



Petition for U Nonimmigrant Status

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

REVISED 6.1.2020

USCIS
Form I-918
OMB No. 1615-0104
Expires 04/30/2021

For USCIS Use Only	Remarks		Receipt		Action Block
	U.S. Embassy Consulate	Validity Dates (mm/dd/yyyy)	Wait Listed	Stamp Number Date (mm/dd/yyyy)	
		From: / /			
		To: / /			

Color Key:

Red - Required
Yellow - Conditional
Green - Not Required

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"/>
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► **START HERE** - Type or print in black or blue ink.

Part 1. Information About You (Person filing this petition as a victim)

1.a. Family Name (Last Name)	<input type="text"/>
1.b. Given Name (First Name)	<input type="text"/>
1.c. Middle Name	<input type="text"/>

Other Names Used (Include maiden name, nicknames, and aliases, if applicable)

2.a. Family Name (Last Name)	<input type="text"/>
2.b. Given Name (First Name)	<input type="text"/>
2.c. Middle Name	<input type="text"/>

If N/A for 2.a then 2.b and 2.c may be blank

Home Address (USPS ZIP Code Lookup)

3.a. Street Number and Name	<input type="text"/>
3.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text"/>
3.c. City or Town	<input type="text"/>
3.d. State <input type="text"/>	3.e. ZIP Code <input type="text"/>
3.f. Province	<input type="text"/>
3.g. Postal Code	<input type="text"/>
3.h. Country	<input type="text"/>

Safe Mailing Address (if other than Home Address)

4.a. In Care Of Name	<input type="text"/>
4.b. Street Number and Name	<input type="text"/>
4.c. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text"/>
4.d. City or Town	<input type="text"/>
4.e. State <input type="text"/>	4.f. ZIP Code <input type="text"/>
4.g. Province	<input type="text"/>
4.h. Postal Code	<input type="text"/>
4.i. Country	<input type="text"/>

Other Information

5. Alien Registration Number (A-Number) (if any)	► A- <input type="text"/>
6. U.S. Social Security Number (if any)	► <input type="text"/>
7. USCIS Online Account Number (if any)	► <input type="text"/>
8. Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

Part 1. Information About You (continued)

9. Gender ☐ Male ☐ Female

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

11. Country of Birth

12. Country of Citizenship or Nationality

13. Form I-94 Arrival-Departure Record Number

14. Passport Number

15. Travel Document Number

16. Country of Issuance for Passport or Travel Document

17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy)

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

Place and Date of Last Entry into the United States and Date Authorized Stay Expired

19.a. City or Town

19.b. State

20. Date of Last Entry into the United States (mm/dd/yyyy)

21. Date Authorized Stay Expired (mm/dd/yyyy)

22. Current Immigration Status

Part 2. Additional Information About You

Answering "Yes" to the following questions below requires explanations and supporting documentation. Attach relevant documents in support of your claims that you are a victim of criminal activity listed in the Immigration and Nationality Act (INA) section 101(a)(15)(U)(iii). You must also attach a personal narrative statement describing the criminal activity of which you are a victim. If you are only petitioning for U derivative status for qualifying family members subsequent to your (the principal petitioner) initial filing, you are not required to submit evidence supporting the original petition with the new Form I-918.

If you need extra space to complete Part 2., use the space provided in Part 8. Additional Information.

Select "Yes" or "No," as appropriate, for each of the following questions.

1. I am a victim of criminal activity listed in the INA at section 101(a)(15)(U)(iii). ☐ Yes ☐ No
2. I have suffered substantial physical or mental abuse as a result of having been a victim of this criminal activity. ☐ Yes ☐ No
3. I possess information concerning the criminal activity of which I was a victim. ☐ Yes ☐ No
4. I am submitting Form I-918, Supplement B, U Nonimmigrant Status Certification, from a certifying official. ☐ Yes ☐ No
5. The crime of which I am a victim occurred in the United States (including Indian country and military installations) or violated the laws of the United States. ☐ Yes ☐ No
6. I am under 16 years of age. ☐ Yes ☐ No
- 7.a. I was or am in immigration proceedings. ☐ Yes ☐ No

If you answered "Yes," select the type of proceedings. If you were in proceedings in the past and are no longer in proceedings, provide the date of action. If you are currently in proceedings, type or print "Current" in the appropriate date field. Select **all applicable** boxes. Use the space provided in Part 8. Additional Information to provide an explanation.

- 7.b. ☐ Removal Proceedings
Removal Date (mm/dd/yyyy)
- 7.c. ☐ Exclusion Proceedings
Exclusion Date (mm/dd/yyyy)
- 7.d. ☐ Deportation Proceedings
Deportation Date (mm/dd/yyyy)
- 7.e. ☐ Rescission Proceedings
Rescission Date (mm/dd/yyyy)
- 7.f. ☐ Judicial Proceedings
Judicial Date (mm/dd/yyyy)

If yes to 7.a. then at least one box must be checked and filled in for 7.b. through 7.f.

Part 2. Additional Information About You (continued)

Provide the date of entry, place of entry, and status under which you entered the United States for each entry during the five years preceding the filing of this petition.

8.a. Date of Entry (mm/dd/yyyy)

Place of Entry into the United States

8.b. City or Town

8.c. State

8.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

9.a. Date of Entry (mm/dd/yyyy)

Place of Entry into the United States

9.b. City or Town

9.c. State

9.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

10.a. Date of Entry (mm/dd/yyyy)

Place of Entry into the United States

10.b. City or Town

10.c. State

10.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

If you are outside of the United States, provide the U.S. Consulate or inspection facility or a safe foreign mailing address you want notified if this petition is approved.

11.a. Type of Office (Select **only one** box):

- ☐ U.S. Consulate ☐ Pre-Flight Inspection
☐ Port-of-Entry

11.b. City or Town

11.c. State

11.d. Country

Safe Foreign Address Where You Want Notification Sent
(if other than U.S. Consulate, Pre-Flight Inspection, or Port-of-Entry)

12.a. Street Number and Name

12.b. ☐ Apt. ☐ Ste. ☐ Flr.

12.c. City or Town

12.d. Province

12.e. Postal Code

12.f. Country

Part 3. Processing Information

Answer the following questions about yourself. For the purposes of this petition, you must answer "Yes" to the following questions, if applicable, even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record.

NOTE: If you answer "Yes" to **ANY** question in **Part 3**., provide an explanation in the space provided in **Part 8. Additional Information**.

NOTE: Answering "Yes" does not necessarily mean that U.S. Citizenship and Immigration Services (USCIS) will deny your Petition for U Nonimmigrant Status.

Have you **EVER**:

1.a. Committed a crime or offense for which you have not been arrested? ☐ Yes ☐ No

1.b. Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Naturalization Service (INS), and military officers) for any reason? ☐ Yes ☐ No

1.c. Been charged with committing any crime or offense? ☐ Yes ☐ No

1.d. Been convicted of a crime or offense (even if the violation was subsequently expunged or pardoned)? ☐ Yes ☐ No

1.e. Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)? ☐ Yes ☐ No

Part 3. Processing Information (continued)

1.f. Received a suspended sentence, been placed on probation, or been paroled? ☐ Yes ☐ No

1.g. Been in jail or prison? ☐ Yes ☐ No

1.h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? ☐ Yes ☐ No

1.i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? ☐ Yes ☐ No

Information About Arrests, Citations, Detentions, or Charges

If you answered "Yes" to any of the above questions, respond to the questions below to provide additional details. If you need extra space, use the space provided in **Part 8. Additional Information**.

2.a. Why were you arrested, cited, detained, or charged?

If yes to 1.a. through 1.i. must fill out 2a. through 2.f

2.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

Where were you arrested, cited, detained, or charged?

2.c. City or Town

2.d. State

2.e. Country

2.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

3.a. Why were you arrested, cited, detained, or charged?

If response entered to 3.a. then 3.b. through 3.f. are required

3.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

Where were you arrested, cited, detained, or charged?

3.c. City or Town

3.d. State

3.e. Country

3.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

Have you **EVER**:

4.a. Engaged in, or do you intend to engage in, prostitution or procurement of prostitution? ☐ Yes ☐ No

4.b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? ☐ Yes ☐ No

4.c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? ☐ Yes ☐ No

4.d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? ☐ Yes ☐ No

Have you **EVER** committed, planned or prepared, participated in, threatened to, attempted to, conspired to commit, gathered information for, or solicited funds for any of the following:

5.a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? ☐ Yes ☐ No

5.b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? ☐ Yes ☐ No

5.c. Assassination? ☐ Yes ☐ No

5.d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☐ No

5.e. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☐ No

Have you **EVER** been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of Title 18, United States Code) by or on behalf of, or been associated with any other group of two or more individuals, whether organized or not, which has been designated as, or has engaged in or has a subgroup which has been designated as, or has engaged in:

6.a. A terrorist organization under section 219 of the INA? ☐ Yes ☐ No

6.b. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? ☐ Yes ☐ No

Part 3. Processing Information (continued)

- 6.c.** Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? ☐ Yes ☐ No
- 6.d.** Assassination? ☐ Yes ☐ No
- 6.e.** The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☐ No
- 6.f.** The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☐ No
- 6.g.** Soliciting money or members or otherwise providing material support to a terrorist organization? ☐ Yes ☐ No

Do you intend to engage in the United States in:

- 7.a.** Espionage? ☐ Yes ☐ No
- 7.b.** Any unlawful activity, or any activity the purpose of which is in opposition to, or the control, or overthrow of the government of the United States? ☐ Yes ☐ No
- 7.c.** Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information? ☐ Yes ☐ No
- 8.** Have you **EVER** been or do you continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? ☐ Yes ☐ No
- 9.** Have you **EVER**, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group, or political opinion? ☐ Yes ☐ No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

- 10.a.** Acts involving torture or genocide? ☐ Yes ☐ No
- 10.b.** Killing any person? ☐ Yes ☐ No
- 10.c.** Intentionally and severely injuring any person? ☐ Yes ☐ No
- 10.d.** Engaging in any kind of sexual conduct or relations with any person who was being forced or threatened? ☐ Yes ☐ No
- 10.e.** Limiting or denying any person's ability to exercise religious beliefs? ☐ Yes ☐ No
- 10.f.** The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion? ☐ Yes ☐ No
- 10.g.** Displacing or moving any person from their residence by force, threat of force, compulsion, or duress? ☐ Yes ☐ No

NOTE: If you answered "Yes" to any question in **Item Numbers 10.a. - 10.g.**, please describe the circumstances in **Part 8. Additional Information.**

- 11.** Have you **EVER** advocated that another person commit any of the acts described in the preceding question, urged, or encouraged another person, to commit such acts? ☐ Yes ☐ No

Have you **EVER** been present or nearby when any person was:

- 12.a.** Intentionally killed, tortured, beaten, or injured? ☐ Yes ☐ No
- 12.b.** Displaced or moved from his or her residence by force, compulsion, or duress? ☐ Yes ☐ No
- 12.c.** In any way compelled or forced to engage in any kind of sexual contact or relations? ☐ Yes ☐ No

Have you **EVER**:

- 13.a.** Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, or other insurgent organization? ☐ Yes ☐ No

Part 3. Processing Information (continued)

13.b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? ☐ Yes ☐ No

13.c. Served in, been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons transported, possessed, or used any type of weapon? ☐ Yes ☐ No

NOTE: If you answered "Yes" to any question in **Item Numbers 13.a. - 13.c.**, please describe the circumstances in **Part 8. Additional Information.**

Have you **EVER**:

14.a. Received any type of military, paramilitary, or weapons training? ☐ Yes ☐ No

14.b. Been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☐ No

14.c. Assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? ☐ Yes ☐ No

NOTE: If you answered "Yes" to any question in **Item Numbers 14.a. - 14.c.**, please describe the circumstances in **Part 8. Additional Information.**

Have you **EVER**:

15.a. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? ☐ Yes ☐ No

15.b. Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat? ☐ Yes ☐ No

16. Are you **NOW** in removal, exclusion, rescission, or deportation proceedings? ☐ Yes ☐ No

17. Have you **EVER** had removal, exclusion, rescission, or deportation proceedings initiated against you? ☐ Yes ☐ No

18. Have you **EVER** been removed, excluded, or deported from the United States? ☐ Yes ☐ No

19. Have you **EVER** been ordered to be removed, excluded, or deported from the United States? ☐ Yes ☐ No

20. Have you **EVER** been denied a visa or denied admission to the United States? ☐ Yes ☐ No

21. Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time? ☐ Yes ☐ No

22. Are you **NOW** under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)? ☐ Yes ☐ No

23. Have you **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa or other documentation, for entry into the United States or any immigration benefit? ☐ Yes ☐ No

24. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard? ☐ Yes ☐ No

25. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such? ☐ Yes ☐ No

26. Have you **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody? ☐ Yes ☐ No

27. Do you plan to practice polygamy in the United States? ☐ Yes ☐ No

28. Have you **EVER** entered the United States as a stowaway? ☐ Yes ☐ No

29.a. Do you **NOW** have a communicable disease of public health significance? ☐ Yes ☐ No

29.b. Do you **NOW** have or have you **EVER** had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others? ☐ Yes ☐ No

29.c. Are you **NOW** or have you **EVER** been a drug abuser or drug addict? ☐ Yes ☐ No

Part 4. Information About Your Spouse and/or Children

If you need extra space to complete **Part 4.**, use the space provided in **Part 8. Additional Information.**

1.a. Family Name (Last Name) If N/A for 1.a. then 1.b. through 5 may be blank

1.b. Given Name (First Name)

1.c. Middle Name

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

3. Country of Birth

4. Relationship

5. Current Location

6.a. Family Name (Last Name) If N/A for 6.a. then 6.b. through 10 may be blank

6.b. Given Name (First Name)

6.c. Middle Name

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

8. Country of Birth

9. Relationship

10. Current Location

11.a. Family Name (Last Name) If N/A for 11.a. then 11.b. through 15 may be blank

11.b. Given Name (First Name)

11.c. Middle Name

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

13. Country of Birth

14. Relationship

15. Current Location

16.a. Family Name (Last Name) If N/A for 16.a. then 16.b. through 20 may be blank

16.b. Given Name (First Name)

16.c. Middle Name

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

18. Country of Birth

19. Relationship

20. Current Location

21.a. Family Name (Last Name) If N/A for 21.a. then 21.b. through 25 may be blank

21.b. Given Name (First Name)

21.c. Middle Name

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

23. Country of Birth

24. Relationship

25. Current Location

Filing On Behalf of Family Members

26. I am petitioning for one or more qualifying family members. ☐ Yes ☐ No

NOTE: If you answered "Yes" to **26.**, you must complete and include Supplement A for each family member for whom you are petitioning.

Part 5. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-918 Instructions before completing this part.

Petitioner's Statement

NOTE: Select the box for either **1.a.** or **1.b.** If applicable, select the box for **2.**

1.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.

1.b. ☐ The interpreter named in **Part 6.** read to me every question and instruction on this petition 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 7.**,
,
prepared this petition for me based only upon information I provided or authorized.

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 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.a. Petitioner's Signature

6.b. 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.

NOTE: A parent or legal guardian may sign for a person who is less than 14 years of age. A legal guardian may sign for a mentally incompetent person.

Part 6. 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)

If checked 1.b. in Part 5, must include interpreter's name here

1.b. Interpreter's Given Name (First Name)

If checked 1.b. in Part 5, must include interpreter's name here

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

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

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)

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., 1.b.**, and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and 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 7. 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.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

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 petition on behalf of the petitioner and with the petitioner's consent.
- 7.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, 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. The petitioner then reviewed this completed petition and informed me that he or she understands all of the information contained in, and submitted with, his or her petition, including the **Petitioner's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner 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 8. 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. Include 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

[illegible]

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
<div></div>	<div></div>	<div></div>

[illegible]

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

[illegible]

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

[illegible]