



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 11/30/2021

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"/>
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▶ **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"/>
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1. Current Legal Name (do **not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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

4. USCIS Online Account Number (if any)

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

Street Number and Name	Apt.	Ste.	Flr.	Number
<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
City or Town	County	State	ZIP Code	
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	
Province or Region	Postal Code	Country		
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>		



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

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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 5. Naturalization Applicant's Statement, Contact Information, Certification, and Signature

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NOTE: Read the **Penalties** section of the Form N-336 Instructions before completing this section.

Naturalization Applicant's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Naturalization Applicant's Statement Regarding the Interpreter

- A.** I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- B.** The interpreter named in **Part 6.** read to me every question and instruction on this request and my answer to every question in , a language in which I am fluent, and I understood everything.

2. Naturalization Applicant's Statement Regarding the Preparer

- At my request, the preparer named in **Part 7.**, , prepared this request for me based only upon information I provided or authorized.

Naturalization Applicant's Contact Information

3. Naturalization Applicant's Daytime Telephone Number

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

5. Naturalization Applicant's Email Address (if any)

Naturalization Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of 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 request, 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 understand that USCIS may require me to appear for an appointment to take my biometrics and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my request;
- 2) I understood all of the information contained in, and submitted with, my request; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my request, I understand all of the information contained in, and submitted with, my request, and that all of this information is complete, true, and correct.

Naturalization Applicant's Signature

6. Naturalization Applicant's Signature

Date of Signature (mm/dd/yyyy)

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NOTE TO ALL NATURALIZATION APPLICANTS: If you do not completely fill out this request, USCIS may deny your request.



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

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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 7. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Naturalization Applicant

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Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name)	Preparer's Given Name (First Name)
<input type="text"/>	<input type="text"/>
2. Preparer's Business or Organization Name (if any)	
<input type="text"/>	

Preparer's Mailing Address

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number	5. Preparer's Mobile Telephone Number (if any)
<input type="text"/>	<input type="text"/>
6. Preparer's Email Address (if any)	
<input type="text"/>	

Preparer's Statement

7. **A.** I am not an attorney or accredited representative but have prepared this request on behalf of the naturalization applicant and with the naturalization applicant's consent.
- B.** I am an attorney or accredited representative and my representation of the naturalization applicant in this case extends does not extend beyond the preparation of this request.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this request.

Preparer's Certification

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

Preparer's Signature

8. Preparer's Signature	Date of Signature (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>



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.

