

Application to Register Permanent Residence or Adjust Status

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-485 OMB No. 1615-0023 Expires 09/30/2021

		F	or USC	CIS Use	Only	
Preference Category:			Recei	pt		Action Block
Country Chargeable:						
Priority Date:						
Date Form I-693 Received:						
☐ Applicant ☐ Interview Interviewed Waived Date of Initial Interview: Lawful Permanent Resident as of: ———————————————————————————————————		Section of Law				
	To be c	ompleted by an	attorney	or accred	ited represe	ntative (if any).
Select this box if Form G-28 is attached.	Volag Nu (if any)	mber	Attorne (if appli	ey State Bar Number		Attorney or Accredited Representative USCIS Online Account Number (if any)
NOTE TO ALL APPLICANTS: If you do r Instructions, U.S. Citizenship and Immigration Part 1. Information About You (Perfor lawful permanent residence) Your Current Legal Name (do not pronickname) 1.a. Family Name (Last Name)		you do not compl higration Services ou (Person app	s (USCIS)	3.a. 3.b. 3.c.	plication or f your applica Family Nam (Last Name Given Nam (First Name	ne en e
1.b. Given Name (First Name)					Given Nam (First Name	
1.c. Middle Name				4.c.	Middle Nar	me
Other Names You Have Used Since Birth (if applicable)				Oth	er Inform	ation About You
NOTE: Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names. If you need extra space to complete this section, use the space provided in Part 14. Additional Information. 2.a. Family Name		s,	 5. 6. 	NOTE: In include any connection	th (mm/dd/yyyy) addition to providing your actual date of birth, other dates of birth you have used in with any legal names or non-legal names in rovided in Part 14. Additional Information . Male Female	
(Last Name)					_	
2.b. Given Name (First Name)				7.	City or Tow	on of Birth
2.c. Middle Name						

art 1. Information About You (Person applying	Recent Immigration History
or lawful permanent residence) (continued)	Provide the information for Item Numbers 15 19. if you last
Country of Birth	entered the United States using a passport or travel document.
Country of Birth	15. Passport Number Used at Last Arrival
Country of Citizenship or Nationality	
Country of Chizenship of Patrionality	16. Travel Document Number Used at Last Arrival
Alien Registration Number (A-Number) (if any)	
► A-	17. Expiration Date of this Passport or Travel Document
NOTE: If you have EVER used other A-Numbers,	(mm/dd/yyyy)
include the additional A-Numbers in the space provided in Part 14. Additional Information .	18. Country that Issued this Passport or Travel Document
USCIS Online Account Number (if any)	10 Naviguei and Wie Naulau Constlia Decorati (Cons
▶	19. Nonimmigrant Visa Number from this Passport (if any)
U.S. Social Security Number (if any)	Place of Last Arrival into the United States
•	20.a. City or Town
	20.a. City of Town
S. Mailing Address	201 G. (
In Care Of Name (if any)	20.b. State
	21. Date of Last Arrival (mm/dd/yyyy)
o. Street Number and Name	When I last arrived in the United States, I:
c. Apt. Ste. Flr.	22.a. Was inspected at a port of entry and admitted as (for example, exchange visitor; visitor, waived through:
d. City or Town	temporary worker; student):
e. State 13.f. ZIP Code	
	22.b. Was inspected at a port of entry and paroled as (for example, humanitarian parole, Cuban parole):
ternate and/or Safe Mailing Address	
you are applying based on the Violence Against Women Act AWA) or as a special immigrant juvenile, human trafficking	22.c. Came into the United States without admission or parole.
tim (T nonimmigrant), or victim of a qualifying crime (U nimmigrant) and you do not want USCIS to send notices	22.d. Other:
out this application to your home, you may provide an	
rnative and/or safe mailing address.	If you were issued a Form I-94 Arrival-Departure Record Numb
a. In Care Of Name (if any)	23.a. Form I-94 Arrival-Departure Record Number
b Street Number	▶
b. Street Number and Name	23.b. Expiration Date of Authorized Stay Shown on Form I-9
e. Apt. Ste. Flr.	(mm/dd/yyyy)
d. City or Town	23.c. Status on Form I-94 (for example, class of admission, o
a State 14 f ZID Code	paroled, if paroled)

	A-Number ► A-
Part 1. Information About You (Person applying for lawful permanent residence) (continued) 24. What is your current immigration status (if it has changed since your arrival)? Provide your name exactly as it appears on your Form I-94 (if any) 25.a. Family Name (Last Name) 25.b. Given Name (First Name)	 1.d. Asylee or Refugee Asylum status (INA section 208), Form I-589 or Form I-730 Refugee status (INA section 207), Form I-590 or Form I-730 1.e. Human Trafficking Victim or Crime Victim Human trafficking victim (T Nonimmigrant), Form I-914 or derivative family member, Form I-914A Crime victim (U Nonimmigrant), Form I-918, derivative family member, Form I-918A, or qualifying family member, Form I-929
25.c. Middle Name Part 2. Application Type or Filing Category	 1.f. Special Programs Based on Certain Public Laws The Cuban Adjustment Act The Cuban Adjustment Act for battered spouses and
NOTE: Attach a copy of the Form I-797 receipt or approval notice for the underlying petition or application, as appropriate. I am applying to register lawful permanent residence or adjust status to that of a lawful permanent resident based on the following immigrant category (select only one box). (See the Form I-485 Instructions for more information, including any Additional Instructions that relate to the immigrant category you select.): 1.a. Family-based Other relative of a U.S. citizen, Form I-130 Other relative of a U.S. citizen or relative of a lawful permanent resident under the family-based preference categories, Form I-130	children Dependent status under the Haitian Refugee Immigrant Fairness Act Dependent status under the Haitian Refugee Immigrant Fairness Act for battered spouses and children Lautenberg Parolees Diplomats or high ranking officials unable to return home (Section 13 of the Act of September 11, 1957) Indochinese Parole Adjustment Act of 2000 1.g. Additional Options Diversity Visa program Continuous residence in the United States since
Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen, Form I-129F (K-1/K-2 Nonimmigrant) Widow or widower of a U.S. citizen, Form I-360 VAWA self-petitioner, Form I-360 1.b. Employment-based Alien worker, Form I-140	before January 1, 1972 ("Registry") Individual born in the United States under diplomatic status Other eligibility Are you applying for adjustment based on the Immigration and Nationality Act (INA) section 245(i)?
☐ Alien entrepreneur, Form I-526 1.c. Special Immigrant ☐ Religious worker, Form I-360 ☐ Special immigrant juvenile, Form I-360 ☐ Certain Afghan or Iraqi national, Form I-360 ☐ Certain international broadcaster, Form I-360	NOTE: If you answered "Yes" to Item Number 2., you must have selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in Item Numbers 1.a 1.g. as the basis for your application for adjustment of status. Fill out the rest of this application and Supplement A to Form I-485, Adjustment of Status Under Section 245(i) (Supplement A). For detailed filing instructions, read the Form I-485

Form I-360

Certain G-4 international organization or family

member or NATO-6 employee or family member,

Instructions (including any Additional Instructions that

relate to the immigrant category that you selected in Item

Numbers 1.a. - 1.g.) and Supplement A Instructions.

	t 2. Application Type or Filing Category ntinued)	3.	Decision (for example, approved, re withdrawn)	fused, denied,
Information About Your Immigrant Category		4.	Date of Decision (mm/dd/yyyy)	
	a are the principal applicant , provide the following mation.		ress History	
3.	Receipt Number of Underlying Petition (if any)	Provi	de physical addresses for everywhere g the last five years, whether inside o	
4.	Priority Date from Underlying Petition (if any) (mm/dd/yyyy)	States space	s. Provide your current address first. to complete this section, use the spa	If you need extra
	a are a derivative applicant (the spouse or unmarried	Physi	cal Address 1 (current address)	
	under 21 years of age of a principal applicant), provide the wing information for the principal applicant .	5.a.	Street Number and Name	
Princ	ipal Applicant's Name	5.b.	Apt. Ste. Flr.	
5.a.	Family Name (Last Name)	5.c.	City or Town	
5.b.	Given Name (First Name)	5.d.	State 5.e. ZIP Code	
5.c.	Middle Name	5.f.	Province	
6.	Principal Applicant's A-Number (if any) • A-	5.g.	Postal Code	
7.	Principal Applicant's Date of Birth	5.h.	Country	
	(mm/dd/yyyy)			
8.	Receipt Number of Principal's Underlying Petition (if any)	Dates	of Residence	
		6.a.	From (mm/dd/yyyy)	
9.	Priority Date of Principal Applicant's Underlying Petition (if any) (mm/dd/yyyy)	6.b.	To (mm/dd/yyyy)	Present
		Physi	cal Address 2	
Par	t 3. Additional Information About You	7.a.	Street Number and Name	
1.	Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S.	7.b.	Apt. Ste. Flr.	
	Consulate abroad? Yes No	7.c.	City or Town	
	If you answered "Yes" to Item Number 1. , complete Item Numbers 2.a 4. below. If you need extra space to	7.d.	State 7.e. ZIP Code	
	complete this section, use the space provided in Part 14. Additional Information .	7.f.	Province	
Locat	tion of U.S. Embassy or U.S. Consulate	7.g.	Postal Code	
2.a.	City	7.h.	Country	
2.b.	Country			

	A-Number > A-
Part 3. Additional Information About You (continued)	Address of Employer or Company 12.a. Street Number and Name
Dates of Residence	12.b.
8.a. From (mm/dd/yyyy)	12.c. City or Town
8.b. To (mm/dd/yyyy)	12.d. State 12.e. ZIP Code
Provide your most recent address outside the United States where you lived for more than one year (if not already listed above).	12.f. Province
9.a. Street Number	12.g. Postal Code
and Name	12.h. Country
	13. Your Occupation
9.c. City or Town	13. Tour Occupation
9.d. State 9.e. ZIP Code	Dates of Employment
9.f. Province	14.a. From (mm/dd/yyyy)
9.g. Postal Code	14.b. To (mm/dd/yyyy)
9.h. Country	
	Employer 2 15. Name of Employer or Company
Dates of Residence	The second secon
10.a. From (mm/dd/yyyy)	Address of Employer or Company
10.b. To (mm/dd/yyyy)	16.a. Street Number and Name
Employment History	16.b.
Provide your employment history for the last five years,	16.c. City or Town
whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete	16.d. State 16.e. ZIP Code
this section, use the space provided in Part 14. Additional Information .	16.f. Province
Employer 1 (current or most recent)	
11. Name of Employer or Company	16.g. Postal Code
	16.h. Country
	17. Your Occupation
	Dates of Employment
	18.a. From (mm/dd/yyyy)
	18.b. To (mm/dd/yyyy)

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Part 3. Additional Information About You (continued)		3. 4.	Date of Birth (mm/dd/yyyy) Sex
	de your most recent employment outside of the United s (if not already listed above).	5.	City or Town of Birth
19.	Name of Employer or Company	6.	Country of Birth
Addr	ess of Employer or Company	_	
20.a.	Street Number and Name	7.	Current City or Town of Residence (if living)
20.b.	Apt. Ste. Flr.	8.	Current Country of Residence (if living)
20.c.	City or Town		
20.d.	State 20.e. ZIP Code	Info	ormation About Your Parent 2
20.f.	Province		nt 2's Legal Name
20.g.	Postal Code	9.a.	Family Name (Last Name)
20.h.	Country	9.b.	Given Name (First Name)
21		9.c.	Middle Name
21.	Your Occupation	Parer	nt 2's Name at Birth (if different than above)
Dates	s of Employment	10.a.	Family Name (Last Name)
	From (mm/dd/yyyy)	10.b.	Given Name (First Name)
22.b.	To (mm/dd/yyyy)	10.c.	Middle Name
		11.	Date of Birth (mm/dd/yyyy)
Par	t 4. Information About Your Parents	12.	Sex Male Female
Info	ormation About Your Parent 1	13.	City or Town of Birth
Parer	at 1's Legal Name		
1.a.	Family Name (Last Name)	14.	Country of Birth
1.b.	Given Name (First Name)	15.	Current City or Town of Residence (if living)
1.c.	Middle Name		
Parer	at 1's Name at Birth (if different than above)	16.	Current Country of Residence (if living)
2.a.	Family Name (Last Name)		
2.b.	Given Name (First Name)		
2.c.	Middle Name		

Par	t 5. Information About Your Marital History	Place of Marriage to Current Spouse
1.	What is your current marital status?	9.a. City or Town
	Single, Never Married Married Divorced	
	Widowed Marriage Annulled	9.b. State or Province
	Legally Separated	
2.	If you are married, is your spouse a current member of the	9.c. Country
	U.S. armed forces or U.S. Coast Guard?	
	∐ N/A ∐ Yes ∐ No	10. Is your current spouse applying with you?
3.	How many times have you been married (including annulled marriages and marriages to the same person)?	☐ Yes ☐ No
	amunicu marriages and marriages to the same person):	Information About Prior Marriages (if any)
		If you have been married before, whether in the United States or
•	ormation About Your Current Marriage cluding if you are legally separated)	in any other country, provide the following information about your prior spouse. If you have had more than one previous
	u are currently married, provide the following information t your current spouse.	marriage, use the space provided in Part 14. Additional Information to provide the information below.
Curr	ent Spouse's Legal Name	Prior Spouse's Legal Name (provide family name before marriage)
4.a.	Family Name	11.a. Family Name
4.b.	(Last Name) Given Name	(Last Name)
	(First Name)	11.b. Given Name (First Name)
4.c.	Middle Name	11.c. Middle Name
5.	A-Number (if any)	12. Prior Spouse's Date of Birth (mm/dd/yyyy)
	► A-	
6.	Current Spouse's Date of Birth (mm/dd/yyyy)	13. Date of Marriage to Prior Spouse (mm/dd/yyyy)
7	Data of Marris and a Comment Comment (constability)	
7.	Date of Marriage to Current Spouse (mm/dd/yyyy)	Place of Marriage to Prior Spouse
Curr	ent Spouse's Place of Birth	14.a. City or Town
	City or Town	
J. 11.		14.b. State or Province
8.b.	State or Province	14 6 4
		14.c. Country
8.c.	Country	15 Data Mauriana with Drian Course Levelle Fordad
		15. Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)
		(

			A-Number ► A-
Par	rt 5. Information About Your Marital History	Chile	12
	ntinued)	Curr	ent Legal Name
Place	e Where Marriage with Prior Spouse Legally Ended	7.a.	Family Name (Last Name)
16.a.	City or Town	7.b.	Given Name (First Name)
		7.c.	Middle Name
16.b	State or Province	8.	A-Number (if any)
16 .	Country	0.	► A-
10.C.	Country	9.	Date of Birth (mm/dd/yyyy)
		10.	Country of Birth
Par	t 6. Information About Your Children		
1.	Indicate the total number of ALL living children (including adult sons and daughters) that you have.	11.	Is this child applying with you?
	NOTE: The term "children" includes all biological or	Chile	13
	legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other	Curr	ent Legal Name
	countries, married or unmarried, living with you or elsewhere and includes any missing children and those	12.a.	Family Name (Last Name)
	born to you outside of marriage.	12.b.	. Given Name (First Name)
Prov	ide the following information for each of your children.	12.c.	Middle Name
If yo	u have more than three children, use the space provided in	13.	A-Number (if any)
	14. Additional Information.	10.	► A-
Chile		14.	Data of Pirth (mm/dd/yyyy)
	ent Legal Name		Date of Birth (mm/dd/yyyy)
2.a.	Family Name (Last Name)	15.	Country of Birth
2.b.	Given Name (First Name)	16	Is this child applying with you? Yes No
2.c.	Middle Name	16.	Is this child applying with you?
3.	A-Number (if any)	Par	rt 7. Biographic Information
	► A-	1.	Ethnicity (Select only one box)
4.	Date of Birth (mm/dd/yyyy)		Hispanic or Latino
5.	Country of Birth		☐ Not Hispanic or Latino
		2.	Race (Select all applicable boxes)
6.	Is this child applying with you? Yes No		White
			Asian
			Black or African American
			American Indian or Alaska Native
			Native Hawaiian or Other Pacific Islander

			A-Number ► A-	
Par	t 7. Biographic Information (cor	ntinued) Date	s of Membership or Dates of Involvem	nent
3.	Height Feet	Inches 5.a.	From (mm/dd/yyyy)	
4.	Weight Pou	nds	To (mm/dd/yyyy)	
5.	Eye Color (Select only one box)	Orga	unization 2	
		rown 6.	Name of Organization	
		azel		
	☐ Maroon ☐ Pink ☐ U:	nknown/Other 7.a.	City or Town	
6.	Hair Color (Select only one box)			
	Bald (No hair) Black B	lond 7.b.	State or Province	
	☐ Brown ☐ Gray ☐ Re	ed		
	Sandy White U	nknown/Other 7.c.	Country	
	t 8. General Eligibility and Inadi	missibility 8.	Nature of Group	
Gro	ounds			
1.	Have you EVER been a member of, invo any way associated with any organization		s of Membership or Dates of Involvem	ent
	fund, foundation, party, club, society, or s	similar group in 9.a.	From (mm/dd/yyyy)	
	the United States or in any other location including any military service?		To (mm/dd/yyyy)	
If	u anawarad "Vas" ta Itam Numbau 1		· 2	
	u answered "Yes" to Item Number 1. , con bers 2 13.b. below. If you need extra sp		nization 3	
	ection, use the space provided in Part 14. mation . If you answered "No," but are ur	Additional	Name of Organization	
	er, provide an explanation of the events an	nd circumstances	. City or Town	
in the	e space provided in Part 14. Additional In	iformation.	City of Town	
_	nization 1	11 h	State or Province	
2.	Name of Organization	11.0	· State of Frontinee	
_			. Country	
3.a.	City or Town			
	Charles D	12.	Nature of Group	
3.b.	State or Province			
3.c.	Country	Date	s of Membership or Dates of Involvem	nent
		13.a	From (mm/dd/yyyy)	
4.	Nature of Group		. To (mm/dd/yyyy)	
		13.0	· 10 (mm/dd/yyyy)	

A-Number ► A-	
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Part 8. General Eligibility and Inadmissibility **Grounds** (continued)

Answer Item Numbers 14. - 80.b. Choose the answer that you think is correct. If you answer "Yes" to any questions (or if you answer "No," but are unsure of your answer), provide an explanation of the events and circumstances in the space

provi	ded in Part 14. Additional Informati	on.
14.	Have you EVER been denied admiss: States?	ion to the United Yes No
15.	Have you EVER been denied a visa t	o the United States? Yes No
16.	Have you EVER worked in the Unite authorization?	d States without Yes No
17.	Have you EVER violated the terms o nonimmigrant status?	r conditions of your Yes No
18.	Are you presently or have you EVER exclusion, rescission, or deportation p	
19.	Have you EVER been issued a final of deportation, or removal?	order of exclusion, Yes No
20.	Have you EVER had a prior final ord deportation, or removal reinstated?	er of exclusion, Yes No
21.	Have you EVER held lawful permand which was later rescinded?	ent resident status Yes No
22.	Have you EVER been granted volunt immigration officer or an immigration depart within the allotted time?	
23.	Have you EVER applied for any kind protection from removal, exclusion, o	
24.a.	Have you EVER been a J nonimmigr who was subject to the two-year forei requirement?	
Num	a answered "Yes" to Item Number 24. bers 24.b 24.c. If you answered "No, skip to Item Number 25.	
24.b.	Have you complied with the foreign r requirement?	esidence Yes No
24.c.	Have you been granted a waiver or ha State issued a favorable waiver recomfor you?	

Criminal Acts and Violations

For Item Numbers 25. - 45., you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to Item Numbers 25. - 45., use the space provided in Part 14. Additional Information to provide an explanation that includes why you were arrested, cited, detained, or charged; where you were arrested, cited, detained, or charged; when (date) the event occurred; and the outcome or disposition (for example, no charges filed, charges dismissed, jail, probation, community service).

25.	Have you EVER been arrested,	cited, charged, or
	detained for any reason by any la	aw enforcement official
	(including but not limited to any	U.S. immigration
	official or any official of the U.S	s. armed forces or U.S.
	Coast Guard)?	☐ Yes ☐ No

26.	Have you EVER committed a crime	of any kind (even if
	you were not arrested, cited, charged	l with, or tried for that
	crime)?	□ Ves □ No

27.	Have you EVER pled guilty to or been convicted of a		
	crime or offense (even if the violat	ion was subsequently	
	expunged or sealed by a court, or i	f you were granted a	
	pardon, amnesty, a rehabilitation d	ecree, or other act of	
	clemency)?	Yes No	

NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

28.	Have you EVER been ordered punished by a judge or had
	conditions imposed on you that restrained your liberty
	(such as a prison sentence, suspended sentence, house
	arrest, parole, alternative sentencing, drug or alcohol
	treatment, rehabilitative programs or classes, probation, or
	community service)?

29.	Have you EVER been a defendant or the accused in	a
	criminal proceeding (including pre-trial diversion,	
	deferred prosecution, deferred adjudication, or any	
	withheld adjudication)?	1

30.	Have you EVER violated (or attempted or conspired to
	violate) any controlled substance law or regulation of a
	state, the United States, or a foreign country?

Yes N	lo
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| Yes | No

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	rt 8. General Eligibility and Inadmissibility ounds (continued)	42.	Have you EVER trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or
31.	Have you EVER been convicted of two or more offenses (other than purely political offenses) for which the		obtaining a person for labor or services through the use of force, fraud, or coercion. Yes No
	combined sentences to confinement were five years or more? Yes No	43.	Have you EVER knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking persons for commercial sex acts or involuntary servitude,
32.	Have you EVER illicitly (illegally) trafficked or benefited from the trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics?		peonage, debt bondage, or slavery? Yes No
33.	Have you EVER knowingly aided, abetted, assisted, conspired, or colluded in the illicit trafficking of any illegal narcotic or other controlled substances? Yes No	44.	Are you the spouse, son or daughter of a foreign national who engaged in the trafficking of persons and have received or obtained, within the last five years, any financial or other benefits from the illicit activity of your spouse or your parent, although you knew or reasonably should have known that this benefit resulted from the illicit
34.	Are you the spouse, son, or daughter of a foreign national who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last five years, any financial or other benefit from the illegal activity of your spouse or parent, although you knew or reasonably should have known that the financial or other benefit resulted		activity of your spouse or parent? Yes No Have you EVER engaged in money laundering or have you EVER knowingly aided, assisted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? Yes No
	from the illicit activity of your spouse or parent?	Sec	curity and Related
	Yes No	Do y	you intend to:
35.	Have you EVER engaged in prostitution or are you coming to the United States to engage in prostitution? Yes No	46.a.	Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States?
36.	Have you EVER directly or indirectly procured (or attempted to procure) or imported prostitutes or persons for the purpose of prostitution? Yes No	46.b	Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information?
37.	Have you EVER received any proceeds or money from		Yes No
38.	prostitution? Yes No Do you intend to engage in illegal gambling or any other	46.c.	Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by
•	form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the		force, violence, or other unlawful means while in the United States? Yes No
39.	United States?	46.d	• Engage in any activity that could endanger the welfare, safety, or security of the United States?
3).	otherwise) to avoid being prosecuted for a criminal		Yes No
	offense in the United States?	46.e.	. Engage in any other unlawful activity? Yes No
40.	Have you EVER , while serving as a foreign government official, been responsible for or directly carried out violations of religious freedoms? Yes No	47.	Are you engaged in or, upon your entry into the United States, do you intend to engage in any activity that could have potentially serious adverse foreign policy
41.	Have you EVER induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of persons for commercial sex acts? Yes No		consequences for the United States? Yes No

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	General Eligibility and Inadmissibility ds (continued)	51.d.	Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in Item Number 51.a. ? Yes No
Have you	1 EVER:	51 e	Provided money, a thing of value, services or labor, or
con plai sab	mmitted, threatened to commit, attempted to commit, aspired to commit, incited, endorsed, advocated, nned, or prepared any of the following: hijacking, potage, kidnapping, political assassination, or use of a green or combain to be because on their individual or course.		any other assistance or support to an individual, group, or organization who did any of the activities described in Item Number 51.a.? Yes No
sub	apon or explosive to harm another individual or cause ostantial damage to property? Yes No	51.1.	Received any type of military, paramilitary, or weapons training from a group or organization that did any of the activities described in Item Number 51.a. ?
	ticipated in, or been a member of, a group or ganization that did any of the activities described in		Yes No
-	m Number 48.a.? Yes No		E: If you answered "Yes" to any part of Item Number explain the relationship and what occurred, including the
for	a group or organization that did any of the activities		and location of the circumstances, in the space provided art 14. Additional Information.
	ovided money, a thing of value, services or labor, or	52.	Have you EVER assisted or participated in selling, providing, or transporting weapons to any person who,
any	or other assistance or support for any of the activities scribed in Item Number 48.a. ? Yes No		to your knowledge, used them against another person? Yes No
any or c	ovided money, a thing of value, services or labor, or other assistance or support for an individual, group, organization who did any of the activities described in m Number 48.a.?	53.	Have you EVER worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No
	ve you EVER received any type of military, ramilitary, or weapons training? Yes No	54.	Have you EVER been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of
	you intend to engage in any of the activities listed in part of Item Numbers 48.a 49. ? Yes No		weapon against any person or threatened to do so? Yes No
46.a 50 location of space pro	If you answered "Yes" to any part of Item Numbers 1. , explain what you did, including the dates and of the circumstances, or what you intend to do in the ovided in Part 14. Additional Information .	55.	Have you EVER served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, insurgent organization, or any other armed group? Yes No
Are you t	the spouse or child of an individual who EVER :	56	
con plai	mmitted, threatened to commit, attempted to commit, aspired to commit, incited, endorsed, advocated, nned, or prepared any of the following: hijacking,	56.	Have you EVER been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party (in the United States or abroad)? Yes No
wea	otage, kidnapping, political assassination, or use of a apon or explosive to harm another individual or cause estantial damage to property? Yes No	57.	During the period from March 23, 1933 to May 8, 1945, did you ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion,
gro	ticipated in, or been a member or a representative of a pup or organization that did any of the activities acribed in Item Number 51.a. ? Yes No		national origin, or political opinion, in association with either the Nazi government of Germany or any organization or government associated or allied with the
for	cruited members, or asked for money or things of value, a group or organization that did any of the activities scribed in Item Number 51.a. ? Yes No		Yes No

Yes No

D			
	t 8. General Eligibility and Inadmissibility ounds (continued)	63.c.	If your answer to Item Number 63.b. is "Yes," attach a written statement explaining why you had reasonable cause
Have helpe	you EVER ordered, incited, called for, committed, assisted, d with, or otherwise participated in any of the following:	64.	Have you EVER submitted fraudulent or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? Yes No
58.b.	Acts involving torture or genocide? Yes No Killing any person? Yes No Intentionally and severely injuring any person? Yes No	65.	Have you EVER lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? Yes No
58.d.	Engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened? Yes No	66.	Have you EVER falsely claimed to be a U.S. citizen (in writing or any other way)? Yes No
58.e.	Limiting or denying any person's ability to exercise religious beliefs?	67.	Have you EVER been a stowaway on a vessel or aircraft arriving in the United States? Yes No
59.	Have you EVER recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? Yes No	68.	Have you EVER knowingly encouraged, induced, assisted, abetted, or aided any foreign national to enter or to try to enter the United States illegally (alien smuggling)? Yes No
60.	Have you EVER 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	69.	Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? Yes No
52. - locati	E: If you answered "Yes" to any part of Item Numbers 60., explain what occurred, including the dates and ion of the circumstances, in the space provided in Part 14. tional Information.	Afte	noval, Unlawful Presence, or Illegal Reentry er Previous Immigration Violations
Pub		70.	Have you EVER been excluded, deported, or removed
	lic Assistance	70.	Have you EVER been excluded, deported, or removed from the United States or have you ever departed the
61.	Have you received public assistance in the United States from any source, including the U.S. Government or any	70.	
	Have you received public assistance in the United States from any source, including the U.S. Government or any state, county, city, or municipality (other than emergency medical treatment)? Yes No	70.	from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States?
61. 62.	Have you received public assistance in the United States from any source, including the U.S. Government or any state, county, city, or municipality (other than emergency medical treatment)? Yes No Are you likely to receive public assistance in the future in the United States from any source, including the U.S. Government or any state, county, city, or municipality	71. Since	from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? Yes No Have you EVER entered the United States without being
	Have you received public assistance in the United States from any source, including the U.S. Government or any state, county, city, or municipality (other than emergency medical treatment)? Yes No Are you likely to receive public assistance in the future in the United States from any source, including the U.S.	71. Since Unite	from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? Yes No Have you EVER entered the United States without being inspected and admitted or paroled? Yes No April 1, 1997, have you been unlawfully present in the
62.	Have you received public assistance in the United States from any source, including the U.S. Government or any state, county, city, or municipality (other than emergency medical treatment)? Yes No Are you likely to receive public assistance in the future in the United States from any source, including the U.S. Government or any state, county, city, or municipality (other than emergency medical treatment)?	71. Since Unite 72.a.	from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? Yes No Have you EVER entered the United States without being inspected and admitted or paroled? Yes No April 1, 1997, have you been unlawfully present in the ed States: For more than 180 days but less than a year, and then departed the United States? For one year or more and then departed the United States?
62. <i>Illeg</i> 63.a.	Have you received public assistance in the United States from any source, including the U.S. Government or any state, county, city, or municipality (other than emergency medical treatment)? Yes No Are you likely to receive public assistance in the future in the United States from any source, including the U.S. Government or any state, county, city, or municipality (other than emergency medical treatment)? Yes No	71. Since Unite 72.a. 72.b. NOT you e admi	from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? Yes No Have you EVER entered the United States without being inspected and admitted or paroled? Yes No e April 1, 1997, have you been unlawfully present in the ed States: For more than 180 days but less than a year, and then departed the United States?

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Gro Since reento or par 73.a.	t 8. General Eligibility and Inadmissibility bunds (continued) April 1, 1997, have you EVER reentered or attempted to be the United States without being inspected and admitted roled after: Having been unlawfully present in the United States for more than one year in the aggregate? Yes No Having been deported, excluded, or removed from the United States? Yes No		Have you EVER left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? Yes No If your answer to Item Number 80.a . is "Yes," what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?
Mis	cellaneous Conduct	Par	t 9. Accommodations for Individuals With
74.	Do you plan to practice polygamy in the United States?		abilities and/or Impairments
75. 76. 77.	Are you accompanying another foreign national who requires your protection or guardianship but who is inadmissible after being certified by a medical officer as being helpless from sickness, physical or mental disability, or infancy, as described in INA section 232(c)? Yes No Have you EVER assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a U.S. citizen who has been granted custody of the child? Yes No Have you EVER voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? Yes No Have you EVER renounced U.S. citizenship to avoid being taxed by the United States? Yes No		E: Read the information in the Form I-485 Instructions to completing this part. Are you requesting an accommodation because of your disabilities and/or impairments? Yes No If you answered "Yes" to Item Number 1., select any applicable box in Item Numbers 2.a 2.c. and provide an answer. I am deaf or hard of hearing and request the following accommodation. (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).): I am blind or have low vision and request the following accommodation:
Have	you EVER:		
79 . a.	Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are a foreign national? Yes No	2.c.	I have another type of disability and/or impairment. (Describe the nature of your disability and/or impairment and the accommodation you are requesting.)
79.b.	Been relieved or discharged from such training or service on the ground that you are a foreign national? Yes No		
79.c.	Been convicted of desertion from the U.S. armed forces? Yes No		

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Part 10. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-485 Instructions before completing this part. You must file Form I-485 while in the United States.

Applicant's Statement

	Select the box for either Item Number 1.a. or 1.b. If e, 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 11. read to me every question and instruction on this application and my answer to every question in
2.	a language in which I am fluent, and I understood everything. At my request, the preparer named in Part 12. , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

Ap_{I}	pucani s Comaci Injormanon
3.	Applicant's Daytime Telephone Number
4.	Applicant's Mobile Telephone Number (if any)
5.	Applicant's Email Address (if any)
	· ·

Applicant'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 that I seek.

I understand that if I am a male who is 18 to 26 years of age, submitting this application will automatically register me with the Selective Service System as required by the Military Selective Service Act.

I furthermore authorize release of information contained in this application, 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 (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 understood all of the information contained in, and submitted with, my application; and
- 2) 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 application 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 application and that all of this information is complete, true, and correct.

Applicant's	Signature
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6.a.	Applicant's Signature (sign in ink)								
\rightarrow									
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 application.

Part 11. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

T ,	•	T 11	TA T
Interprete	r's	<i>Full</i>	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)

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Part 11. Interpreter's Contact Information, Certification, and Signature (continued)

Inte	rpreter'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
Inte	rpreter's Contact Information
4.	Interpreter's Daytime Telephone Number
5.	Interpreter's Mobile Telephone Number (if any)
6.	Interpreter's Email Address (if any)
Inte	rpreter's Certification
I cert	ify, under penalty of perjury, that:
which 1.b., a every answe she us applie	fluent in English and, n is the same language specified in Part 10., Item Number and I have read to this applicant in the identified language question and instruction on this application and his or her er to every question. The applicant informed me that he or inderstands every instruction, question, and answer on the cation, including the Applicant's Declaration and fication, and has verified the accuracy of every answer.
Inte	rpreter's Signature
7.a.	Interpreter's Signature (sign in ink)
7.b.	Date of Signature (mm/dd/yyyy)

Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Pre	parer'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)										
Pre	parer'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										
Pre	parer's Contact Information										
4.	Preparer's Daytime Telephone Number										
5.	Preparer's Mobile Telephone Number (if any)										
6.	Preparer's Email Address (if any)										

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Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

(coı	ntin	ued)
Pre	par	er'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, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.
Pre	par	er's Certification
prepa appli infor conta inclu that a comp	ared cant med ained ding all of olete	gnature, I certify, under penalty of perjury, that I this application at the request of the applicant. The then reviewed this completed application and me that he or she understands all of the information I in, and submitted with, his or her application, the Applicant's Declaration and Certification , and I this information is complete, true, and correct. I d this application based only on information that the provided to me or authorized me to obtain or use.
Pre	par	er's Signature
8.a.	Pre	parer's Signature (sign in ink)

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the									
corrections made to this application, numbered									
, are complete, true, and correct. All									
additional pages submitted by me with this Form I-485, on									
numbered pages through are complete,									
true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.									
Subscribed to and sworn to (affirmed) before me									
USCIS Officer's Printed Name or Stamp									
Date of Signature (mm/dd/yyyy)									
Applicant's Signature (sign in ink)									
USCIS Officer's Signature (sign in ink)									

8.b. Date of Signature (mm/dd/yyyy)

Part 14. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
If you need extra space to provide any additional information within this application, 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 application 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.	5.d.					
Last Name (Last Name) Lb. Given Name (First Name)						
1.c. Middle Name	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
2. A-Number (if any) ► A-	6.d.					
3.a. Page Number 3.b. Part Number 3.c. Item Number						
3.d.						
	7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
	7.d.					
4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d.						