



Request for a Hearing on a Decision in Naturalization Proceedings Under Section 336

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

USCIS
Form N-336
OMB No. 1615-0050
Expires 08/31/2024

For USCIS Use Only	
Barcode	Date Stamp
Remarks	
<input type="checkbox"/> Re-Affirm N-400 Denial <input type="checkbox"/> Re-Determine N-400 Denial	

To be completed by an Attorney or Accredited Representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <input style="width: 100%;" type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input style="width: 100%; height: 20px;" type="text"/>
--	--	---	--

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

NOTE: Type or print "N/A" if an item is not applicable. Type or print "None" if the answer is none. Failure to answer all of the questions may delay your Form N-336.

Enter Your 9 Digit A-Number:

Part 1. Information About You, the Naturalization Applicant	▶	A- <input style="width: 100%; height: 20px;" type="text"/>
--	---	--

1. Current Legal Name (do not provide a nickname)

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

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 8. Additional Information.**

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

3. Date of Birth (mm/dd/yyyy)

4. USCIS Online Account Number (if any)

▶

5. Physical Address (do not provide a PO Box in this space unless it is your only address)

Street Number and Name	Apt.	St.	Flr.	Number
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
City or Town	County	State	ZIP Code	
Province or Region	Postal Code	Country		

Part 1. Information About You, the Naturalization Applicant
(continued)

▶ A-

6. Mailing Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

County

State

ZIP Code

Province or Region

Postal Code

Country

7. Contact Information

A. Work Telephone Number

B. Evening Telephone Number

Part 2. Information About Form N-400 Denial On Which You (the Naturalization Applicant) Are Requesting a Hearing

1. Form N-400 Receipt Number

2. Date of Form N-400 Denial Notice (mm/dd/yyyy)

3. USCIS Office That Issued Form N-400 Denial Notice

4. Did you file your Form N-400 on the basis of qualifying military service?

Yes No

Part 3. Biographic Information

1. Ethnicity (Select only one box)

Hispanic or Latino Not Hispanic or Latino

2. Race (Select all applicable boxes)

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

3. Height Feet Inches

4. Weight Pounds

5. Eye Color (Select only one box)

Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other

6. Hair Color (Select only one box)

Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/Other

Part 6. Interpreter's Contact Information, Certification, and Signature

▶ A-

Provide the following information about the interpreter.

Interpreter's Full Name

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

Interpreter's Mailing Address

- 3. Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province or Region Postal Code 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 5., Item B., in Item Number 1.**; and I have read to this naturalization applicant in the identified language every question and instruction on this request and his or her answer to every question. The naturalization applicant informed me that he or she understands every instruction, question, and answer on the request, including the **Naturalization Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 8. Additional Information

If you need extra space to provide any additional information within this request, 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 request 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

2. A-Number (if any) ▶ A-

3. A. Page Number B. Part Number C. Item Number

D.

4. A. Page Number B. Part Number C. Item Number

D.

5. A. Page Number B. Part Number C. Item Number

D.

6. A. Page Number B. Part Number C. Item Number

D.
