

## 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 03/31/2023

		F	or USC	CIS Use	Only	
Preference Category:			Receip	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: ☐		☐ INA 209(a) ☐ INA 209(b) ☐ INA 245(a) ☐ INA 245(i) ☐ INA 245(m)	_	249 3, Act of 9/1 n Adjustment		
	To be co	ompleted by an	attorney	or accred	ited represe	ntative (if any).
	Volag Nur (if any)	mber	Attorne (if appli	•	ar Number	Attorney or Accredited Representative USCIS Online Account Number (if any)
NOTE TO ALL APPLICA Instructions, U.S. Citizenship  Part 1. Information A for lawful permanent re  Your Current Legal Na nickname)  1.a. Family Name	p and Imm  About Your sidence)	igration Services  ou (Person app	s (USCIS)	3.a. 3.b. 3.c.	Family Nan (Last Name Given Name (First Name	ne e
(Last Name)  1.b. Given Name (First Name)					(Last Name Given Name (First Name	)
1.c. Middle Name				4.c.	Middle Nan	ne
Other Names You Have applicable)	e Used S	ince Birth (if	•	Oth	er Informo	ation About You
NOTE: Provide all other names you have ever used, includi 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 (Last Name)			s,	<ol> <li>5.</li> <li>6.</li> </ol>	NOTE: In include any connection	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 ovided in Part 14. Additional Information.  Male Female
<b>2.b.</b> Given Name				7.	City or Tow	n of Birth
(First Name)  2.c. Middle Name						

			A-Number ► A-
Par	et 1. Information About You (Person applying	Soc	rial Security Card
for <b>8.</b>	lawful permanent residence) (continued)  Country of Birth	14.	Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?  Yes No
9.	Country of Citizenship or Nationality		If you answered "Yes," provide the information requested in <b>Item Number 15.</b>
10.	Alien Registration Number (A-Number) (if any)  • A-	15.	Provide your U.S. Social Security Number (SSN).  ▶
	NOTE: If you have EVER used other A-Numbers, include the additional A-Numbers in the space provided in Part 14. Additional Information.	16.	Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to <b>Item Number 17. Consent for Disclosure</b> , to receive a card).   Yes No
11.	USCIS Online Account Number (if any)  •	17.	Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card.
U.S	S. Mailing Address		Yes No
12.a.	In Care Of Name (if any)	Rec	eent Immigration History
12.b	Street Number and Name		ide the information for <b>Item Numbers 18 24.</b> if you last red the United States using a passport or travel document.
12.c.		18.	Passport Number Used at Last Arrival
12.d	. City or Town		
12.e.	State 12.f. ZIP Code	19.	Travel Document Number Used at Last Arrival
Alte	(USPS ZIP Code Lookup) ernate and/or Safe Mailing Address	20.	Expiration Date of this Passport or Travel Document (mm/dd/yyyy)
(VA	ware applying based on the Violence Against Women Act WA) or as a special immigrant juvenile, human trafficking m (T nonimmigrant), or victim of a qualifying crime (U	21.	Country that Issued this Passport or Travel Document
nonii abou	mmigrant) and you do not want USCIS to send notices this application to your home, you may provide an native and/or safe mailing address.	22.	Nonimmigrant Visa Number from this Passport (if any)
	In Care Of Name (if any)	Place	e of Last Arrival into the United States
20.00	- m care of rame (it any)		. City or Town
13.b	Street Number		
13.c.	and Name . Apt. Ste. Flr.	23.b	. State

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**13.d.** City or Town

**13.e.** State

**13.f.** ZIP Code

**24.** Date of Last Arrival (mm/dd/yyyy)

A-Number ►	<b>A-</b>					

## **Part 1. Information About You** (Person applying for lawful permanent residence) (continued)

When	ı I la	st arrived in	n the	Unite	d St	ates	s, I:						
25.a.		Was inspected at a port of entry and admitted as (for example, exchange visitor; visitor, waived through; temporary worker; student):											
25.b.		Was inspected at a port of entry and paroled as (for example, humanitarian parole, Cuban parole):											
25.c.		Came into the United States without admission or parole.											
25.d.		Other:											
If you	ı wer	e issued a F	Form 1	[-94 A	rriv	al-I	Depa	artu	re R	eco	rd N	Jum	ber:
26.a.	For	m I-94 Arri	val-D	epart	ure	Rec	cord	Nu	mb	er			
26.b.	Exp	iration Dat	e of A	Author	rize	d St	ay S	Sho	wn	on l	Forr	n I-	94
	(mn	n/dd/yyyy)											
26.c.		us on Form oled, if parc		(for e	exar	nple	e, cl	ass	of a	dm	issio	on,	or
27.		at is your c		t imm	igra	tion	n sta	itus	(if	it ha	as cl	nang	ged
Provi any)	de y	our name e	xactly	y as it	app	ear	s on	yo	ur F	Forn	n I-9	94 (	if
28.a.		nily Name st Name)											
28.b.		en Name st Name)											
28.c.	,	ldle Name											

#### Part 2. Application Type or Filing Category

**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.	Form	:1., l	hone
ı.a.	гаш	11 V - L	oased

1.a.	rai	mny-pased
		Immediate 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
		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.	Em	ployment-based
		Alien worker, Form I-140
		Alien entrepreneur, Form I-526
1.c.	Spe	ecial 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
		Certain G-4 international organization or family member or NATO-6 employee or family member, Form I-360
1.d.	Asy	rlee 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.	Hu	man 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

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A-Number ►	<b>A-</b>				

## **Part 2. Application Type or Filing Category** (continued)

#### 1.f. Special Programs Based on Certain Public Laws The Cuban Adjustment Act The Cuban Adjustment Act for battered spouses and 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 before January 1, 1972 ("Registry") Individual born in the United States under diplomatic status Other eligibility 2. Are you applying for adjustment based on the Immigration and Nationality Act (INA) section 245(i)? Yes No 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 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.

#### Information About Your Immigrant Category

If you are the **principal applicant**, provide the following information.

infor	mation.
3.	Receipt Number of Underlying Petition (if any)
4.	Priority Date from Underlying Petition (if any)
	(mm/dd/yyyy)
child	u are a <b>derivative applicant</b> (the spouse or unmarried under 21 years of age of a principal applicant), provide the wing information for the <b>principal applicant</b> .
Princ	cipal Applicant's Name
5.a.	Family Name (Last Name)
5.b.	Given Name (First Name)
5.c.	Middle Name
6.	Principal Applicant's A-Number (if any)
	► A-
7.	Principal Applicant's Date of Birth
	(mm/dd/yyyy)
8.	Receipt Number of Principal's Underlying Petition (if any)
9.	Priority Date of Principal Applicant's Underlying Petition
	(if any) (mm/dd/yyyy)
Dor	t 3. Additional Information About You
1.	Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S.
	Consulate abroad? Yes No
	If you answered "Yes" to <b>Item Number 1.</b> , complete <b>Item Numbers 2.a 4.</b> below. If you need extra space to complete this section, use the space provided in <b>Part 14. Additional Information</b> .
Loca	tion of U.S. Embassy or U.S. Consulate
2.a.	City
2.b.	Country
3.	Decision (for example, approved, refused, denied, withdrawn)
4.	Date of Decision (mm/dd/yyyy)

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	71 Number 7 11
Part 3. Additional Information About You (continued)	Provide your most recent address outside the United States where you lived for more than one year (if not already listed above).
Address History	9.a. Street Number and Name
Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in <b>Part 14. Additional Information</b> .	9.b.
Physical Address 1 (current address)	
<b>5.a.</b> Street Number	<b>9.f.</b> Province
and Name	9.g. Postal Code
<b>5.b.</b> Apt. Ste. Flr.	<b>9.h.</b> Country
<b>5.c.</b> City or Town	
5.d. State 5.e. ZIP Code	Dates of Residence
<b>5.f.</b> Province	10.a. From (mm/dd/yyyy)
5.g. Postal Code	<b>10.b.</b> To (mm/dd/yyyy)
<b>5.h.</b> Country	Employment History
Dates of Residence  6.a. From (mm/dd/yyyy)  6.b. To (mm/dd/yyyy)	Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in <b>Part 14. Additional Information</b> .
- Io (IIIII adayyyy)	Employer 1 (current or most recent)
Physical Address 2	11. Name of Employer or Company
7.a. Street Number and Name	
7.b.	Address of Employer or Company
7.c. City or Town	12.a. Street Number and Name
7.d. State 7.e. ZIP Code	12.b. Apt. Ste. Flr.
7.f. Province	12.c. City or Town
7.g. Postal Code	12.d. State 12.e. ZIP Code
<b>7.h.</b> Country	<b>12.f.</b> Province
County	12.g. Postal Code
Dates of Residence	12.h. Country
8.a. From (mm/dd/yyyy)	
Tion (min dayyyy)	13. Your Occupation

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**8.b.** To (mm/dd/yyyy)

	A-Number ► A-
Part 3. Additional Information About You (continued)	Address of Employer or Company  20.a. Street Number and Name
Dates of Employment	20.b.
<b>14.a.</b> From (mm/dd/yyyy)	20.c. City or Town
<b>14.b.</b> To (mm/dd/yyyy)	20.d. State 20.e. ZIP Code
Employer 2	20.f. Province
15. Name of Employer or Company	20.g. Postal Code
	20.h. Country
Address of Employer or Company	20.11. Country
16.a. Street Number and Name	21. Your Occupation
<b>16.b.</b> Apt. Ste. Flr.	
<b>16.c.</b> City or Town	Dates of Employment
16.d. State 16.e. ZIP Code	22.a. From (mm/dd/yyyy)
16.f. Province	<b>22.b.</b> To (mm/dd/yyyy)
16.g. Postal Code	Part 4. Information About Your Parents
<b>16.h.</b> Country	Information About Your Parent 1
17 Vous Occupation	Parent 1's Legal Name
17. Your Occupation	1.a. Family Name (Last Name)
Dates of Employment	1.b. Given Name (First Name)
<b>18.a.</b> From (mm/dd/yyyy)	1.c. Middle Name
<b>18.b.</b> To (mm/dd/yyyy)	Parent 1's Name at Birth (if different than above)
Provide your most recent employment outside of the United	2.a. Family Name (Last Name)
States (if not already listed above).  19. Name of Employer or Company	2.b. Given Name (First Name)
	2.c. Middle Name
	3. Date of Birth (mm/dd/yyyy)
	4. Sex Male Female
	5. City or Town of Birth
	<b>6.</b> Country of Birth
	[

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	t 4. Information About Your Parents	3.	How many times have you been married (including annulled marriages and marriages to the same person)?
(cor	tinued)		annunce marriages and marriages to the same persony.
7.	Current City or Town of Residence (if living)		
			ormation About Your Current Marriage
8.	Current Country of Residence (if living)	(inc	luding if you are legally separated)
			u are currently married, provide the following information t your current spouse.
Info	rmation About Your Parent 2	Curr	ent Spouse's Legal Name
Paren	t 2's Legal Name	4.a.	Family Name (Last Name)
9.a.	Family Name (Last Name)	4.b.	
9.b.	Given Name (First Name)	4.c.	Middle Name
9.c.	Middle Name	5.	A-Number (if any)
			► A-
	t 2's Name at Birth (if different than above) Family Name	6.	Current Spouse's Date of Birth (mm/dd/yyyy)
10.a.	(Last Name)		
10.b.	Given Name (First Name)	7.	Date of Marriage to Current Spouse (mm/dd/yyyy)
10.c.	Middle Name		
11.	Date of Birth (mm/dd/yyyy)		ent Spouse's Place of Birth
		8.a.	City or Town
12.	Sex Male Female		
13.	City or Town of Birth	8.b.	State or Province
14.	Country of Birth	8.c.	Country
15.	Current City or Town of Residence (if living)		e of Marriage to Current Spouse
		9.a.	City or Town
16.	Current Country of Residence (if living)		
		9.b.	State or Province
D			
Par	t 5. Information About Your Marital History	9.c.	Country
1.	What is your current marital status?		
	☐ Single, Never Married ☐ Married ☐ Divorced	10.	Is your current spouse applying with you?
	☐ Widowed ☐ Marriage Annulled		Yes No
	Legally Separated		
2.	If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard?		
	N/A Yes No		

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A-Number ▶	A-					

#### Part 5. Information About Your Marital History (continued)

#### Information About Prior Marriages (if any)

If you have been married before, whether in the United States or in any other country, provide the following information about your prior spouse. If you have had more than one previous marriage, use the space provided in Part 14. Additional **Information** to provide the information below.

Prior Spouse's Legal Name (provide family name before marriage)

11.a.	Family Name (Last Name)
11.b.	Given Name (First Name)
11.c.	Middle Name
12.	Prior Spouse's Date of Birth (mm/dd/yyyy)
13.	Date of Marriage to Prior Spouse (mm/dd/yyyy)
Place	of Marriage to Prior Spouse
14.a.	City or Town
14.b.	State or Province
14.c.	Country
15.	Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)
DI	
	Where Marriage with Prior Spouse Legally Ended
10.a.	City or Town
16 h	State or Province
10.0.	State of Flovince
16.c.	Country
10.0.	

#### Part 6. Information About Your Children

Indicate the total number of ALL living children (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

Provide the following information for each of your children. If you have more than three children, use the space provided in Part 14. Additional Information.

Child 1

Current.	Legal	Name	
----------	-------	------	--

- **2.a.** Family Name (Last Name) **2.b.** Given Name
- (First Name)
- **2.c.** Middle Name
- 3. A-Number (if any)

► A-	
------	--

Yes

- 4. Date of Birth (mm/dd/yyyy)
- 5. Country of Birth
- 6. Is this child applying with you? No

#### Child 2

Current Legal Name

- **7.a.** Family Name (Last Name)
- 7.b. Given Name (First Name)
- **7.c.** Middle Name
- A-Number (if any)

► A-	· +=			► A-					
	- A-	► A-	► A-	<b>A</b>	l				

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

10.	Country of Birth

Is this child applying with you? Yes No

A-Number ► A-				
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	t 6. Information About Your Children ntinued)		t 8. General Eligibility and In unds	admissibility
Child	ent Legal Name	1.	Have you <b>EVER</b> been a member of, in any way associated with any organization of the state of th	tion, association,
12.a.	Family Name (Last Name)		fund, foundation, party, club, society, the United States or in any other local including any military service?	
12.b.	Given Name (First Name)		answered "Yes" to Item Number 1.,	
12.c.	Middle Name		bers 2 13.b. below. If you need extraction, use the space provided in <b>Part</b>	
13.	A-Number (if any)  ► A-	Infor answe	mation. If you answered "No," but are, provide an explanation of the event space provided in Part 14. Additional	re unsure of your as and circumstances
14.	Date of Birth (mm/dd/yyyy)	Orgai	nization 1	
15.	Country of Birth	2.	Name of Organization	
16.	Is this child applying with you?	3.a.	City or Town	
Par	t 7. Biographic Information	3.b.	State or Province	
1.	Ethnicity (Select <b>only one</b> box)		~	
	Hispanic or Latino	3.c.	Country	
	Not Hispanic or Latino		N. C.G.	
2.	Race (Select all applicable boxes)	4.	Nature of Group	
	White			
	Asian	Dates	of Membership or Dates of Involvem	ent
	Black or African American	5.a.	From (mm/dd/yyyy)	
	American Indian or Alaska Native     Native Hawaiian or Other Pacific Islander	5.b.	To (mm/dd/yyyy)	
3.	Height Feet Inches	Organ	nization 2	
4.	Weight Pounds Pounds	6.	Name of Organization	
5.	Eye Color (Select <b>only one</b> box)	7.a.	City or Town	
	Black Blue Brown			
	Gray Green Hazel	7.b.	State or Province	
	Maroon Pink Unknown/Other			
6.	Hair Color (Select <b>only one</b> box)	7.c.	Country	
	Bald (No hair) Black Blond		-	
	☐ Brown ☐ Gray ☐ Red	8.	Nature of Group	
	Sandy Unknown/Other			

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Par	t 8. General Eligibility and In	admissibility	20.	Have you <b>EVER</b> had a prior final order of exclusion,
	ounds (continued)	adding sibility		deportation, or removal reinstated? Yes No
	s of Membership or Dates of Involvem	nent	21.	Have you <b>EVER</b> held lawful permanent resident status which was later rescinded? Yes No
	From (mm/dd/yyyy) To (mm/dd/yyyy)		22.	Have you <b>EVER</b> been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time? Yes No
Orga	nization 3		23.	Have you <b>EVER</b> applied for any kind of relief or
10.	Name of Organization			protection from removal, exclusion, or deportation?  Yes No
11.a.	City or Town		24.a	Have you <b>EVER</b> been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement?
11.b.	State or Province		***	
11.c.	Country		Nun	nu answered "Yes" to <b>Item Number 24.a.</b> , complete <b>Item nbers 24.b 24.c.</b> If you answered "No" to <b>Item Number</b> , skip to <b>Item Number 25.</b>
			24.b	Have you complied with the foreign residence
12.	Nature of Group			requirement?
Dates	s of Membership or Dates of Involvem	nent	24.c.	Have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you?  Yes No
13.a.	From (mm/dd/yyyy)			
13.b.	To (mm/dd/yyyy)		Cri	minal Acts and Violations
think <b>you a</b> an ex	ver Item Numbers 14 80.b. Choose is correct. If you answer "Yes" to any answer "No," but are unsure of your planation of the events and circumstarded in Part 14. Additional Information Have you EVER been denied admissional States?  Have you EVER been denied a visa to the second state of the second stat	y questions (or if r answer), provide nces in the space ion.  ion to the United  Yes No	ques other enfo have ques Unit "Yes Part that	Item Numbers 25 45., you must answer "Yes" to any tion that applies to you, even if your records were sealed or rwise cleared, or even if anyone, including a judge, law reement officer, or attorney, told you that you no longer a record. You must also answer "Yes" to the following tions whether the action or offense occurred here in the ed States or anywhere else in the world. If you answer "to Item Numbers 25 45., use the space provided in 14. Additional Information to provide an explanation includes why you were arrested, cited, detained, or charged; re you were arrested, cited, detained, or charged; when the event occurred; and the outcome or disposition (for
16.	Have you <b>EVER</b> worked in the Unite authorization?	ed States without  Yes No	exan	nple, no charges filed, charges dismissed, jail, probation, munity service).
17. 18.	Have you <b>EVER</b> violated the terms of nonimmigrant status?  Are you presently or have you <b>EVER</b>	or conditions of your  Yes No	25.	Have you <b>EVER</b> been arrested, cited, charged, or detained for any reason by any law enforcement official (including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard)?
10.	exclusion, rescission, or deportation p		• -	les live
19.	Have you <b>EVER</b> been issued a final deportation, or removal?	Yes No order of exclusion, Yes No	26.	Have you <b>EVER</b> committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime)?  Yes No

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			A-Number ► A-	
	rt 8. General Eligibility and Inadmissibility ounds (continued)	35.	Have you <b>EVER</b> engaged in prostitution or are you coming to the United States to engage in prostitution?  Yes N	
27.	Have you <b>EVER</b> pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)?  NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide	36. 37.	Have you <b>EVER</b> directly or indirectly procured (or attempted to procure) or imported prostitutes or persons for the purpose of prostitution?  Yes No  No  Have you <b>EVER</b> received any proceeds or money from prostitution?  Yes No  Do you intend to engage in illegal gambling or any other	
28.	documentation of that post-conviction action.  Have you <b>EVER</b> been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house		form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States?  Yes No	
	arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)?  Yes No	39.	Have you <b>EVER</b> exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States?  Yes No	
29.	Have you <b>EVER</b> been a defendant or the accused in a criminal proceeding (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication)?  Yes No	40.	Have you <b>EVER</b> , while serving as a foreign government official, been responsible for or directly carried out violations of religious freedoms? Yes No	
30.	Have you <b>EVER</b> violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country?	41.	Have you <b>EVER</b> induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of persons for commercial sex acts?  Yes No	
31.	Yes No  Have you <b>EVER</b> been convicted of two or more offenses (other than purely political offenses) for which the combined sentences to confinement were five years or more?  Yes No	42.	Have you <b>EVER</b> trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion.  Yes No	
32.	Have you <b>EVER</b> illicitly (illegally) trafficked or benefited from the trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics?   Yes No	43.	Have you <b>EVER</b> knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? Yes No	
33.	Have you <b>EVER</b> 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	
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		should have known that this benefit resulted from the illiciantivity of your spouse or parent?  Yes No	
	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	45.	Have you <b>EVER</b> engaged in money laundering or have you <b>EVER</b> 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?	

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Yes No

Yes No

have known that the financial or other benefit resulted

from the illicit activity of your spouse or parent?

	A-Number ► A-		
Part 8. General Eligibility and Inadmissibility Grounds (continued)	<b>48.e.</b> Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in		
Security and Related	Item Number 48.a.? Yes No		
Do you intend to:	<b>49.</b> Have you <b>EVER</b> received any type of military, paramilitary, or weapons training? Yes No		
<b>46.a.</b> Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States?  Yes No			
<ul><li>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?</li><li>Yes No</li></ul>	<b>NOTE:</b> If you answered "Yes" to any part of <b>Item Numbers 46.a.</b> - <b>50.</b> , explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in <b>Part 14. Additional Information</b> .		
<b>46.c.</b> Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States?  Yes No	Are you the spouse or child of an individual who <b>EVER</b> :  51.a. Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated, planned, or prepared any of the following: hijacking, ashotogas hidrography political association or was of a		
<b>46.d.</b> Engage in any activity that could endanger the welfare, safety, or security of the United States?	sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property?  Yes No		
Yes No  46.e. Engage in any other unlawful activity? Yes No  47. Are you engaged in or, upon your entry into the United	<b>51.b.</b> Participated in, or been a member or a representative of a group or organization that did any of the activities described in <b>Item Number 51.a.</b> ? Yes No		
States, do you intend to engage in any activity that could have potentially serious adverse foreign policy consequences for the United States? Yes No	<b>51.c.</b> Recruited members, or asked for money or things of value, for a group or organization that did any of the activities described in <b>Item Number 51.a.</b> ? Yes No		
Have you <b>EVER</b> :	<b>51.d.</b> Provided money, a thing of value, services or labor, or		
<b>48.a.</b> Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated, planned, or prepared any of the following: hijacking, sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property?  Yes No	any other assistance or support for any of the activities described in <b>Item Number 51.a.</b> ? Yes No <b>51.e.</b> Provided money, a thing of value, services or labor, or any other assistance or support to an individual, group, or organization who did any of the activities described in <b>Item Number 51.a.</b> ? Yes No		
<b>48.b.</b> Participated in, or been a member of, a group or organization that did any of the activities described in <b>Item Number 48.a.</b> ?	<b>51.f.</b> Received any type of military, paramilitary, or weapons training from a group or organization that did any of the activities described in <b>Item Number 51.a.</b> ?		
<b>48.c.</b> Recruited members or asked for money or things of value for a group or organization that did any of the activities	☐ Yes ☐ No <b>NOTE:</b> If you answered "Yes" to any part of <b>Item Number</b>		

51., explain the relationship and what occurred, including the dates and location of the circumstances, in the space provided

in Part 14. Additional Information.

described in Item Number 48.a.?

described in Item Number 48.a.?

48.d. Provided money, a thing of value, services or labor, or

any other assistance or support for any of the activities

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☐ Yes ☐ No

Yes No

	et 8. General Eligibility and Inadmissibility bunds (continued)	59.	Have you <b>EVER</b> recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group?  Yes No
52.	Have you <b>EVER</b> assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person?  Yes No	60.	Have you <b>EVER</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
53.	Have you <b>EVER</b> 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	<b>52.</b> - loca	TE: If you answered "Yes" to any part of Item Numbers - 60., explain what occurred, including the dates and tion of the circumstances, in the space provided in Part 14. litional Information.
54.	Have you <b>EVER</b> been a member of, assisted, or	Pu	blic Assistance
	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	61.	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
55.	Have you <b>EVER</b> 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	62.	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)?
56.	Have you <b>EVER</b> been a member of, or in any way		Yes No
	affiliated with, the Communist Party or any other totalitarian party (in the United States or abroad)?	Ille	egal Entries and Other Immigration Violations
	Yes No	63.a	. Have you <b>EVER</b> failed or refused to attend or to remain
57.	During the period from March 23, 1933 to May 8, 1945, did you ever order, incite, assist, or otherwise participate		in attendance at any removal proceeding filed against you on or after April 1, 1997?  Yes No
	in the persecution of any person because of race, religion, national origin, or political opinion, in association with either the Nazi government of Germany or any	63.b	believe you had reasonable cause? Yes," do you Yes No
	organization or government associated or allied with the Nazi government of Germany?  Yes No	63.c	e. If your answer to <b>Item Number 63.b.</b> is "Yes," attach a written statement explaining why you had reasonable cause.
	e you <b>EVER</b> ordered, incited, called for, committed, assisted, ed with, or otherwise participated in any of the following:	64.	Have you <b>EVER</b> submitted fraudulent or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a
58.a.	Acts involving torture or genocide? Yes No		visa or entry into the United States? Yes No
58.b.	. Killing any person?	65.	Have you <b>EVER</b> lied about, concealed, or misrepresented any information on an application or petition to obtain a
	Intentionally and severely injuring any person?  Yes No		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 <b>EVER</b> 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? Yes No	67.	Have you <b>EVER</b> been a stowaway on a vessel or aircraft arriving in the United States? Yes No

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			71 Trained > 11
	et 8. General Eligibility and Inadmissibility bunds (continued)		scellaneous Conduct
68.	Have you <b>EVER</b> knowingly encouraged, induced, assisted,	74.	Do you plan to practice polygamy in the United States?  Yes No
	abetted, or aided any foreign national to enter or to try to enter the United States illegally (alien smuggling)?  Yes No	75.	Are you accompanying another foreign national who requires your protection or guardianship but who is inadmissible after being certified by a medical officer as
69.	Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents?  Yes No		being helpless from sickness, physical or mental disability, or infancy, as described in INA section 232(c)?  Yes No
	noval, Unlawful Presence, or Illegal Reentry er Previous Immigration Violations	76.	Have you <b>EVER</b> 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
70.	Have you <b>EVER</b> been excluded, deported, or removed 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?	77.	Have you <b>EVER</b> voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States?  Yes No
71.	☐ Yes ☐ No  Have you <b>EVER</b> entered the United States without being inspected and admitted or paroled? ☐ Yes ☐ No	78.	Have you <b>EVER</b> renounced U.S. citizenship to avoid being taxed by the United States? Yes No
Cina		Have	e you <b>EVER:</b>
Since April 1, 1997, have you been unlawfully present in the United States:			• Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National
72.a.	For more than 180 days but less than a year, and then departed the United States? Yes No	Security Training Corps on the ground that you ar foreign national?  Yes	
72.b	For one year or more and then departed the United States?  Yes No	79.b	Been relieved or discharged from such training or service on the ground that you are a foreign national?
you o admi	<b>FE:</b> You were unlawfully present in the United States if entered the United States without being inspected and itted or inspected and paroled, or if you legally entered the ed States but you stayed longer than permitted.	79.c.	Yes No  Been convicted of desertion from the U.S. armed forces?  Yes No
Since	e April 1, 1997, have you <b>EVER</b> reentered or attempted to ter the United States without being inspected and admitted proled after:	80.a	Have you <b>EVER</b> 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
73.a.	Having been unlawfully present in the United States for more than one year in the aggregate? Yes No	80.b	If your answer to <b>Item Number 80.a</b> . is "Yes," what was
73.b	. Having been deported, excluded, or removed from the United States? Yes No		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)?

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	rt 9. Accommodations for Individuals With abilities and/or Impairments	2. At my request, the preparer named in Part 12.,  prepared this application for me based only upon
	TE: Read the information in the Form I-485 Instructions re completing this part.	information I provided or authorized.
1.	Are you requesting an accommodation because of your	Applicant's Contact Information
	disabilities and/or impairments? Yes No	3. Applicant's Daytime Telephone Number
	If you answered "Yes" to <b>Item Number 1.</b> , select any applicable box in <b>Item Numbers 2.a 2.c.</b> and provide an answer.	4. Applicant's Mobile Telephone Number (if any)
2.a.	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).):	5. Applicant's Email Address (if any)
		Applicant's Declaration and Certification
2.b.	I am blind or have low vision and request the following accommodation:	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.
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.)	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.
Inf	rt 10. Applicant's Statement, Contact ormation, Declaration, Certification, and nature	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:
Instr	<b>FE:</b> Read the <b>Penalties</b> section of the Form I-485 uctions before completing this part. You must file Form 5 while in the United States.	I reviewed and understood all of the information contained in, and submitted with, my application; and
	plicant's Statement	2) All of this information was complete, true, and correct at the time of filing.
	TE: Select the box for either <b>Item Number 1.a.</b> or <b>1.b.</b> If icable, select the box for <b>Item Number 2.</b>	I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were
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.	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.
1.b.	The interpreter named in <b>Part 11.</b> read to me every question and instruction on this application and my answer to every question in	
	a language in which I am fluent, and I understood everything.	

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Info	t 10. Applicant's Statement, Contact ormation, Declaration, Certification, and nature (continued)	Inte	Erpreter's Contact Information  Interpreter's Daytime Telephone Number
App	licant's Signature	5.	Interpreter's Mobile Telephone Number (if any)
6.a.	Applicant's Signature (sign in ink)	6.	Interpreter's Email Address (if any)
6.b.	Date of Signature (mm/dd/yyyy)		
NOT	TE TO ALL APPLICANTS: If you do not completely fill	Inte	erpreter's Certification
out th	nis application or fail to submit required documents listed e Instructions, USCIS may deny your application.		tify, under penalty of perjury, that: fluent in English and ,
	t 11. Interpreter's Contact Information, tification, and Signature	<b>1.b.</b> , every	h is the same language specified in <b>Part 10., Item Number</b> and I have read to this applicant in the identified language y question and instruction on this application and his or her
Provi	de the following information about the interpreter.	she t	ver to every question. The applicant informed me that he or understands every instruction, question, and answer on the acation, including the <b>Applicant's Declaration and</b>
Inte	erpreter's Full Name		<b>ification</b> , and has verified the accuracy of every answer.
1.a.	Interpreter's Family Name (Last Name)	Inte	erpreter's Signature
		7.a.	Interpreter's Signature (sign in ink)
1.b.	Interpreter's Given Name (First Name)		
2.	Interpreter's Business or Organization Name (if any)	7.b.	Date of Signature (mm/dd/yyyy)
		Par	et 12. Contact Information, Declaration, and
Inte	erpreter's Mailing Address		nature of the Person Preparing this
3.a.	Street Number and Name	Ap	plication, if Other Than the Applicant
3.b.	Apt. Ste. Flr.	Prov	ide the following information about the preparer.
3.c.	City or Town	Pre	parer's Full Name
3.d.	State 3.e. ZIP Code	1.a.	Preparer's Family Name (Last Name)
3.f.	Province	1.b.	Preparer's Given Name (First Name)
3.g.	Postal Code		
3.h.	Country	2.	Preparer's Business or Organization Name (if any)

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A-Number ► A-	A-Number	<b></b>	A-									
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# Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

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							
Pro	parer's Contact Information							
-	·							
4.	Preparer's Daytime Telephone Number							
5.	Preparer's Mobile Telephone Number (if any)							
٠.	Treputer's Proble Telephone Trumber (if unly)							
6.	Preparer's Email Address (if any)							
Dro	parer's Statement							
116								
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.							
	<b>NOTE:</b> 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.							

#### Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

8.a.	Preparer's Sig	gnature (	(sign in ink)	)				
8.b.	Date of Signa	ature (m	m/dd/yyyy)					
NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.								
Part 13. Signature at Interview								
contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the corrections made to this application, <b>numbered</b> through  , are complete, true, and correct. All								
corre	dence or Adjust ections made to	st Status o this ap	, subscribed plication, <b>n</b>	l by me, umbere	including the			
corre	dence or Adjust ections made to	st Status this ap , are con	, subscribed plication, <b>n</b> nplete, true,	by me, umbere and cor	including the ed rect. All			
corre thro addit	dence or Adjust ections made to ugh,	st Status this ap , are con	, subscribed plication, <b>n</b> nplete, true,	by me, umbere and cor	including the ed rect. All			
through addition true,	dence or Adjust ections made to ugh, tional pages su	st Status this ap are con bmitted All docum	, subscribed plication, nonplete, true, by me with through ments subm	by me, umbere and cor this For	rect. All rm I-485, on are complete, this interview			
thro addit num true, were	dence or Adjustections made to ugh tional pages subered pages and correct.	st Status this ap are con bmitted All docume and a	, subscribed plication, nonplete, true, by me with through ments submare complete	and cor this For	rect. All rm I-485, on are complete, this interview nd correct.			
thromaddit num true, were Subs	dence or Adjustections made to ugh itional pages subered pages and correct. As provided by respectively.	st Status this ap are con abmitted All document and a	, subscribed plication, nonplete, true, by me with through ments submare complete (affirmed)	and cor this For itted at the true, a	rect. All rm I-485, on are complete, this interview nd correct.			
throwaddit num true, were Subs	dence or Adjustections made to ugh itional pages subered pages and correct. As provided by recribed to and secretarial secreta	st Status this ap are con abmitted All document and a	, subscribed plication, nonplete, true, by me with through ments submare complete (affirmed)	and cor this For itted at the true, a	rect. All rm I-485, on are complete, this interview nd correct.			
throwaddit num true, were Subs	dence or Adjustections made to ugh itional pages subered pages and correct. As provided by recribed to and secretarial secreta	st Status this ap are con abmitted All docume and a sworn to	, subscribed plication, non plete, true, by me with through ments submare complete (affirmed) ame or Stan	and cor this For itted at the true, a	rect. All rm I-485, on are complete, this interview nd correct.			
throi addit num true, were Subs	dence or Adjustections made to ugh, tional pages subered pages and correct. As provided by recribed to and sets Officer's Provided Strain of the provided by recribed to and sets Officer's Provided Strain of the provided by recribed to and sets Officer's Provided Strain of the provided by recribed to and sets Officer's Provided Strain of the provided Strain o	st Status this ap are con abmitted All docume and a sworn to	, subscribed plication, non plete, true, by me with through ments submare complete (affirmed) ame or Standard (yyyy)	and cor this For itted at the true, a	rect. All rm I-485, on are complete, this interview nd correct.			

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Par	t 14. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
within space to cor sheet at the <b>Num</b> l	need extra space to provide any additional information in this application, use the space below. If you need more than what is provided, you may make copies of this page inplete and file with this application or attach a separate of paper. Type or print your name and A-Number (if any) top of each sheet; indicate the <b>Page Number</b> , <b>Part oer</b> , and <b>Item Number</b> to which your answer refers; and indicate each sheet.	5.d.					
	Family Name (Last Name)						
1.b.	Given Name (First Name)						
	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.							
4.a. 4.d.	Page Number 4.b. Part Number 4.c. Item Number	7.a. 7.d.	Page Number	7.b.	Part Number	7.c.	Item Number

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