

Form G-845 Supplement, **Verification Request**

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

USCIS Form G-845 Supplement

OMB No. 1615-0101 Expires 04/30/2024

> ;	START HERE - Type or print in black ink.							
Par	t 1. Information From the Registered Agency	3.	Case Verification Number					
	TE: Only the Registered Agency should complete this rmation.	4.	Date of Birth (mm/dd/yyyy)					
To: U.S. Citizenship and Immigration Services (USCIS)			Social Security Number					
Attn	: USCIS SAVE Program Status Verification Office	5.	Social Security Pulliber					
			rmation Requested by the Registered Agency (Select all licable boxes)					
		6.a.	☐ Immigration Status					
Stamp, type, or print the name, address, and ZIP Code of the Registered Agency. (Print clearly since USCIS may use agency address below with a No. 10 window envelope.)			Citizenship Status					
			6.c. Special Benefit Provision for Certain Victims of Abuse					
Fron	n:	6.d.	Affidavit of Support					
		6.e.	USCIS to verify Cuban/Haitian entrants by filling out Part 3 .					
		6.f.	Form SSA-8510, Authorization for the Social Security Administration to Obtain Personal Information, or					
NOTE: You may only submit a completed Form G-845 Supplement with a completed Form G-845 to request verification. You may not submit Form G-845 Supplement			other agency's equivalent release form, attached. (Use only for applicants with proceedings pending with EOIR.)					
alon	e. The information on this request concerns eligibility for in Federal, state, and local public benefits.	6.g.	For SSA only: Retirement, Survivors, and Disability Insurance (RSDI) Claim. (USCIS completes Item Numbers 4.a 4.d. in Part 2.)					
Applicant Information			Status of this applicant as of 8/22/1996 is required					
Imm	nigration Document Number	6.h.	(USCIS completes Item Numbers 1.a 1.b. in					
	Alien Registration Number (A-Number)		Part 3.)					
	A-	Res	gistered Agency Information					
1.b.	Form I-94 Number (Arrival-Departure Record)	Full	Name of Agency Official					
	▶		Last Name					
1.c.	Other Immigration Number							
			First Name					
1.d.	Name or Form Number of Document Containing the Other Immigration Number	8.a.	Daytime Telephone Number (Include Area Code)					
		8.b.	Extension Number (if applicable)					
Appl	licant's Full Name as Shown on the Immigration							
	ument	9.	Date Request Completed					
2.a.	Last Name		(mm/dd/yyyy)					
2.b.	First Name							
2.c.	Middle Name							

	t 1. Information From the Registered Agency ntinued)	Part 2. USCIS Responses
4 <i>d</i> a	litional Information	NOTE: Only USCIS should complete this information, unless otherwise indicated.
	litional Information	Upon review of these documents, information submitted, and
0.	Registered Agency Comments (if any)	our records, we find the following for the applicant:
		Current Immigration Status (Select all applicable boxes)
		1.a. Lawful Permanent Resident (LPR) of the United States. (The Registered Agency must select only one date necessary to make their benefit determination.)
		Effective Date of LPR Status/Rollback
		(mm/dd/yyyy)
		Date Adjustment to LPR Approved
		(mm/dd/yyyy)
		PRIOR STATUS: If the applicant adjusted to LPR in the past 7 years from a status listed below in Item Numbers 1.b. , 1.c. , 1.d. , 1.g. , 1.h. , 1.i. , or 1.j. , select the appropriate prior status and provide dates and class of admission where indicated.
		1.b. Refugee admitted to the United States under section 207 of the Immigration and Nationality Act (INA).
		Date of Admission as a Refugee
		(mm/dd/yyyy)
		1.c. Asylee under section 208 of the INA.
		Date Asylum Granted
		(mm/dd/yyyy)
		1.d. Applicant whose deportation has been withheld under INA 243(h) (as in effect prior to April 1, 1997) or whose removal has been withheld under INA 241(b)(3).
		Date Deportation or Removal Ordered Withheld
		(mm/dd/yyyy)
		1.e. Applicant paroled into the United States under INA 212(d)(5) for a period of at least 1 year.
		Date Parole Granted
		(mm/dd/yyyy)
		Date Parole Expires
		(mm/dd/yyyy)
		1.f. Conditional entrant under INA 203(a)(7) prior to April 1, 1980.
		Date Status Granted
		(mm/dd/yyyy)

Applicant's Last Name		's Last Name	Applicant's First Name			Case Verification Number		
Par	t 2.	USCIS Responses (continu	ied)	-	•	rovision for C us a Widow(er)	ertain Victims of	
1.g.		American Indian born in Canada provisions of INA 289 apply. Date Status Recognized (mm/dd/yyyy)		3.a	Applicant of resident sta U.S. citizen	obtained lawful (o tus as the spouse,	or conditional) permanent child, or widow(er) of a	
1.h.		Cuban/Haitian entrant as defined the Refugee Education Assistance			Date Status	Granted (mm/dd/yyyy)		
1.i.		Amerasian immigrant under sect Foreign Operations, Export Fina Programs Appropriations Act of	noing, and Related	3.b.	resident sta or daughter	tus as the spouse, of a lawful perm	or conditional) permanent child, or unmarried son anent resident.	
		Date of Entry (mm/dd/yyyy)			Date Status	(mm/dd/yyyy)		
1.j.		Applicant classified as an Iraqi/A immigrant admitted under INA 1	Afghan special	3.c.	Applicant of Number 3.		us described in Item	
		Date of Entry		Affida	vit of Supp	ort		
		(mm/dd/yyyy)		4.a.	Applicant v	vas not sponsored	l on Form I-864.	
		Date Status Granted			Receipt Da	•		
		(mm/dd/yyyy)			-	(mm/dd/yyyy)		
		Class of Admission (COA)		4.b.		vas sponsored on ider INA 213A.	Form I-864, Affidavit of	
1.k.		Other (Indicate Status)			Receipt Da	te (mm/dd/yyyy)		
		Date Status Granted		4.c. Sp	onsor's Info		(USPS ZIP Code Lookup)	
		(mm/dd/yyyy)		La	st Name			
		Class of Admission (COA) (if ap	plicable)	Fii	rst Name			
Citi	z.ens	ship Status		M	iddle Name			
2.a.		U.S. Citizen		So	cial Security	Number		
2.b.		Not a U.S. Citizen			reet Number d Name			
2.c.		For SSA only: Status Dates for R (Registered Agency representative			Apt. S	Ste. Flr.		
		From (mm/dd/yyyy)		Ci	ty or Town			
		To (mm/dd/yyyy)		Sta	ate	ZIP Code		
		Response		Pre	ovince			
				Po	ostal Code			
				Co	ountry			

Appı	icant's Last Name	Applicant's First Name	e			Case Verification	n Number		
Par 4.d.	Tree Tree Tree Tree Tree Tree Tree Tree		2.b.		Applicant paroled into the United States as a Cuban/Haitian entrant (status pending) as defined in section 501(e) of the Refugee Education Assistance Act of 1980, on or after April 21, 1980 (Category 1A), or a				
	First Name Middle Name				Cuban/Haitian entrant paroled on or after October 10, 1980. (Category 1B). Status Dates (Registered Agency representative provides dates)				
	Social Security Number Street Number and Name				From To	(mm/dd/yyyy) (mm/dd/yyyy)			
	Apt. Ste. Flr.				Response				
	City or Town State ZIP Code		2.c.		acquired a (Category	,	der the INA	۱.	
	Province				Status Dat provides d	es (Registered Ag lates)	ency repres	entati	ve
	Postal Code				From	(mm/dd/yyyy)			
	Country				To	(mm/dd/yyyy)			
4.e.	☐ Information on additional joint sp	ponsors attached.			Response				
Part 3. USCIS Additional Responses NOTE: Only USCIS should complete this information, unless otherwise indicated. Please do not preselect			2.d.	Applicant paroled into the United States in the custody of Federal, state, or local enforcement authorities for law enforcement purposes. Date of Entry					
_	artment of Homeland Security (DHS) a review of these documents, information	_				(mm/dd/yyyy)			
our records, we find the following for the applicant: Immigration status as of 8/22/1996			2.e.			s asylum applicati pending with DH			
1.a.	Type or print "N/A," as appropriate				Date Asyl	um Application Fi (mm/dd/yyyy)	iled		
1.b.	Immigration status at initial entry		2.f.			s asylum application pending with EO			
Imm	igration Status of Cuban/Haitian Na	ntionals			-	Agency must attacalent release form		A-851	10, or
	Is the applicant a Cuban or Haitian na by the document provided by the appl	ational as indicated			•	um Application R (mm/dd/yyyy)		OIR	
If yo	u answered "NO," do not process form	any further.							

Par	rt 3.	USCIS Additional Responses (continued)	Part 4. USCIS Comments
2.g.		Applicant who is in removal proceedings for whom a final, non-appealable, legally enforceable order of removal has NOT been entered. (Category 2B.)	NOTE: Only USCIS should complete this information.
		Date Placed Into Proceedings (mm/dd/yyyy)	
2.h.		Applicant does not meet any of the categories described above.	
Rem	oval	Proceedings	
3.a.		Applicant is subject to an order of removal that is final, non-appealable, and legally enforceable.	
		Date Order Became Final	
		(mm/dd/yyyy)	
3.b.		Applicant is subject to an order of supervision after an order of removal.	
		Date of Order	
		(mm/dd/yyyy)	
3.c.		Applicant is NOT subject to an order of removal that is final, non-appealable, and legally enforceable.	
Adjı	ısted	to Lawful Permanent Resident Status	
4.a.		Cuban or Haitian national (or citizen) as indicated on the document provided by the applicant who adjusted status under:	
		Nicaraguan Adjustment and Central American Relief Act (NACARA)	
		Haitian Refugee Immigration Fairness Act (HRIFA)	
		☐ Immigration Reform and Control Act of 1986 (IRCA)	
		Cuban Adjustment Act of 1966 (CAA)	
		Date Form I-485 Approved	USCIS Stamp
		(mm/dd/yyyy)	-
		Class of Admission (COA)	
4.b.		Applicant is NOT an LPR or adjusted under a different section of law.	

Applicant's First Name

Case Verification Number

Applicant's Last Name