



Request to Enforce Affidavit of Financial Support and Intent to Petition for Custody for Pub. L. 97-359 Amerasian

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

USCIS
Form I-363

For USCIS Use Only		Remarks	Action Block
Received	File Location		
Trans In			
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Completed			
This applicant was interviewed by me <input type="checkbox"/> in person <input type="checkbox"/> by phone			
On (Date)			
At (Location)			

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 type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>

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

Part 1. Information About You (Beneficiary)

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

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

Place of Birth

3.a. City or Town of Birth

3.b. Province or State of Birth

3.c. Country of Birth

4. Country of Citizenship or Nationality

5. Alien Registration Number (A-Number) (if any)
▶ A-

6. U.S. Social Security Number (if any)
▶

7. USCIS Online Account Number (if any)
▶

Initially Admitted to the United States

Port-of-Entry

8.a. City or Town

8.b. State

9. Destination in U.S. at Time of Initial Admission

10. Beneficiary's Relationship to Sponsor

Beneficiary's file is at the USCIS office in

11.a. City or Town

11.b. State

Mailing Address

12.a. In Care of

12.b. Street Number and Name

12.c. Apt. Ste. Fl.

12.d. City or Town

12.e. State 12.f. ZIP Code

Part 1. Information About You (Beneficiary)

(continued)

Employment or School Information

13. Name of Employer or School

14. Type of Business

Employer or School Address

15.a. Street Number and Name

15.b. Apt. Ste. Flr.

15.c. City or Town

15.d. State

15.e. ZIP Code

Part 2. Information About Sponsor

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. The Sponsor Is A:

U.S. Citizen Lawful Permanent Resident

3. A-Number (if any)

▶ A-

4. U.S. Social Security Number (if any)

▶

5. USCIS Online Account Number (if any)

▶

Mailing Address

6.a. Street Number and Name

6.b. Apt. Ste. Flr.

6.c. City or Town

6.d. State

6.e. ZIP Code

7. Are your mailing address and physical address the same?

Yes No

If you answered "No" to **Item Number 7.**, provide your physical address in **Item Numbers 8.a. - 8.e.**

Physical Address

8.a. Street Number and Name

8.b. Apt. Ste. Flr.

8.c. City or Town

8.d. State

8.e. ZIP Code

Sponsor's Contact Information

9. Sponsor's Daytime Telephone Number

10. Sponsor's Mobile Telephone Number (if any)

11. Sponsor's Email Address (if any)

Employment Information

12. Name of Employer

13. Type of Business

Employer Address

14.a. Street Number and Name

14.b. Apt. Ste. Flr.

14.c. City or Town

14.d. State

14.e. ZIP Code

14.f. Province

14.g. Postal Code

14.h. Country

Part 3. Other Information

1. Does the beneficiary live with the sponsor?
 Yes No

If you answered "No" to **Item Number 1.**, provide the name of the person with whom the beneficiary lives in **Item Numbers 2.a. - 2.c.**

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3. How is the beneficiary supported?
 Sponsor Other Sources

4. If the beneficiary is supported by the sponsor, how long has the sponsor supported the beneficiary?

5. Is the beneficiary in the legal custody of the sponsor? (Explain)
 Yes No

6. Has the sponsor stopped all support? Yes No

If you answered "Yes" to **Item Number 6.**, provide the date when the support stopped in **Item Numbers 7.**

7. Date Support Stopped (mm/dd/yyyy)

8. Has the sponsor given any reason for withdrawal of support?
 Yes No

If you answered "Yes" to **Item Number 8.**, describe the circumstances under which the sponsor ceased his or her support. If you need extra space to provide any additional information, use the space provided below in **Part 7. Additional Information.**

NOTE: Attach a copy of Form I-361, Affidavit of Financial Support and Intent to Petition for Legal Custody for P.L. 97-359 Amerasian, if available.

9. Relationship of Applicant
- Self
- Representative of the Agency Having Legal Custody of the Beneficiary
- Individual Having Legal Custody of the Beneficiary
- Guardian Ad Litem

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

NOTE: Read the **Penalties** section of the Form I-363 Instructions before completing this part.

Applicant's Signature

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 application and my answer to every question.

- 1.b. The interpreter named in **Part 5.** read to me every question and instruction on this application 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 application 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, Certification, and Signature
(continued)

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 information from any of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I further 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 laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) 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.

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 application or fail to submit required documents listed in the Instructions, USCIS may deny your request.

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)

Part 5. Interpreter's Contact Information, Certification, and Signature (continued)

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 request and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the request, including the **Applicant's 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 Application, 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

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 application 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 application.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you may be obliged 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 application at the request of the applicant. The 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 **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this request 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)

Part 7. 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.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any)
 ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.

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- 1.a. Investigation Necessary
- 1.b. Investigation Not Necessary
- 1.c. Enforcement Recommended
- 1.d. No Action Recommended

If an investigation was conducted, provide the date it was completed (Date) (mm/dd/yyyy)

2. Signature of USCIS Officer (sign in ink)

3. Title of USCIS Officer

4. Name of Regional Counsel

5. Recommendation Forwarded to U.S. Attorney

6. Date (mm/dd/yyyy)