numbers 1.a. - 40.c.**

Address History

Provide physical addresses for everywhere you have lived during the last ten years, whether inside or outside the United States. Provide your current address first. If you are unsure of the exact date, provide the closest approximate date to the best of your knowledge. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

Physical Address 1 (current address)

1.a. Street Number and Name

1.b. Apt. Ste. Flr.

1.c. City or Town

1.d. State 1.e. ZIP Code

1.f. Province

1.g. Postal Code

1.h. Country

Dates of Residence

2.a.	From (mm/dd/yyyy)	
2.b.	To (mm/dd/yyyy)	

Physical Address 2 **3.a.** Street Number

3.h. Country

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

Date	s of Residence	
4.a.	From (mm/dd/yyyy)	

m/dd/yyyy)
m/dd/yyyy)

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you are unsure of the exact employment date, provide the closest approximate date to the best of your knowledge. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

Employer 1 (current or most recent)

5.	Name of Employer or Company				
Addr	ress of Employer or Company				
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.	Province				
6.g.	Postal Code				
6.h.	Country				
7.	Your Occupation				
Date	Dates of Employment				
8.a.	From (mm/dd/yyyy)				
8.b.	To (mm/dd/yyyy)				

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	5. Additional Information if Filing with (continued)	17.	Country of Birth
Emplo	oyer 2	18.	Current City or Town of Residence (if living)
9.	Name of Employer or Company		
		19.	Current Country of Residence (if living)
Addre	ess of Employer or Company		
	Street Number and Name	Info	rmation About Your Father
	Apt. Ste. Flr.	Fath	er's Legal Name
		20.a.	Family Name (Last Name)
10.c.	City or Town	20.b	. Given Name
10.d.	State 10.e. ZIP Code	20.0	(First Name) Middle Name
10.f.	Province		er's Name at Birth (if different than above)
10.g.	Postal Code		Family Name
	Country		(Last Name)
10.11.	Country	21.b	Given Name (First Name)
11.	Your Occupation	21.c.	Middle Name
		22.	Date of Birth (mm/dd/yyyy)
Dates	of Employment	23.	City or Town of Birth
12.a.	From (mm/dd/yyyy)		
12.b.	To (mm/dd/yyyy)	24.	Country of Birth
Info	rmation About Your Parents	25.	Current City or Town of Residence (if living)
Infor	mation About Your Mother	26.	Current Country of Residence (if living)
Mothe	er's Legal Name		, , ,
	Family Name (Last Name)	T C	
13.b.	Given Name (First Name)	v	ormation About Your Marital History
	Middle Name	27.	What is your current marital status?
	er's Name at Birth (if different than above)		☐ Single, Never Married ☐ Legally Separated ☐ Marriage Annulled
	Family Name		Divorced Other
	(Last Name) Given Name		Widowed
	(First Name)	28.	How many times have you been married (including
14.c.	Middle Name		annulled marriages and marriages to the same person)?
15.	Date of Birth (mm/dd/yyyy)		
16.	City or Town of Birth		

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Part 5. Additional Information if Filing with CBP (continued)

Information About Your Current Marriage (including if you are legally separated)

If you are currently married, provide the following information about your current spouse.

Current Spouse's Legal Name **29.a.** Family Name (Last Name) 29.b. Given Name (First Name) **29.c.** Middle Name A-Number (if any) ► A-30. Current Spouse's Date of Birth (mm/dd/yyyy) 31. Date of Marriage to Current Spouse (mm/dd/yyyy) 32. Current Spouse's Place of Birth 33.a. City or Town 33.b. State or Province 33.c. Country Place of Marriage to Current Spouse 34.a. City or Town **34.b.** State or Province **34.c.** Country

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 9. Additional Information** to provide the information below.

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

m5c)								
Family Name (Last Name)								
Given Name (First Name)								
Middle Name								
Prior Spouse's Date of Birth (mm/dd/yyyy)								
Date of Marriage to Prior Spouse (mm/dd/yyyy)								
Place of Marriage to Prior Spouse								
City or Town								
88.b. State or Province								
. Country								
Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)								
e Where Marriage with Prior Spouse Legally Ended								
. City or Town								
State or Province								
Country								

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	t 6. Applicant's Contact Information, tification, and Signature	Interpreter's Contact Information				
	incurrent, and orginature	3.	Interpreter's Daytime Telephone Number			
App	licant's Contact Information	4.	Interpreter's Mobile Telephone Number (if any)			
	de your daytime telephone number, mobile telephone per (if any), and email address (if any).		, , , , , , , , , , , , , , , , , , , ,			
l .	Applicant's Daytime Telephone Number	5.	Interpreter's Email Address (if any)			
2.	Applicant's Mobile Telephone Number (if any)	In	terpreter's Certification and Signature			
3.	Applicant's Email Address (if any)	and and	I have interpreted every question on the application and			
App	licant's Certification and Signature	que	ructions and interpreted the applicant's answers to the stions in that language, and the applicant informed me that			
all of with a me in Part 'contain the recorrection in the letern in thel	ify, under penalty of perjury, that I provided or authorized the responses and information contained in and submitted my application, I read and understand or, if interpreted to a language in which I am fluent by the interpreter listed in 7., understood, all of the responses and information ined in, and submitted with, my application, and that all of sponses and the information are complete, true, and ct. Furthermore, I authorize the release of any information any and all of my records that USCIS may need to mine my eligibility for an immigration request and to other es and persons where necessary for the administration and cement of U.S. immigration law.	app 6. Pa Sig	runderstood every instruction, question, and answer on the lication. Interpreter's Signature Date of Signature (mm/dd/yyyy) rt 8. Contact Information, Declaration, and gnature of the Person Preparing this oplication, if Other Than the Applicant			
1.	Applicant's Signature	Pro	eparer's Full Name			
	Date of Signature (mm/dd/yyyy)	1.	Preparer's Family Name (Last Name)			
out th	E TO ALL APPLICANTS: If you do not completely fill is application or fail to submit required documents listed Instructions, USCIS may deny your application.		Preparer's Given Name (First Name)			
	t 7. Interpreter's Contact Information,	2.	Preparer's Business or Organization Name (if any)			
Cer	tification, and Signature	Pre	eparer's Contact Information			
Inte	rpreter's Full Name	3.	Preparer's Daytime Telephone Number			
l.a.	Interpreter's Family Name (Last Name)					
		4.	Preparer's Mobile Telephone Number (if any)			

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5.

Preparer's Email Address (if any)

Interpreter's Given Name (First Name)

2.

Interpreter's Business or Organization Name

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that they understand the responses and information in or submitted with the application.

Preparer's Signature	Preparer's Signature								
Date of Signature (mm/dd/yyyy	7)								

Par	t 9. Additio	nal In	formation			5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
within space to co sheet at the Num	u need extra spant this application that is purposed than what is purposed to find a purposed to possible to possible the purposed to possible the	on, use rovided with the or princet; ind	the space belo l, you may mal is application ant your name a icate the Page	w. If you ke copie or attach and A-N Number	ou need more is of this page in a separate umber (if any) er, Part	5.d.					
	Family Name (Last Name) Given Name										
	(First Name)										
1.c. 2.	Middle Name A-Number (if	any) >	- A-								
3.a.	Page Number	3.b.	Part Number	3.c.	Item Number	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.						6.d.					
4.a. 4.d.	Page Number	4.b.	Part Number	4.c.	Item Number	7.a. 7.d.	Page Number	7.b.	Part Number	7.c.	Item Number

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