Petition to Classify Orphan as an Immediate Relative

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-600 OMB No. 1615-0028

Expires 10/31/2027

For U.S. Government Use Only					
The petitioner is: Married Unmarried	Action Block		Receipt/Fee Stamp		
Form I-600A Approval Approval Valid Until (mm/dd/yyyy):					
The petitioner is approved to adopt an orphan from (if specified):	Department	t of State Actions: ed	Final Adjudicating Office/Post:		
(Name of non-Hague Convention Country)	🗆 Transfer	r to USCIS as Not Clearly	Officer Signature and Date:		
□ PAIR Letter Issued Date (if applicable) (mm/dd/yyyy):	Approva	able r to USCIS as Consular Return	Child's Legal Name after Adoption:		
To be completed by an Attorney or AccreditedSelect this box Form G-28 or is attached.Representative (if any).	CI	ttorney State Bar Number f applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)		

START HERE - Type or print in black ink. Complete a separate petition for each child. This petition is made to classify an orphan as your immediate relative.

You must be a U.S. citizen in order to file this petition. See the What Are the Eligibility Requirements section of the Form I-600 Instructions for more information.

Part 1. Basis of Filing

1. Petition Filing Basis

Select the appropriate option below. See USCIS Form G-1055, Fee Schedule, available at <u>www.uscis.gov/g-1055</u>, for information on filing fees.

You filed Form I-600A and it is pending or was approved and remains valid, and you are filing Form I-600 for:

One child

Multiple children who are birth siblings. This petition is for the first sibling.

Multiple children who are birth siblings. This petition is for an additional sibling.

Multiple children who are <u>not</u> birth siblings. This petition is for the first child.

Multiple children who are <u>not</u> birth siblings. This petition is for an additional child.

You do not have a valid Form I-600A approval (because you did not file a Form I-600A, your Form I-600A approval expired or is no longer valid, etc.). You are requesting a suitability and eligibility determination as part of your Form I-600 (combination filing), and you are filing Form I-600 for:

One child

Multiple children who are birth siblings. This petition is for the first sibling.

Multiple children who are birth siblings. This petition is for an additional sibling.

Multiple children who are <u>not</u> birth siblings. This petition is for the first child.

Multiple children who are <u>not</u> birth siblings. This petition is for an additional child.

Part 1. Basis of Filing (continued)

2. Any Change in Marital Status

Complete this section if you filed Form I-600A or a Form I-600 combination filing and have had a change in marital status since you filed your application or petition.

Your marital status changed while your Form I-600A or Form I-600 combination filing was pending, and you are submitting a combination filing with a new basis marital status.

Your marital status changed after your Form I-600A or Form I-600 combination filing was approved, and you are submitting a combination filing with a new basis marital status.

Part 2. Information About You (Petitioner)

1. Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

2. Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)

Your Contact Information

3. U.S. Mailing Address (if any)

In Care Of Name (if any)

Street Number and Name	Apt. Ste. Flr.	Number
City or Town	State	ZIP Code
Is your current U.S. mailing address the same as your U.S. physical address?		Yes No
If you answered "No," provide your U.S. physical address in Item Number 5. or appropriate.	your address abr	oad in Item Number 6. , as
U.S. Physical Address (if any)		
In Care Of Name (if any)		
Street Number and Name	Apt. Ste. Flr.	Number

State

ZIP Code

City or Town

4.

5.

Par	t 2. Information About You (Petitioner) (cor	ntinued)		
6.	Address Abroad (if any)			
	Street Number and Name		Apt. Ste. Flr.	Number
	City or Town		State	
	Province Postal Co	de Country		
7.	Daytime Telephone Number	8. Mobile Telephone	e Number (if ar	ny)
9.	Email Address (if any)			
Info	ormation About Your U.S. Citizenship			
10.	USCIS Online Account Number (if any) 11. I	Date of Birth (mm/dd/yyyy)		
12.	City/Town/Village of Birth	State or Province of B	irth	
	Country of Birth			
13.a.	How did you obtain your U.S. citizenship?	Birth Parents N	aturalization	
13.b.	If you obtained your citizenship through your parents, own name?	have you obtained a Certific	ate of Citizensl	nip in your 🗌 Yes 🗌 No
	If you answered "Yes," provide the following information	tion about your Certificate of	Citizenship:	
	Your Name On the Certificate of Citizenship			
	Family Name (Last Name)	Given Name (First Name)		Middle Name (if applicable)
	Alien Registration Number (A-Number) (if any) Certifi	cate of Citizenship Number		
	► A			
	Date of Issuance (mm/dd/yyyy) Place	of Issuance		
13.c.	If you obtained your citizenship through naturalization, J	provide the following information	tion about your	Certificate of Naturalization:
	Your Name On the Certificate of Naturalization			
	Family Name (Last Name)	Given Name (First Name)		Middle Name (if applicable)
	A-Number (if any)	Certificate of Naturalization	n Number	
	► A			
	Date of Naturalization (mm/dd/yyyy)	Place of Naturalization		

(sud NO 15. Wh 16. Hov NO <i>Inform</i> 17. Dat 19. Nat Far	we you EVER renounced or lost U.S. citizenship or has anyone you obtained citizenship through Yes Yes Yes TE: If you answered "Yes," provide a detailed explanation in the space provided in Part 12. Additional Information. at is your marital status? Single Married Divorced Widowed Separated we many times have you been married (including your current marriage, if applicable)? TE: If you are not currently married, skip to Item Number 28. ation About Your Current Marriage e of Current Marriage (mm/dd/yyyy) 18. Place Where Current Marriage Occurred intermediate of Your Current Spouse inty Name (Last Name) Given Name (First Name) Middle Name (if applicable)
15. Wh 16. Ho [*] NO <i>Inform</i> 17. Dat 19. Nat Fan	at is your marital status? Single Married Divorced Widowed Separated w many times have you been married (including your current marriage, if applicable)? TE: If you are not currently married, skip to Item Number 28. ation About Your Current Marriage e of Current Marriage (mm/dd/yyyy) 18. Place Where Current Marriage Occurred me of Your Current Spouse
16. Ho ⁴ NO <i>Inform</i> 17. Dat 19. Nat Far	w many times have you been married (including your current marriage, if applicable)? TE: If you are not currently married, skip to Item Number 28. ation About Your Current Marriage e of Current Marriage (mm/dd/yyyy) 18. Place Where Current Marriage Occurred ne of Your Current Spouse
NO <i>Inform</i> 17. Dat 19. Nat Far	TE: If you are not currently married, skip to Item Number 28. ation About Your Current Marriage e of Current Marriage (mm/dd/yyyy) 18. Place Where Current Marriage Occurred me of Your Current Spouse
Inform 17. Dat 19. Nat Far	ation About Your Current Marriage e of Current Marriage (mm/dd/yyyy) 18. Place Where Current Marriage Occurred
17. Dat	e of Current Marriage (mm/dd/yyyy) 18. Place Where Current Marriage Occurred ne of Your Current Spouse
L9. Nai Far	ne of Your Current Spouse
Fan	
	hily Name (Last Name) Given Name (First Name) Middle Name (if applicable)
20. Oth	
20. Oth	
	er Names Your Current Spouse Has Used (if any)
	vide all other names your spouse has ever used, including aliases, maiden name, and nicknames. If you need extra space to uplete this section, use the space provided in Part 12. Additional Information .
Far	nily Name (Last Name) Given Name (First Name) Middle Name (if applicable)
21. Info	ormation About Your Current Spouse
Spo	use's Date of Birth (mm/dd/yyyy) Spouse's A-Number (if any) Spouse's USCIS Online Account Number (if a
	► A-
Spo	use's City/Town/Village of Birth Spouse's State or Province of Birth
Spo	use's Country of Birth
L Is y	our spouse a U.S. citizen?
If y	ou answered "Yes," how did your spouse obtain U.S. citizenship?
If y	ou answered "No," provide your spouse's current U.S. immigration status:

Pa	rt 2. Information About You (Petit	ioner) (continue	ed)					
You	ur Spouse's Contact Information							
23.	Does your current spouse reside with you	?					Yes	🗌 No
	If you answered "No," provide your curre	nt spouse's physic	al addres	s in Item Num l	oer 24.			
24.	Your Current Spouse's Physical Address (if applicable)						
	Street Number and Name				Apt. Ste. Flr.	Number		
	City or Town				State	ZIP Code		
	Province	Postal Code		Country				
25.	Spouse's Daytime Telephone Number		26.	Spouse's Mobil	e Telephone Ni	umber		
27.	Spouse's Email Address (if any)							
Ad	ditional Household Members							
28.	How many persons 18 years of age or old	er (other than you	spouse,	if married) resid	de with you?	Γ		

If you answered "1" or more, you **MUST** complete Form I-600A/I-600 Supplement 1, Listing of Adult Member of the Household, for each person.

29. List all of your children who are under 18 years of age. Also include any other children under 18 years of age who reside in your household, regardless of your relationship to those children. If you need extra space to complete this table, use the space provided in **Part 12. Additional Information**.

Name (First/Middle/Last)	Date of Birth (mm/dd/yyyy)	Country of Birth	A-Number (if any)	Relationship to You

Par	rt 2. Information About You (Petitioner) (continued)		
Inf	formation About Prior Filings or Adoptions		
If yo	u need extra space to complete Item Numbers 30 35., use the space provided in Part 12. Additional Info	ormation.	
30.	Have you ever previously filed Form I-600, Form I-600A, Application for Advance Processing of an Orph Petition, Form I-800A, Application for Determination of Suitability to Adopt a Child From a Convention Country, Form I-800, Petition to Classify Convention Adoptee as an Immediate Relative, or Form I-130, Petition for Alien Relative, for an adopted child?	an 🗌 Yes	🗌 No
	If you answered "Yes," provide the following information for EACH petition and/or application:		
	Type of Petition/Application Filed:		
	Form I-600A Form I-600 Form I-800A Form I-130 (for an adopted child)		
	Result: Approved Denied Withdrawn Revoked		
	Other (please explain):		
	Date (mm/dd/yyyy)		
31.	Have you previously completed a domestic adoption of a child within the U.S.?	Yes	No No
	If you answered "Yes," provide the following information for each completed domestic adoption of a child		
	State And County Where Adoption Was Finalized Date Adoption Was Final	lized (mm/dd	l/yyyy)
32.	Have you ever previously attempted to adopt a child internationally or domestically, but the adoption was disrupted before it was finalized? An adoption is disrupted if you (or a custodian escorting the child on you behalf) are granted legal custody or guardianship of the child, but the adoptive placement is interrupted before the adoption was finalized.	Yes Yes	🗌 No
	If you answered "Yes," provide a detailed description of the disruption.		
33.	Have you ever previously completed an adoption, either in the United States or abroad, that was later dissolve An adoption is dissolved if your parental rights over the adopted child are terminated at any time after the adoption was finalized.	ed? 🗌 Yes	🗌 No
	If you answered "Yes," provide a detailed description of the dissolution.		
34.	Have you ever previously placed a child in the care of another person with the intent to transfer permanent custody of the child?	Yes	🗌 No
	If you answered "Yes," provide a detailed description of the placement.		
35.	Have you ever received a child with the intent to gain permanent custody, but without involving child welfare or other state/local authorities or following a state/local process?	Yes	🗌 No
	If you answered "Yes," provide a detailed description of the custody transfer.		

Part 2. Information About You (Petitioner) (continued)

Duty of Disclosure

You and your spouse (if married) must answer the following questions. See the **Duty of Disclosure** section in the Form I-600 Instructions concerning your ongoing duty to disclose information in response to these questions. If you or your spouse answer "Yes" to any of the questions in **Item Numbers 36.a. - 37.d.**, provide a certified copy of the documentation showing the final disposition of each incident which resulted in arrest, indictment, conviction, and/or any other judicial or administrative action and a written statement giving details, including any mitigating circumstances about each arrest, signed by you and/or your spouse (if married) under penalty of perjury under U.S. law. The written statement must show the date of each incident; place incident occurred (city/town, state/province, country); name of police department or other law enforcement administration or other entity involved; date of incarceration and name of facility, if applicable. Provide a description of any type of counseling, rehabilitation, or other information that you and your spouse (if married) would like considered in light of this history in the space provided in **Part 12. Additional Information**.

Have you **EVER**, whether in or outside the United States:

36.a.	Been investigated, arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance? (Answer "Yes," even if the record of the arrest, conviction, or other adverse criminal history was expunged, sealed, pardoned, or the subject of any other amelioration. Do not include traffic violations, except for violations for driving or operating a vehicle while intoxicated or while impaired by or under the influence of alcohol or other intoxicant.)	Yes	No No
36.b.	Received a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action?	Yes	🗌 No
36.c.	Received a suspended sentence, been placed on probation or parole, or been in an alternative sentencing or rehabilitation program, such as diversion, deferred prosecution, deferred or withheld adjudication, or expungement of a criminal charge?	Yes	🗌 No
36.d.	Been the subject of any investigation at any time, even if closed or unsubstantiated, by any child welfare agency, court, or other official authority in any state or foreign country concerning the abuse or neglect of any child?	Yes	🗌 No
Has y	your spouse EVER, whether in or outside the United States:		
37.a.	Been investigated, arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance? (Answer "Yes," even if the record of the arrest, conviction, or other adverse criminal history was expunged, sealed, pardoned, or the subject of any other amelioration. Do not include traffic violations, except for violations for driving or operating a vehicle while intoxicated or while impaired by or under the influence of alcohol or other intoxicant.)	Yes	No No
37.b.	Received a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action?	Yes	🗌 No
37.c.	Received a suspended sentence, been placed on probation or parole, or been in an alternative sentencing or rehabilitation program, such as diversion, deferred prosecution, deferred or withheld adjudication, or expungement of a criminal charge?	Yes	🗌 No
37.d.	Been the subject of any investigation at any time even if closed or unsubstantiated, by any child welfare agency, court, or other official authority in any state or foreign country concerning the abuse or neglect of any child?	Yes	🗌 No

Part 3. Information About the Orphan Beneficiary

1. Name at Birth

Family Name (Last Name)		Given Name (First Name)	Middle Name (if applicable)
2.	Current Name		
	Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)

Part 3. Information About the Orphan Beneficiary (continued)

3. Other Names the Orphan Has Used

Provide all other names the orphan has ever used, including aliases and nicknames. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

	Family Name (Last Name)		e (First Name)	Middle Na	Middle Name (if applicable)		
4.	Gender 5. Date of Male Female	Birth (mm/dd/yyy	y)				
6.	City/Town/Village of Birth		State or Province of	f Birth			
	Country of Birth						
7.	The beneficiary is an orphan because (sel	lect only one box):					
They have no parents due to the death or disappearance of, abandonment or desertion by, or separation or loss parents.							
	They have a sole or surviving parent the child for emigration and adoption		of providing proper care	and who has in writin	g irrevocably	released	
[f the	orphan has a sole or surviving parent, and	swer the following:					
8.a.	a. What happened to the other birth or previous parent?						
8.b.	Is the remaining parent capable of provid	ing proper care for	the orphan?		Yes	🗌 No	
8.c.	Has the remaining parent irrevocably rele	eased the orphan fo	r emigration and adoption	on, in writing?	Yes	🗌 No	
9.	Did you adopt the orphan abroad?				Yes	🗌 No	
10.	Did your spouse (if married) adopt the or	phan abroad?			Yes	🗌 No	
lf yo	u answered "Yes" to Item Number 9. or I	tem Number 10.,	provide the following in	formation:			
11 . a.	Did you or your spouse (if married) perso adoption proceedings? (This does not inc	•		uring the	Yes	🗌 No	
11.b.	Date of Adoption (mm/dd/yyyy) 11.c.	Place of Adoption	n				
lf yo	u answered "No" to either Item Number 9	9., Item Number 1	0., or Item Number 11.	a. , provide the follow	ing informatio	n:	
NOT	E: If you need extra space to complete Ite	m Numbers 12.a.	- 12.d., use the space pro	ovided in Part 12. Add	litional Inform	nation.	
12.a.	Do you and your spouse (if married) inter	nd to adopt the orp	han in the United States	?	Yes	🗌 No	
12.b.	Provide a written description of all the pr relevant state statutes and regulations. If requirements, indicate "not applicable."					e any	

Par	t 3. Information About the Orphan Beneficiary (continued)							
12.c.	. Have any pre-adoption requirements of the orphan's proposed state of residence already been met?	Yes	🗌 No					
	If you answered "Yes," provide which requirements have been met.							
12 d	• Will any pre-adoption requirements be met at a later time?	Yes	□ No					
12.0.	If you answered "Yes," describe the steps you will take to comply with these requirements.							
	If you answered "No," provide each pre-adoption requirement that will not be met and explain why.							
To y	our knowledge:							
13.a.	Does the orphan have any special need, disability, and/or impairment?	Yes	🗌 No					
13.b.	. If you answered "Yes," name or describe the special need, disability, and/or impairment.							
14.	The orphan's legal custodian is (select only one box):	The orphan's legal custodian is (select only one box):						
	An individual or entity other than the orphan's birth parents. Name of the individual or entity:							
	Both of the orphan's living birth parents.							
	One of the orphan's living birth parents. The living birth parent is the (select only one box):	er 🗌 Fa	ather					
15.	Information About the Attorney Abroad Representing You and/or Your Spouse (if married) in this Case (if a	any)						
	Family Name (Last Name)Given Name (First Name)Middle Name	•	le)					
	Street Number and Name Apt. Ste. Flr. Number							
	City or Town State ZIP Cod	e						
	Province Postal Code Country							

t 3. Information About the (Orphan Beneficiary (co	ntinued)				
Address Where the Orphan Will Reside After the Adoption (or after you obtain legal custody)						
Street Number and Name			Apt. Ste. Flr.	Number		
City or Town			State	ZIP Code		
Province	Postal Code	Country				
Current Address of the Orphan						
In Care Of Name						
Street Number and Name			Apt. Ste. Flr.	. Number		
]		
City or Town			State	ZIP Code		
Province	Postal Code	Country				
If the orphan resides in an institution	on, provide the full name of th	ne institution.				
	institution, provide the full na	me of the person	with whom the o	orphan is residing or the name		
-						
Family Name (Last Name)	Given Name (F	First Name)	Mic	Idle Name (if applicable)		
	necessary to locate the orpha	an, such as the nar	me of a district, so	ection, zone, or locality in		
you obtain an adoption or legal cus	tody of the orphan, do you in	tend to:				
Seek an immigrant visa because the	e child will reside with you in	the United States	s?	Yes No		
	b. Seek a non-immigrant visa for the child to travel to the United States temporarily for the purpose of					
-				•		
Where do you wish to file your vis				-		
	Address Where the Orphan Will Ro Street Number and Name City or Town City or Town Province Current Address of the Orphan In Care Of Name Street Number and Name City or Town City or Town In Care Of Name City or Town In Care Of Name In the orphan resides in an institution In the orphan does not reside in an of the orphan resides:	Address Where the Orphan Will Reside After the Adoption (or a Street Number and Name City or Town City or Town Province Postal Code Current Address of the Orphan In Care Of Name City or Town City or Town Current Address of the Orphan In Care Of Name City or Town City or Town Image: City or Town Image: City or Town City or Town Image: City or Town	Street Number and Name City or Town Province Postal Code Country Current Address of the Orphan In Care Of Name Street Number and Name Street Number and Name Street Number and Name Image: Street Number and Name Street Number and Name Street Number and Name Image: Street Number and Name Street Number and Name Street Number and Name Image: Street Number and Name Street Nume Street Nume	Address Where the Orphan Will Reside After the Adoption (or after you obtain legal custody) Street Number and Name Apt. Ste. Flr. City or Town State Province Postal Code Country Current Address of the Orphan In In Care Of Name Apt. Ste. Flr. Street Number and Name Apt. Ste. Flr. City or Town State Street Number and Name Apt. Ste. Flr. City or Town State Street Number and Name Apt. Ste. Flr. City or Town State If the orphan resides in an institution, provide the full name of the institution. If the orphan does not reside in an institution, provide the full name of the person with whom the of of the orphan's caretaker. Family Name (Last Name) Given Name (First Name) Mid Provide any additional information necessary to locate the orphan, such as the name of a district, swhich the orphan resides: which the orphan resides: You obtain an adoption or legal custody of the orphan, do you intend to: Seek an immigrant visa because the child will reside with you in the United States?		

Dont 1	Information	A hout Vour	Home Study	and Drimon	A dontion	Service Provider
i ar i 4	Internation	ADOUL LOUP	nome Stua	у анц г гипагу	Αυσριιση	Service Frovider

Your home study:

- **1.a.** Was previously submitted with your **approved** Form I-600A application (please attach a copy of your Form I-600A approval notice).
- **1.b.** Was previously submitted with your **pending** Form I-600A application (please attach a copy of your Form I-600A receipt notice).
- **1.c.** Was previously submitted with a Form I-600A/I-600, Supplement 3 (please attach a copy of your Form I-600A/I-600, Supplement 3 receipt notice).
- **1.d.** IS attached to this Form I-600.

1.e. IS NOT attached to this Form I-600 because of state requirements necessitating review and documentation. The appropriate state authority has indicated that it will submit the home study directly to U.S. Citizenship and Immigration Services (USCIS). (Do not submit your Form I-600 to USCIS until the state authority is ready to send your home study to USCIS.)

Information About Your Primary Adoption Service Provider

NOTE: A primary adoption service provider is the accredited agency or approved person who is responsible under 22 CFR 96 for ensuring all six adoption services defined in 22 CFR 96.2 are provided according to the law, for supervising and being responsible for supervised providers when used (see 22 CFR 96.14), and for developing and implementing a service plan in accordance with 22 CFR 96.44.

2. Name of Primary Adoption Service Provider

Family Name (Last Name)	Given	Name (Firs	t Name)	
Primary Adoption Service Provider's Mailing Address				
Street Number and Name			Apt. Ste. Flr	. Number
City or Town			State	ZIP Code
Primary Adoption Service Provider's Daytime Telephone Nu	mber 6.	Primary A	doption Service	e Provider's Fax Number (if
Primary Adoption Service Provider's Email Address (if any	·)			

The primary adoption service provider named above is one of the following:

8.a. An accredited agency in the United States.

8.b. An approved person in the United States.

Yes

Yes

No

No

Part 5. Information About Fees, Expenses, and Other Compensation

If you need extra space to complete the tables in Item Numbers 1. or 2., use the space provided in Part 12. Additional Information.

1. Information on payments already made. In the following table, provide all payments, including in-kind contributions that you and your spouse (if married) have made in relation to the adoption of the child identified in this Form I-600. The information you provide in this table must include all fees, expenses, in-kind contributions, and other compensation that you and your spouse (if married) or anyone on behalf of you and your spouse, have directly or indirectly made, to any individual, agency, entity, governmental authority, or other payee or recipient. The information below should include all payments made as of the date of your signing this Form I-600.

Date (mm/dd/yyyy)	Payee	Relationship to Child (if any)	Purpose of Payment	Amount of Payment (or description and value of in kind consideration)

2. Information on anticipated future payments. In the following table, provide all fees, expenses, in-kind contributions, and other compensation that you and your spouse (if married) or anyone on behalf of you and your spouse, reasonably expect to pay or make, either directly or indirectly, to any individual, agency, entity, governmental authority, or other payee or recipient.

Anticipated Date of Payment (mm/dd/yyyy)	Payee	Relationship to Child (if any)	Purpose of Payment	Amount of Payment (or description and value of in kind consideration)

Part 5. Information About Fees, Expenses, and Other Compensation (continued)

3. Have you or your spouse (if married) or anyone on behalf of you and your spouse, given or arranged to give money or other consideration either directly or indirectly to the orphan's parent(s), agent(s), other individual(s), or entity to induce or encourage the release of the orphan?

Yes No

Yes

No

If you answere	d "Yes,"	provide a	detailed	descript	tion to ex	plain.
		p10,100 a		acourpe		

Part 6. Request for Exemption From Submitting Affidavit of Support Under Section 213A of the INA on behalf of Orphan Beneficiary

Select one of the below to indicate if you will submit an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) with any visa application to the U.S. Department of State (DOS), or if you are requesting an exemption.

I am requesting an exemption from submitting an Affidavit of Support Under Section 213A of the INA on behalf of the orphan beneficiary listed in **Part 3.** because:

- **1.a.** The orphan beneficiary can receive credit for 40 qualifying quarters (credits) of work earned by the orphan beneficiary's petitioning parent(s) in the United States (as defined by the Social Security Act). (Do not count any quarters for which a means-tested public benefit was received.)
- **1.b.** Upon admission as a lawful permanent resident, the orphan beneficiary will be under 18 years of age, unmarried, and the child of a U.S. citizen, is not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320.

NOTE: For this to apply, the child will need an adoption that is considered final under U.S. immigration law.

2. Neither of these exemptions apply, and I will submit Form I-864 or Form I-864EZ to DOS.

Part 7. Accommodations for Individuals With Disabilities and/or Impairments

NOTE: Read the information in the Form I-600 Instructions before completing this section.

- **1.** Are you requesting an accommodation because of disabilities and/or impairments?
 - If you answered "Yes," select all applicable boxes below to indicate who has the disabilities and/or impairments.

Petitioner Spouse Other Adult Household Member

If you answered "Yes" to **Item Number 1.**, select all applicable boxes in **Item Numbers 3.a. - 3.b.** and provide an answer for each person with disabilities and/or impairments.

- **3.a.** Deaf or hard of hearing and request the following accommodation. (If requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).)
- **3.b.** Blind or have low vision and request the following accommodation:

3.c. Another type of disability and/or impairment. (Describe the nature of the disability and/or impairment and the requested accommodation.)

2.

Part 8. Petitioner's Certification, Duty of Disclosure, and Signature

NOTE: Read the Penalties section of the Form I-600 Instructions before completing this section.

Petitioner's Certification

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my petition, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 10.**, understood, all of the responses and information contained in, and submitted with, my petition, 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.

Petitioner's Duty of Disclosure

I understand the ongoing duty to disclose information concerning my suitability and eligibility as an adoptive parent, as described in the Form I-600 and/or Form I-600A Instructions, and I agree to notify my home study preparer and USCIS of any new information that I am required to disclose.

Petitioner's Signature

1.	Petitioner's Signature	Date of Signature (mm/dd/yyyy)
⇒		

Part 9. Your Spouse's Certification, Duty of Disclosure, and Signature

NOTE: Read the Penalties section of the Form I-600 Instructions before completing this section.

Your Spouse's Certification

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my petition, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 10.**, understood, all of the responses and information contained in, and submitted with, my petition, 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.

Your Spouse's Duty of Disclosure

I understand the ongoing duty to disclose information concerning my suitability and eligibility as an adoptive parent, as described in the Form I-600 and/or Form I-600A Instructions, and I agree to notify the home study preparer and USCIS of any new information that I am required to disclose.

Your Spouse's Signature

1. Your Spouse's Signature

Date of Signature (mm/dd/yyyy)

Part 10. 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

Part 10. Interpreter's Contact Information, Certification, and Signature (continued)

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

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

and I have interpreted every question on the petition and Instructions and interpreted the petitioner's and/or petitioner's spouse's (if married) answers to the questions in that language, and the petitioner and/or the petitioner's spouse informed me that they understood every instruction, question, and answer on the petition.

6. Interpreter's Signature

Date of Signature	(mm/dd/yyyy)
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Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Petition, If Other
rart 11. Contact information, Declaration, and Signature of the rerson rreparing this retution, if Other

Preparer's Full Name

Than the Petitioner and Spouse

1.	Preparer's Family Name (Last Name)		Preparer's Given Name (First Name)
2.	Preparer's Business or Organization Name		
Pre	parer's Contact Information		
3.	Preparer's Daytime Telephone Number	4.	Preparer's Mobile Telephone Number (if any)
5.	Preparer's Email Address (if any)		

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this petition for the petitioner and/or the petitioner's spouse (if married) at their request and with express consent and that all of the responses and information contained in and submitted with the petition are complete, true, and correct and reflects only information provided by the petitioner and/or the petitioner's spouse (if married). The petitioner and/or the petitioner's spouse (if married) reviewed the responses and information and informed me that they understand the responses and information in or submitted with the petition.

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

Part 12. Additional Information

If you need extra space to provide any additional information within this petition, 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 petition or attach a separate sheet of paper. Type or print 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.	Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
2.	A-Number (if any) ► A-		
3.	Page Number Part Number	Item Number	
4.	Page Number Part Number	Item Number	
5.	Page Number Part Number	Item Number	
6.	Page Number Part Number	Item Number	