



# Supplement A to Form I-485, Adjustment of Status Under Section 245(i)

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

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

**NOTE:** Use Supplement A to Form I-485, Adjustment of Status Under INA Section 245(i) (Supplement A), only if you are applying to adjust status to that of a lawful permanent resident under the Immigration and Nationality Act (INA) section 245(i). You may file Supplement A only if you are filing your Form I-485, Application to Register Permanent Residence or Adjust Status, at the same time or if you previously filed your Form I-485 and it remains pending.

► **START HERE - Type or print in black ink.**

## Part 1. Information About You

### Your Current Legal Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

### U.S. Mailing Address

- 2.a. In Care Of Name (if any)
- 2.b. Street Number and Name
- 2.c.  Apt.  Ste.  Flr.
- 2.d. City or Town
- 2.e. State  2.f. ZIP Code   
*(USPS ZIP Code Lookup)*

### Other Information

- 3. Alien Registration Number (A-Number) (if any)  
► A-
- 4. USCIS Online Account Number (if any)  
►
- 5. Date of Birth (mm/dd/yyyy)
- 6. Country of Birth
- 7. Country of Citizenship or Nationality

## Part 2. Eligibility

### Basis of INA Section 245(i) Eligibility

You claim eligibility to adjust status under INA section 245(i) because (Select **only one** box):

- 1.a.  You are or were the **principal beneficiary** of an immigrant petition or application for permanent labor certification filed on or before January 14, 1998.
- 1.b.  You are or were the **principal beneficiary** of an immigrant petition or application for permanent labor certification filed on or after January 15, 1998, and on or before April 30, 2001, **and** you were physically present in the United States on December 21, 2000.
- 1.c.  You are or were the **derivative beneficiary** of an immigrant petition or application for permanent labor certification filed on or before January 14, 1998.
- 1.d.  You are or were the **derivative beneficiary** of an immigrant petition or application for permanent labor certification filed on or after January 15, 1998, and on or before April 30, 2001, **and** the principal beneficiary was physically present in the United States on December 21, 2000.
- 1.e.  You are currently the **spouse** applying to accompany or follow-to-join your spouse **OR** the **child** (unmarried and under 21 years of age) applying to accompany or follow-to-join your parent described in **Item Numbers 1.a. - 1.d.**

### Qualifying Petition or Application

Provide the following information about the immigrant petition or application for permanent labor certification filed on or before April 30, 2001 that qualifies you to adjust status under INA section 245(i).

- 2. Receipt Number of Petition (if any)

## Part 2. Eligibility (continued)

Information on Principal Beneficiary of Petition or Application

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4. Principal Applicant's A-Number (if any)  
▶ A-

## Immigrant Category

5. Type or print the family-based, employment-based, special immigrant, or Diversity Visa immigrant category you selected on Form I-485, **Part 2. Application Type or Filing Category, Item Numbers 1.a. - 1.g.**

## Part 3. Bars to Adjustment

You are applying to adjust under INA section 245(i) because one or more of the following bars to adjustment apply to you (Select **all applicable** boxes):

- 1.a.  You last entered the United States without being admitted or paroled after inspection by an immigration officer.
- 1.b.  You last entered the United States as a nonimmigrant crewman.
- 1.c.  You are now employed or have ever been employed in the United States without authorization.
- 1.d.  You are not in lawful immigration status on the date of filing your application for adjustment of status.
- 1.e.  You have ever failed to continuously maintain a lawful status since entry into the United States, unless your failure to maintain status was through no fault of your own or for technical reasons.
- 1.f.  You were last admitted to the United States in transit without a visa.
- 1.g.  You were last admitted to the United States as a nonimmigrant visitor without a visa under the Guam and Commonwealth of the Northern Mariana Islands Visa Waiver Program, and you are not a Canadian citizen.
- 1.h.  You were last admitted to the United States as a nonimmigrant visitor without a visa under the Visa Waiver Program (See <https://travel.state.gov/content/travel/en/us-visas/tourism-visit/visa-waiver-program.html>).

1.i.  You are seeking employment-based adjustment of status and you are not maintaining a lawful nonimmigrant status on the date of filing your application for adjustment of status.

1.j.  You have ever violated the terms of your nonimmigrant status.

## Part 4. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

**NOTE:** Read the **Penalties** section of the Supplement A Instructions before completing this part. You must file Supplement A while in the United States.

### Applicant's Statement

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a.  I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question.

1.b.  The interpreter named in **Part 5.** read to me every question and instruction on this supplement and my answer to every question in , a language in which I am fluent, and I understood everything.

2.  At my request, the preparer named in **Part 6.**, , prepared this supplement for me based only upon information I provided or authorized.

### Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4. Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)

**Part 4. Applicant's Statement, Contact Information, Declaration, Certification, and Signature** (continued)

***Applicant's Declaration and Certification***

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that U.S. Citizenship and Immigration Services (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.

I furthermore authorize release of information contained in this supplement, 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.

I certify, under penalty of perjury, that all of the information in my supplement and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my supplement and that all of this information is complete, true, and correct.

***Applicant's Signature***

6.a. Applicant's Signature (sign in ink)

➔

6.b. Date of Signature (mm/dd/yyyy)

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this supplement or fail to submit required documents listed in the Instructions, USCIS may deny your Form I-485.

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

Provide the following information about the interpreter.

***Interpreter's Full Name***

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

***Interpreter'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

***Interpreter's Contact Information***

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

***Interpreter's Certification***

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 4., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this supplement and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the supplement, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

***Interpreter's Signature***

7.a. Interpreter's Signature (sign in ink)

7.b. Date of Signature (mm/dd/yyyy)

**Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Supplement, if Other Than the Applicant**

Provide the following information about the preparer.

**Preparer's Full Name**

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name (if any)

**Preparer'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

**Preparer's Contact Information**

- 4. Preparer's Daytime Telephone Number
- 5. Preparer's Mobile Telephone Number (if any)
- 6. Preparer's Email Address (if any)

**Preparer's Statement**

- 7.a.  I am not an attorney or accredited representative but have prepared this supplement 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 supplement.

**NOTE:** 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 supplement.

**Preparer's Certification**

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

**Preparer's Signature**

- 8.a. Preparer's Signature (sign in ink)
- 8.b. Date of Signature (mm/dd/yyyy)