

## **Notice of Appeal or Motion**

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-290B

OMB No. 1615-0095 Expires 03/31/2027

	Returned	Reloc Sent		Receipt			Remarks
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	visit <u>www.uscis</u> n using this forn		or information on	the imm	nigration bene	fit types that are	e eligible for an appeal or
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	do not properly or motion.	complete this form or fail	to submit require	d docume	ents listed in th	e Instructions, we	e may dismiss or reject your
	1. Informati	on About the Appli	cant or		<b>iling Addres</b> oplicable)	ss (Safe or Alte	rnate Address, (USPS ZIP Code Lookup)
If a bu	sings or organiz	ation is filing this appeal	or motion skin	6.a.	In Care Of N	ame (if any)	
		l do not complete <b>Item N</b>					
<b>1.a.</b>	Family Name (Last Name)			6.b.	Street Number and Name	er	
	Given Name (First Name)			6.c.	Apt.	Ste. Flr.	
1.c.	Middle Name			6.d.	City or Town	l	
2.	Date of Birth (mr	n/dd/yyyy)		6.e.	State	<b>6.f.</b> ZIP Cod	le
<b>3.</b> [	Business or Orga	nization Name (if applica	able)	6.g.	Province		
	4.1. D	N 1 (A N 1 1 1		6.h.	Postal Code		
<b>4.</b> .	Alien Kegistratio	n Number (A-Number, if  ► A-	any)	6.i.	Country		
<b>5.</b>	USCIS Online Ad	ccount Number (if any)					

#### Part 2. Information About the Appeal or Motion

Please indicate whether you are filing an appeal to the Administrative Appeals Office (AAO) or a motion. You cannot file both an appeal and a motion on a single form. If you select both an appeal and a motion, we may dismiss or reject your filing.

NOTE: DO NOT use this form to file an appeal with the Board of Immigration Appeals (BIA). You must instead use Form EOIR-29.

I am	filing	g an <b>appeal</b> to the AAO.
1.a.		I have attached a brief and/or additional evidence.
1.b.		I will submit a brief and/or additional evidence directly to the AAO within 30 calendar days of filing this appeal.
1.c.		I will not be submitting any brief or additional evidence in support of this appeal.
I am	filing	g a motion.
2.a.		I am filing a <b>motion to reopen</b> . I have attached a brief and/or additional evidence.
2.b.		I am filing a <b>motion to reconsider</b> . I have attached a brief.
2.c.		I am filing a <b>motion to reopen</b> and a <b>motion to reconsider</b> . I have attached a brief and/or additional evidence.
3.	Mot	nigration Form That is the Subject of This Appeal or tion (for example, Form I-140, I-360, I-129, I-485, 01, I-730, I-131) (list <b>only one</b> form number)
4.		eipt Number for the Application, Petition, or Other uest (list <b>only one</b> Receipt Number)
5.	(for	uested Immigrant or Nonimmigrant Classification example, H-1B, R-1, O-1, EB-1, EB-2, RE-2, AS-2) applicable)
6.	Dat	e of the Unfavorable Decision (mm/dd/yyyy)
7.	Offi	ice That Issued the Unfavorable Decision

#### Part 3. Basis for the Appeal or Motion

You must provide a statement regarding the basis for your appeal or motion in the space provided on the next page. If you need additional space to provide your explanation, use **Part 7. Additional Information** or a separate sheet of paper.

**Appeal:** Provide a statement that specifically identifies an erroneous conclusion of law or statement of fact in the decision you are appealing. **You MUST provide this information with your Form I-290B even if you intend to submit a brief later.** 

NOTE: Your appeal must address all grounds of ineligibility identified in the unfavorable decision. If you do not address an issue in a statement on this form or in a supporting brief, we may deem it waived for the appeal. A waived ground of ineligibility may be the sole basis for a dismissed appeal.

**Motion to Reopen:** A motion to reopen must state new facts and must be supported by documentary evidence demonstrating eligibility for the requested immigration benefit at the time you filed the application or petition.

**Motion to Reconsider:** A motion to reconsider must state the reasons for reconsideration and must be supported by any pertinent precedent decisions to establish that the decision was based on an incorrect application of law or service policy, if applicable. A motion to reconsider must also establish that the decision was incorrect based on the evidence of record at the time of the decision

Form I-290B Edition 05/31/24

# Part 4. Applicant's or Petitioner's Contact Information, Certification, and Signature

App	licant's	or.	Petitioner	's	Contact	In	formation
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Provide your daytime telephone number, mobile telephone	
number (if any), and email address (if any).	

1. Applicant's or Petitioner's Daytime Telephone Number

2. Applicant's or Petitioner's Mobile Telephone Number (if any)

3. Applicant's or Petitioner's Email Address (if any)

# Applicant's or Petitioner's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my appeal or motion, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 5.**, understood, all of the responses and information contained in, and submitted with, my appeal/motion, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

Applicant's or Petitioner's Signature

Date of Signature (mm/dd/yyyy)

# Part 5. Interpreter's Contact Information, Certification, and Signature

#### Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name

#### Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
4. Interpreter's Mobile Telephone Number (if any)
5. Interpreter's Email Address (if any)

### Interpreter's Certification and Signature

and and and and I have interpreted every question on the appeal/motion, and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant/petitioner informed me that they understood every instruction, question, and answer on the appeal/motion.

I certify, under penalty of perjury, that I am fluent in English

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 6. Contact Information, Declaration, and Signature of the Person Preparing This Appeal/ Motion, if Other Than the Applicant or Petitioner

#### Preparer's Full Name

Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

Preparer's Business or Organization Name (if any)

### Preparer's Contact Information

3. Preparer's Daytime Telephone Number
4. Preparer's Mobile Telephone Number (if any)

5. Preparer's Email Address (if any)

Part 6. Contact Information, Declaration, and Signature of the Person Preparing This Appeal/ Motion, if Other Than the Applicant or Petitioner (continued)

### Preparer's Certification and Signature

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

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

Part	7. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
within than v comp paper each s	n need extra space to provide any additional information in this form, use the space below. If you need more space what is provided, you may make copies of this page to lete and file with this form or attach a separate sheet of a Type or print your name and A-Number at the top of sheet; indicate the <b>Page Number</b> , <b>Part Number</b> , and <b>Item</b> ber to which your answer refers; and sign and date each	5.d.					
	Family Name (Last Name)						
	Given Name (First Name)						
1.c.	Middle Name						
2.	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

Form I-290B Edition 05/31/24