

Application to Adjust Status From Temporary to Permanent Resident (Under Section 245A of the INA)

USCIS Form I-698

Form 1-698 OMB No. 1615-0035 Expires 02/28/2026

Department of Homeland Security

U.S. Citizenship and Immigration Services

For	Applicant Interviewed	Receipt	Action Block				
	Date:						
USCIS Use	Date of Adjustment						
Only		Demonks					
	Date:	Remarks					
► START HERE - Type or print in black ink.							

		Date:	Remarks				
>	STA	RT HERE - Type or print	in black ink.				
Pa	rt 1.	Information About Y	ou				
1.	1. Full Legal Name						
	Fam	ily Name (Last Name)	Given Name (First Name) Middle Name			
2.	Nam	ne as it Appears on Your Emp	bloyment Authorization Document (Form I-766)			
	A.	Family Name (Last Name)	Given Name (First Name) Middle Name			
	D	Duravido the masses for a 1100	promos in the names if are (resmired discount	(40)			
	В.	Frovide the reason for a diffe	erence in the names, if any (marriage, divorce, e	ic.)			
3.	Any	Other Names Used					
	A.	Family Name (Last Name)	Given Name (First Name) Middle Name			
	-						
	В.	Family Name (Last Name)	Given Name (First Name) Middle Name			
4.	Α.	If your native alphabet does	not use Roman letters, type or print your name i	n your native alphabet.			
		Family Name (Last Name)	Given Name (First Name) Middle Name			
	В.	Language of Your Native Al	phabet				
5.	U.S.	Mailing Address (US	PS ZIP Code Lookup)				
	In C	are Of Name					
	Stree	et Number and Name		Apt. Ste. Flr. Number			
	City	or Town		State ZIP Code			
6.	Is yo	our current U.S. mailing addr	ess the same as your U.S. physical address?	Yes No			

If you answered "No," provide your U.S. physical address in **Item Number 7.**

Pa	rt 1. Information About Yo	ou (continued)		A-			
7.	U.S. Physical Address	<u> </u>					
	Street Number and Name	Apt. Ste. Flr	. Number				
	City or Town	State ZIP Code					
8.	Alien Registration Number (A-Nu ▶ A-						
10.	Date of Birth (mm/dd/yyyy) 11.						
12.	Place of Birth						
	City or Town	Province or Foreign State	Country				
13.	Country of Citizenship or National	14. Mother's First Name	15. F	ather's First Name			
16.	Marital Status Single (Neve	r Married) Married Divorced	or Separated \[\] \	Widowed			
17.		es since becoming a temporary resident.					
	absence that exceeded 30 days or if the total of all of your absences exceeds 90 days , explain using the space provided in Part 7. Additional Information or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of the						
		Part Number, and Item Number to which	ch your answer refe	rs; and sign and da	te each sheet.		
	sheet; indicate the Page Number,	Part Number, and Item Number to which	ch your answer refer	rs; and sign and da	te each sheet. Total Days		
	sheet; indicate the Page Number,	Part Number, and Item Number to which	ch your answer refer	rs; and sign and da	te each sheet. Total Days		
	sheet; indicate the Page Number,	Part Number, and Item Number to which	ch your answer refer	rs; and sign and da	te each sheet. Total Days		
	sheet; indicate the Page Number,	Part Number, and Item Number to which	ch your answer refer	rs; and sign and da	te each sheet. Total Days		
	sheet; indicate the Page Number,	Part Number, and Item Number to which	ch your answer refer	rs; and sign and da	te each sheet. Total Days		
	sheet; indicate the Page Number, Country	Part Number, and Item Number to which Purpose of Trip	ch your answer refer	rs; and sign and da	te each sheet. Total Days		
Pa	sheet; indicate the Page Number,	Part Number, and Item Number to which Purpose of Trip	ch your answer refer	rs; and sign and da	te each sheet. Total Days		
Pa 1.	sheet; indicate the Page Number, Country	Part Number, and Item Number to which Purpose of Trip On	ch your answer refer	rs; and sign and da	te each sheet. Total Days		
	Country Country Ref. 2. Biographic Information	Part Number, and Item Number to which Purpose of Trip Purpose of Trip Hispanic or Latino Not Hispanic	From (mm/dd/yyyy)	rs; and sign and da	te each sheet. Total Days		
1.	Country Country RT 2. Biographic Information Ethnicity (Select only one box)	Part Number, and Item Number to which Purpose of Trip Durpose of Trip Hispanic or Latino Not Hispanic Or Latino	From (mm/dd/yyyy) nic or Latino	rs; and sign and da	te each sheet. Total Days		
1.	Country Country Ref 2. Biographic Information Ethnicity (Select only one box) Race (Select all applicable boxes) American Indian or As	Part Number, and Item Number to which Purpose of Trip Durpose of Trip Hispanic or Latino Not Hispanic Or Latino	From (mm/dd/yyyy) nic or Latino	To (mm/dd/yyyy)	te each sheet. Total Days		
1. 2.	Country Country Tet 2. Biographic Information Ethnicity (Select only one box) Race (Select all applicable boxes) American Indian or As Alaska Native	Part Number, and Item Number to which Purpose of Trip Purpose of Trip Hispanic or Latino Not Hispanian Black or African Native Homerican Other Parameters of the Parameters	From (mm/dd/yyyy) nic or Latino	To (mm/dd/yyyy)	te each sheet. Total Days		
1. 2.	Country Country Text 2. Biographic Information Ethnicity (Select only one box) Race (Select all applicable boxes) American Indian or As Alaska Native Height Feet Inches	Purpose of Trip Purpose of Trip Hispanic or Latino Not Hispanian Black or African Native Hother Parameters of the Para	From (mm/dd/yyyy) nic or Latino	To (mm/dd/yyyy) White	te each sheet. Total Days		
1. 2.	Country Country Tet 2. Biographic Information Ethnicity (Select only one box) Race (Select all applicable boxes) American Indian or As Alaska Native Height Feet Inches Eye Color (Select only one box)	Purpose of Trip Purpose of Trip Hispanic or Latino Not Hispanic or Latino Native Hongarican Other Pa	rech your answer reference From (mm/dd/yyyy) nic or Latino Iawaiian or cific Islander	To (mm/dd/yyyy) White	Total Days Absent		

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Pa	rt 3	. Eligibility Standards	A-								
1. You are required to have a minimal understanding of standard English and a knowledge and understanding of the Government of the United States. Select the appropriate box in Item A. or B. below.									y an	d	
	A.	I will satisfy these requirements through:									
		An examination at the time of interview for lawful permanent residence; or									
		Satisfactory pursuit of a course of study recognized by the Secretary of Homeland Secu	rity	(Se	cre	tary)					
	B.	I have satisfied these requirements by:									
		Satisfactory pursuit of a course of study recognized by the Secretary (attach appropriate	ch appropriate documentation); or								
		An exemption because I am 65 years of age or older, under 16 years of age, or I am phy are physically unable to comply, explain and attach relevant documentation.)	sica	ılly	una	ble	о со	mpl	y. (If you	
in I eac	Part h she	Item Numbers 2 29. If you answer "Yes" to any of the questions, provide a complete exp. Additional Information or attach a separate sheet of paper. Type or print your name and set; indicate the Page Number, Part Number, and Item Number to which your answer refer ing "Yes" does not necessarily mean that you are not entitled to adjust status or register for la	A-N rs; a	Num ind s	bei sigi	r (if a	any) l date	at the	ie to ch sl	p of	
2.		we you EVER assisted in the persecution of any person or persons on account of race, religionation, nationality, or membership in a particular social group?	n, po	olitio	cal	[Y	es es] No	
3.	Hav	ve you EVER been treated for a mental disorder, drug addiction, or alcoholism?				[es		No	
4.	Hav	ve you EVER committed a crime or offense for which you were not arrested?				[es		No	
5.	5. Have you EVER been arrested, cited, or detained by any law enforcement officer (including Immigration and Customs Enforcement (ICE), Customs and Border Protection (CBP), former Immigration and Naturalization Service (INS), and/or military officers) for any reason?] No	
6.	Have you EVER been charged with committing any crime or offense?							es		No	
7.	Hav	ve you EVER been convicted of a crime or offense?				[Y	es		No	
8.	Hav	ve you EVER been in jail or prison?				[Y	es		No	
9.		ve you EVER been placed in an alternative sentencing or a rehabilitative program (for examplersion, deferred prosecution, withheld adjudication, deferred adjudication)?	ole,			[Y	es] No	
10.	Hav	re you EVER received a suspended sentence, been placed on probation, or been paroled?				[_ \	es		No	
11.	A.	Have you, or a dependent member of your immediate family, EVER received public assista any source, including, but not limited to, the U.S. Government, any state, county, city, or much source.				?	\	es] No	
	B.	If "Yes," provide the names of the recipients and their U.S. Social Security Numbers below.									
		Full Name of Recipient (Family Name, Given Name, Middle Name)	U	.S. S	Soc	cial S	Secu	rity	Nu	mber	
12.	Hav	ve you EVER:	-								
A. Within the past 10 years been a prostitute, procured anyone for prostitution, or intend to engage in such activities in the future?B. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?							Y	es] No	
							\	es		No	
	C.	Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States llegally?						es es] No	
	D.	Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in trafficking of any controlled substance?	the	illic	it	[Y	es] No	

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Pa	rt 3	3. Eligibility Standards (continued)					
13.	soli mat	we you EVER engaged in, conspired to engage in, do you intend to engage in, or have you EVER cited membership or funds for, or have you EVER through any means assisted or provided any type of terial support to any person or organization that has EVER engaged or conspired to engage in sabotage mapping, political assassination, hijacking, or any other form of terrorist activity?			Yes		No
14.	Do	you intend to engage in the United States in:					
	A.	Espionage?	[Yes		No
	В.	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
15.		ve you EVER been a member of, or in any way affiliated with, a Communist Party or any other litarian party?			Yes		No
16.	Gov	you EVER , during the period from March 23, 1933 to May 8, 1945, in association with either the Nazivernment of Germany or any organization or government associated or allied with the Nazi Government Germany, order, incite, assist, or otherwise participate in the persecution of any person because of race, gion, national origin, or political opinion?	ıt 🖺		Yes		No
17.	Hav	ve you EVER claimed to be a United States citizen in writing or any other way?			Yes		No
18.	exp	ve you EVER been deported from the United States, removed from the United States at government ense, excluded within the past year, or are you NOW , or have you EVER been in exclusion, ortation, removal, or rescission proceedings?	[Yes		No
19.	Nat mis	you NOW under a final order of civil penalty for violating section 274C of the Immigration and ionality Act (INA) for use of fraudulent documents or have you EVER , by fraud or willful representation of a material fact, sought to procure or procured a visa, other documentation, entry into United States, or any immigration benefit?			Yes		No
20.	Hav	ve you EVER left the United States to avoid being drafted into the U.S. Armed Forces?			Yes		No
21.		we you EVER been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence direment and have not yet complied with that requirement or obtained a waiver?			Yes		No
22.		e you NOW withholding custody of a U.S. citizen child outside the United States from a person granted tody of the child?	i [Yes		No
23.	Do	you plan to practice polygamy in the United States?	[Yes		No
24.	Hav	ve you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in	ı any	of t	he fo	llow	ing:
	A.	Acts involving torture or genocide?			Yes		No
	B.	Killing any person?			Yes		No
	C.	Intentionally and severely injuring any person?			Yes		No
	D.	Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?			Yes		No
	E.	Limiting or denying any person's ability to exercise religious beliefs?			Yes		No
25.	Hav	ve you EVER:					
	A.	Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization?	[Yes		No
	В.	Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?	[Yes		No

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Pa	art 3. Eligibility Standards (continued) A-							
26.	Have you EVER been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?	y Yes No						
27.	27. Have you EVER assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person?							
28.	28. Have you EVER received any type of military, paramilitary or weapons training?							
29.	Have you EVER :							
	A. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an arm force or group?	ned Yes No						
	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						
Pa	art 4. Applicant's Contact Information, Certification, and Signature							
Ap	oplicant's Contact Information							
Pro	ovide your daytime telephone number, mobile telephone number (if any), and email address (if any).							
1.	Applicant's Daytime Telephone Number 2. Applicant's Mobile Telephone Num	nber (if any)						
3.	Applicant's Email Address (if any)							
Ap	oplicant's Certification and Signature							
my und info	ertify, under penalty of perjury, that I provided or authorized all of the responses and information contained application, I read and understand or, if interpreted to me in a language in which I am fluent by the interplerstood, all of the responses and information contained in, and submitted with, my application, and that a formation are complete, true, and correct. Furthermore, I authorize the release of any information from any tustos. We will be used to determine my eligibility for an immigration request and to other entities and personal initiation and enforcement of U.S. immigration law.	oreter listed in Part 5. , all of the responses and the y and all of my records						
4.	Applicant's Signature Date o	f Signature (mm/dd/yyyy)						

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Pa	art 5. Interpreter's Contact Information, Certification, and Signature A-
In	terpreter's Full Name
1.	Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
2.	Interpreter's Business or Organization Name
In	terpreter's Contact Information
3.	Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number (if any)
5.	Interpreter's Email Address (if any)
In	terpreter's Certification and Signature
and	ertify, under penalty of perjury, that I am fluent in English and
6.	Interpreter's Signature Date of Signature (mm/dd/yyyy)
O	art 6. Contact Information, Declaration, and Signature of the Person Preparing This Application, If ther Than the Applicant Separer's Full Name
1.	Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2.	Preparer's Business or Organization Name
Pr	reparer's Contact Information
3.	Preparer's Daytime Telephone Number 4. Preparer's Mobile Telephone Number (if any)
5.	Preparer's Email Address (if any)
Pr	reparer's Certification and Signature
all info	ertify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only ormation provided by the applicant. The applicant reviewed the responses and information and informed me that they understand
	responses and information in or submitted with the application. Preparer's Signature Date of Signature (mm/dd/yyyy)

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Part 7. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.	Fan	nily Name (Last Na	me)		Giv	ren Name (First Name)	Middle Name
		Number (if any) Page Number	► A-[Part Number	C	Item Number	
J.	А.	age Number] D.	Tart Number	c.	Item Number	
	D.	L	_				
4	Λ	Page Number	R	Part Number	C	Item Number	
т.	11.	T age Trumber] D.	T dit i valliber	C.	Tem rumber	
	D.		_				
5.	A.	Page Number	В.	Part Number	C.	Item Number	
	D.						
6.	A.	Page Number	В.	Part Number	C.	Item Number	
	D.						

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