Petition for Amerasian, Widow(er), or Special Immigrant

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

USCIS
Form I-360
OMB No. 1615-0020
Expires 03/31/2018

For USCIS Use Only		Fee Stamp	Action Block
Returned			
Resubmitted			
Relocated	Received		
	Sent		
Remarks:	☐ Petitioner/Applicant Interviewed ☐ Interviewed Beneficiary Interviewed ☐ I-485 Filed Concurrently ☐ Bene "A" File Reviewed	Classification Consulate	Priority Date

To be completed by an Attorney or Accredited Representative (if any).	☐ Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)

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

Part 1. Information About Person or Organization Filing This Petition

NOTE: You must complete **Part 1.** as the petitioner if you are filing this petition on behalf of another person. If you are a Violence Against Women Act (VAWA) self-petitioner or special immigrant juvenile, skip to **Part 1.**, **Item Number 7.**

1. Your Full Name

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

2. USCIS Online Account Number (if any)
►

3. U.S. Social Security Number (if any)
►

4. Alien Registration Number (A-Number) (if any)
► **A-**

5. Individual IRS Tax Number (if any)
►

6. Mailing Address

In Care Of Name (if any)

Organization Name (if applicable)

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Part 1. Information About Person or Organization Filing This Petition (continued)

7. Alternate and/or Safe Mailing Address

If you are a VAWA self-petitioning spouse, child, parent, or a special immigrant juvenile and do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this petition to your home, you may provide an alternate and/or safe mailing address.

In Care Of Name (if any)

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Part 2. Classification Requested

Select **only one** box.

1.

A. ☐ Amerasian

B. ☐ Widow(er) of a U.S. citizen

C. ☐ Special Immigrant Juvenile

D. ☐ Special Immigrant Religious Worker

(1) Will the beneficiary be working as a minister? ☐ Yes ☐ No

E. ☐ Special Immigrant based on employment with the Panama Canal Company, Canal Zone Government, or U.S. Government in the Canal Zone

F. ☐ Special Immigrant Physician

G. ☐ Special Immigrant G-4 International Organization Employee or Family Member or NATO-6 Employee or Family Member

H. ☐ Special Immigrant Armed Forces Member

I. ☐ Self-Petitioning Spouse of Abusive U.S. citizen or Lawful Permanent Resident

J. ☐ Self-Petitioning Child of Abusive U.S. citizen or Lawful Permanent Resident

K. ☐ VAWA Self-Petitioning Parent of a U.S. citizen son or daughter

L. ☐ Special Immigrant Afghanistan or Iraq National who worked with the U.S. Armed Forces as a translator

M. ☐ Special Immigrant Iraq National who was employed by or on behalf of the U.S. Government

N. ☐ Special Immigrant Afghanistan National who was employed by or on behalf of the U.S. Government or the International Security Assistance Force (ISAF) in Afghanistan

O. ☐ Broadcasters

P. ☐ Other

Provide the name of the classification below.

Part 3. Information About the Person for Whom This Petition Is Being Filed

NOTE: On this petition, the "beneficiary" or "self-petitioner" means the person for whom this petition is being filed. If you provided an alternate and/or safe mailing address above, you must also complete **Part 3.**

1. Your Full Name

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

2. Mailing Address

In Care Of Name (if any)

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Other Information

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

4. Country of Birth

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

►

6. A-Number (if any)

► **A-**

7. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Complete **Item Numbers 8. - 15.** if this person is in the United States. If an item number is not applicable or the answer is "none," leave the space blank. Provide information below for the passport or other document used at the time of last arrival to the United States.

8. Date of Last Arrival (mm/dd/yyyy)

9. Form I-94 Number or I-95 Crewman's Landing Permit

►

10. Passport Number

11. Travel Document Number

12. Country of Issuance for Passport or Travel Document

13. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

14. Current Nonimmigrant Status

15. Date current status expired, or will expire, as shown on Form I-94 or I-95 (mm/dd/yyyy)

Part 4. Processing Information

1. If the person listed in **Part 3.** is outside the U.S., is ineligible to adjust status in the U.S., or does not wish to adjust status in the U.S., provide the following information about the U.S. Consulate at which the person prefers to apply for an immigrant visa.

U.S. Consulate

A. City or Town

B. Country

Part 4. Processing Information (continued)

2. If a U.S. address was provided in **Part 3.**, type or print the person's foreign address below. If he or she does not maintain a foreign address, list the city or town and country of last foreign residence. If his or her native alphabet does not use Roman letters, type or print his or her name and foreign address in the native alphabet.

A. Your Full Name

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

B. Mailing Address

Street Number and Name | Apt. ☐ Ste. ☐ Flr. ☐ Number

City or Town

Province | Postal Code | Country

3. Gender of the beneficiary: ☐ Male ☐ Female

4. **A.** Are you filing any other petitions or applications with this one? ☐ Yes ☐ No

B. If you answered "Yes" to **Item A.** in **Item Number 4.**, how many?

If you answer "Yes" to **Item Numbers 5. - 6.**, provide an explanation in the space provided in **Part 15. Additional Information**.

5. Is the beneficiary in removal proceedings? ☐ Yes ☐ No

6. Has the beneficiary ever worked in the U.S. without permission? (If you are applying for a special immigrant juvenile status, you are not required to answer this item number.) ☐ Yes ☐ No

7. Is an application for adjustment of status attached to this petition? ☐ Yes ☐ No

Part 5. Information About the Spouse and Children of the Person for Whom This Petition Is Being Filed

NOTE: Depending on the classification you seek, you can either file this petition for another person or for yourself. On this petition, the "beneficiary" or "self-petitioner" means the person for whom this petition is being filed, whether that person is yourself or another person.

1. If you are filing as a self-petitioning spouse, have any of your children filed separate self-petitions? ☐ Yes ☐ No

2. **Person 1**

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

Date of Birth (mm/dd/yyyy) | Country of Birth

Relationship | A-Number (if any)

☐ Spouse ☐ Child ► **A-**

Part 5. Information About the Spouse and Children of the Beneficiary (continued)

3. Person 2

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

Date of Birth (mm/dd/yyyy) | Country of Birth

Relationship | A-Number (if any)

☐ Child ► **A-**

4. Person 3

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

Date of Birth (mm/dd/yyyy) | Country of Birth

Relationship | A-Number (if any)

☐ Child ► **A-**

5. Person 4

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

Date of Birth (mm/dd/yyyy) | Country of Birth

Relationship | A-Number (if any)

☐ Child ► **A-**

6. Person 5

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

Date of Birth (mm/dd/yyyy) | Country of Birth

Relationship | A-Number (if any)

☐ Child ► **A-**

7. Person 6

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

Date of Birth (mm/dd/yyyy) | Country of Birth

Relationship | A-Number (if any)

☐ Child ► **A-**

Part 5. Information About the Spouse and Children of the Beneficiary (continued)

8. Person 7

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

Date of Birth (mm/dd/yyyy) | Country of Birth

Relationship | A-Number (if any)

☐ Child ► **A-**

9. Person 8

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

Date of Birth (mm/dd/yyyy) | Country of Birth

Relationship | A-Number (if any)

☐ Child ► **A-**

10. Person 9

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

Date of Birth (mm/dd/yyyy) | Country of Birth

Relationship | A-Number (if any)

☐ Child ► **A-**

Part 6. Complete Only If Filing for an Amerasian

Information About the Mother of the Amerasian

1. Mother's Full Name

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

2. A. Is the mother still alive? ☐ Unknown ☐ Yes ☐ No

B. If you answered "Yes" to **Item A**. in **Item Number 2.**, provide her address below.

In Care Of Name (if any)

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Part 6. Complete Only If Filing for an Amerasian (continued)

C. If you answered "No" to **Item A.** in **Item Number 2.**, provide her date of death (mm/dd/yyyy).

Information About the Father of the Amerasian

If possible, attach a notarized statement from the father regarding parentage. If there is a question you cannot fully answer in the space provided on this petition, use the space provided in **Part 15. Additional Information**.

3. Father's Full Name

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

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

5. Country of Birth

6. **A.** Is the father still alive? ☐ Unknown ☐ Yes ☐ No

B. If you answered "Yes" to **Item A**. in **Item Number 4.**, provide his address below.

In Care Of Name (if any)

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

C. If you answered "No" to **Item A.** in **Item Number 4.**, provide his date of death (mm/dd/yyyy).

D. Daytime Telephone Number (if any)

E. Work Telephone Number (if any)

At the time the Amerasian was conceived:

7. **A.** The father was in the military (indicate branch of service below).

☐ Army ☐ Air Force ☐ Navy ☐ Marine Corps ☐ Coast Guard

B. Provide the father's service number:

C. ☐ The father was not in the military and was not a civilian employed abroad. (Attach a full explanation of the circumstances.)

Part 7. Complete Only If Filing as a Widow/Widower

1. Full Name of U.S. Citizen Husband or Wife Who Died

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

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

3. Country of Birth

4. Date of Death (mm/dd/yyyy)

Part 7. Complete Only If Filing as a Widow/Widower (continued)

5. At time of death, your spouse was a (Select **only one**):

A. ☐ U.S. citizen born in the United States

B. ☐ U.S. citizen born abroad to U.S. citizen parents

C. ☐ U.S. citizen through naturalization

(1) Provide A-Number (if any) ► **A-** ☐☐☐☐☐☐☐☐☐

D. ☐ Other (Explain)

6. How many times have you been married?

7. How many times was your spouse married?

8. **A.** When did you and your spouse get married (mm/dd/yyyy)?

B. Where did you and your spouse get married?

9. **A.** Did you remarry after the death of your spouse? ☐ Yes ☐ No

B. If you answered "Yes" to **Item A.** in **Item Number 9.**, provide the date that you remarried (mm/dd/yyyy).

10. If you are filing as a widow(er), were you legally separated at the time of the U.S. citizen's death? ☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 10.**, provide an explanation in the space provided in **Part 15. Additional Information**.

Part 8. Complete Only If Filing for a Special Immigrant Juvenile

Information About the Juvenile

1. List any other names used:

	Family Name (Last Name)	Given Name (First Name)	Middle Name
A.			
B.			

Answer the following questions regarding the person for whom the petition is being filed. If you answer "No" to **Item A.** in **Item Number 2.**, provide an explanation in the space provided in **Part 15. Additional Information**.

2. **A.** Have you been declared dependent on a juvenile court in the United States OR has a juvenile court legally committed you to, or placed you under the custody of, an agency, department of a state, or an individual or entity? ☐ Yes ☐ No

B. Provide the name of the state agency, department, or court-appointed organization or individual with which you are placed below.

C. Are you currently under the jurisdiction of the juvenile court that made your placement or custody determination identified in **Item B.** in **Item Number 2.** above? ☐ Yes ☐ No

Part 8. Complete Only If Filing for a Special Immigrant Juvenile (continued)

3. **A.** If you answered "Yes" to **Item C.** in **Item Number 2.** above, are you currently residing in your court-ordered placement? ☐ Yes ☐ No

B. If you answered "No" to **Item C.** in **Item Number 2.** above, select your reason below.

☐ You were adopted or placed in a permanent guardianship or another permanent living arrangement (other than reunification with the abusive parents).

☐ You aged-out of the juvenile court's jurisdiction and the order was terminated based on age.

☐ Other. (If you selected "Other," provide an explanation in the space provided in **Part 15. Additional Information**.)

4. **A.** A juvenile court has determined that reunification with ☐ one or ☐ both of my parents is not viable due to:

☐ Abuse ☐ Neglect ☐ Abandonment

☐ Similar basis under state law (specify): _____

B. If you selected "one" in **Item A.** in **Item Number 4.**, provide the name of that parent below.

_____

5. Has it been determined in judicial or administrative proceedings that it would not be in your best interest to be returned to your or your parent's country of citizenship or nationality or last habitual residence? ☐ Yes ☐ No

6. **A.** Are you currently or were you previously in the custody of the U.S. Department of Health and Human Services (HHS)? ☐ Yes ☐ No

B. If you answered "Yes" to **Item A.** in **Item Number 6.**, and you are in HHS custody, did the juvenile court order determine or alter your custody status or placement? ☐ Yes ☐ No

Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition

Prospective Employer Attestation

1. Provide the following information about the prospective employer.

A. Number of members of the prospective employer's organization _____

B. Number of employees working at the same location where the beneficiary will be employed _____

C. Number of aliens holding special immigrant or nonimmigrant religious worker status who are currently employed or were employed within the past five years _____

D. Number of Special Immigrant Religious Worker (Form I-360) and Nonimmigrant Religious Worker (Form I-129) petitions submitted by the prospective employer within the past five years _____

E. Number of Special Immigrant Religious Worker (Form I-360) petitions submitted by the beneficiary during the last five years _____

2. Has the beneficiary or have any of the beneficiary's dependent family members previously been admitted to the United States for a period of stay in the Religious Worker (R) classification during the last five years? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 2.**, provide the beneficiary's and any dependent family member's prior periods of stay in the R classification in the United States during the last five years. Be sure to provide only those periods when the beneficiary and/or family members were actually in the United States in the R classification. Provide the beneficiary's information in **Item Number 3.** below. For dependent family members, use the space provided in **Part 15. Additional Information.**

NOTE: Submit photocopies of Form I-94 Arrival-Departure Record, Form I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R classification. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information**.

Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)

3. Beneficiary

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

Period of Stay

From (mm/dd/yyyy) | To (mm/dd/yyyy)

4. Provide a summary of the type of responsibilities of those employees, other than the beneficiary, who work at the same location where the beneficiary will be employed. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information**.

Position

Summary of the Type of Responsibilities for That Position

5. Describe the relationship, if any, between the religious organization in the United States and the organization abroad of which the beneficiary is a member.

6. Provide the following information about the prospective employment. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information**.

A. Title of position offered

B. The beneficiary will be working (select one of the following):

- ☐ As a minister
- ☐ In a religious vocation
- ☐ In a religious occupation

C. Detailed description of the beneficiary's proposed daily duties

D. Description of the beneficiary's qualifications for the position offered

E. Description of the proposed salaried and/or non-salaried compensation

F. Provide the specific addresses or locations where the beneficiary will be working

Company Name

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)

Answer **Item Numbers 7. - 13.** about the prospective employer. If you answer "No" for **Item Numbers 7. - 13.**, provide an explanation in the space provided in **Part 15. Additional Information**.

7. The prospective employer is a bona fide non-profit religious organization or a bona fide organization that is affiliated with the religious denomination and is tax exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the prospective employer is affiliated with the religious denomination, complete the Religious Denomination Certification included in this petition. ☐ Yes ☐ No

If you answered "Yes," select the applicable box and attach the appropriate documentation to the petition.

A. ☐ A currently valid determination letter from the Internal Revenue Service (IRS) establishing that the organization is a tax-exempt organization;

B. ☐ A currently valid determination letter from the IRS establishing that the organization is recognized as tax-exempt under a group tax exemption; or

C. ☐ If you are claiming that the prospective employer is a bona fide organization that is affiliated with the religious denomination, provide the following:

(1) ☐ A currently valid determination letter from the IRS establishing that the organization is a tax-exempt organization;

(2) ☐ Documentation that establishes the religious nature and purpose of the organization, such as a copy of the organizing instrument of the organization that specifies the purposes of the organization;

(3) ☐ Organizational literature, such as books, articles, brochures, calendars, flyers, and other literature describing the religious purpose and nature of the activities of the organization; and

(4) ☐ A completed religious denomination certification, signed and dated, certifying that the petitioning organization is affiliated with the religious denomination.

8. The prospective employer is willing and able to provide salaried and/or non-salaried compensation at a level that the beneficiary and any dependents will not become a public charge. ☐ Yes ☐ No

9. The funds to pay the beneficiary's compensation do not include any monies obtained from the beneficiary, excluding reasonable donations or tithing to the religious organization. ☐ Yes ☐ No

10. The beneficiary will not engage in secular employment, and the prospective employer will provide salaried and/or non-salaried compensation. ☐ Yes ☐ No

11. The offered position is full time, requiring at least an average of 35 hours of work per week. ☐ Yes ☐ No

12. The beneficiary has been a religious worker for at least two years immediately before Form I-360 was filed and is otherwise qualified for the position offered. ☐ Yes ☐ No

13. The beneficiary has been a member of the prospective employer's denomination for at least two years immediately before Form I-360 was filed. ☐ Yes ☐ No

Prospective Employer Attestation (must be completed by the prospective employer even if the beneficiary is filing on his or her own behalf)

I certify or attest under penalty of perjury under the laws of the United States of America that the contents of this attestation, and the evidence submitted, are true and correct.

14. Signature of an Authorized Official of the Prospective Employer (sign in ink) | Date of Signature (mm/dd/yyyy)

Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)

Printed Name and Title of Signatory for Prospective Employer

15. Family Name (Last Name) | Given Name (First Name) | Middle Name

16. Title of the Signatory

Mailing Address

17. Employer/Organization Name

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Contact Information

18. Daytime Telephone Number

19. Fax Number (if any)

20. Email Address (if any)

Religious Denomination Certification (to be completed only if the prospective employer is affiliated with a religious denomination)

I certify under penalty of perjury, that the prospective employer, _____,

is affiliated with this Religious Denomination, _____, and that the attesting religious organization within the religious denomination is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, or equivalent sections of prior enactments of the Internal Revenue Code. The contents of this certification are true and correct to the best of my knowledge.

21. Signature of the Authorized Representative of the Religious Denomination (sign in ink) | Date of Signature (mm/dd/yyyy)

Printed Name and Title of the Signatory of the Religious Denomination

22. Family Name (Last Name) | Given Name (First Name) | Middle Name

23. Title of the Signatory

Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)

Information About the Attesting Religious Organization Within the Religious Denomination

24. Name of Attesting Religious Organization Within the Religious Denomination

25. Street Number and Name | Apt. Ste. Flr. Number

City or Town | State | ZIP Code

26. Daytime Telephone Number

27. Fax Number (if any)

28. Email Address (if any)

29. IRS Tax Number of the Attesting Religious Organization

Part 10. Complete Only If Filing as a VAWA Self-Petitioning Spouse or Child of a U.S. Citizen or Lawful Permanent Resident or a VAWA Self-Petitioning Parent of a U.S. Citizen Son or Daughter

NOTE: For the safety and protection of all VAWA self-petitioners, information regarding a filing will only be provided to the self-petitioner or their designated attorney or representative with a valid Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative.

1. Full Name of U.S. citizen or Lawful Permanent Resident Abuser

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

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

3. Country of Birth

4. Date of Death (mm/dd/yyyy)

5. Your abuser is now, or was, a (Select one):

A. ☐ U.S. citizen born in the United States

B. ☐ U.S. citizen born abroad to U.S. citizen parents

C. ☐ U.S. citizen through naturalization

(1) Provide A-Number (if known) ► **A-**

D. ☐ U.S. Lawful Permanent Resident

(1) Provide A-Number (if any) ► **A-**

E. ☐ Other (Explain)

6. How many times have you been married? ►

7. How many times was your abuser married (if known)? ►

Part 10. Complete Only If Filing as a VAWA Self-Petitioning Spouse or Child of a U.S. Citizen or Lawful Permanent Resident or a VAWA Self-Petitioning Parent of a U.S. Citizen Son or Daughter (continued)

8. **A.** When did you and your abuser get married? (If you are a self-petitioning child or self-petitioning parent, type or print "N/A.")
(mm/dd/yyyy)

B. Where did you and your abuser get married? (If you are a self-petitioning child or self-petitioning parent, type or print "N/A.")

9. When did you live with your abuser?

From (mm/dd/yyyy) To (mm/dd/yyyy)

Include any other dates you have lived off/on with your abuser in the space provided in **Part 15. Additional Information**.

10. Provide the last address at which you lived together with your abuser.

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

11. Provide the last date that you lived together with your abuser at this address.

From (mm/dd/yyyy) To (mm/dd/yyyy)

12. I am currently residing in the United States and I request an Employment Authorization Document. ☐ Yes ☐ No

Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual)

IMPORTANT: Complete this section **ONLY** if you are an individual filing this petition for yourself. If you are filing Form I-360 to petition for another person or as an authorized signatory of an organization, complete **Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory.**

NOTE: Read the **Penalties** section of the Form I-360 Instructions before completing this part.

Petitioner'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. Petitioner's Statement Regarding the Interpreter

A. ☐ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.

B. ☐ The interpreter named in **Part 13.** read to me every question and instruction on this petition and my answer to every question in ,
a language in which I am fluent. I understand all of this information as interpreted.

2. Petitioner's Statement Regarding the Preparer

☐ At my request, the preparer named in **Part 14.**, ,
prepared this petition for me based only upon information I provided or authorized.

Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual) (continued)

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

4. Petitioner's Mobile Telephone Number (if any)

5. Petitioner's Email Address (if any)

Petitioner's Declaration and 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 and all of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this petition, 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 provided or authorized all of the information contained in, and submitted with, my petition;

2) I reviewed and understood all of the information in, and submitted with, my petition; and

3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Petitioner's Signature

6. Petitioner's Signature

Date of Signature (mm/dd/yyyy)

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

Right pointing arrow, indicating where to enter Petitioner's Signature.

Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory

IMPORTANT: Complete this section **ONLY** if you are filing Form I-360 to petition for another person or as an authorized signatory of an organization. If you are an individual filing this petition for yourself, complete **Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual).**

NOTE: Read the **Penalties** section of the Form I-360 Instructions before completing this part.

Petitioner's or Authorized Signatory'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. Petitioner's Statement Regarding the Interpreter

A. ☐ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.

Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory (continued)

B. ☐ The interpreter named in **Part 13.** read to me every question and instruction on this petition and my answer to every question in _____, a language in which I am fluent. I understand all of this information as interpreted.

2. Petitioner's Statement Regarding the Preparer

☐ At my request, the preparer named in **Part 14.**, _____, prepared this petition for me based only upon information I provided or authorized.

Authorized Signatory's Contact Information

3. Authorized Signatory's Family Name (Last Name) _____

Authorized Signatory's Given Name (First Name) _____

4. Authorized Signatory's Title _____

5. Authorized Signatory's Daytime Telephone Number _____

6. Authorized Signatory's Mobile Telephone Number (if any) _____

7. Authorized Signatory's Email Address (if any) _____

Petitioner's or Authorized Signatory's Declaration and Certification

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.

Petitioner's or Authorized Signatory's Signature

8. Petitioner's or Authorized Signatory's Signature ➡ _____

Date of Signature (mm/dd/yyyy) _____

NOTE TO ALL PETITIONERS AND AUTHORIZED SIGNATORIES: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or deny your petition.

Part 13. Interpreter's Contact Information, Certification, and Signature

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

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 11.**, **Item B.** in **Item Number 1.**, or in **Part 12.**, **Item B.** in **Item Number 1.,** and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, or **Petitioner's or Authorized Signatory's Declaration and Certification,** and has verified the accuracy of every answer.

Interpreter's Signature

7. Interpreter's Signature (sign in ink)

Date of Signature (mm/dd/yyyy)

Part 14. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Number

6. Preparer's Email Address (if any)

Preparer's Statement

7. **A.** ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.

B. ☐ I am an attorney or accredited representative and my representation of the petitioner in this case ☐ extends ☐ does not extend beyond the preparation of this petition.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner or authorized signatory. The petitioner has reviewed this completed petition, including the **Petitioner's Declaration and Certification**, or **Petitioner's or Authorized Signatory's Declaration and Certification,** and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.

Preparer's Signature

8. Preparer's Signature (sign in ink)

Date of Signature (mm/dd/yyyy)

Part 15. 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 _____

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. _____