

**Petition for Alien Relative**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-130**  
OMB No. 1615-0012  
Expires 02/28/2027

For USCIS Use Only		Fee Stamp		Action Stamp	
A-Number					
▶ A- <input style="width: 150px;" type="text"/>					
Initial Receipt					
Resubmitted					
Relocated Received	Section of Law/Visa Category				
Sent					
Completed					
Approved	Petition was filed on (Priority Date mm/dd/yyyy):		<input type="checkbox"/> Field Investigation	<input type="checkbox"/> Personal Interview	<input type="checkbox"/> 204(a)(2)(A) Resolved
Returned	PDR request granted/denied - New priority date (mm/dd/yyyy):		<input type="checkbox"/> Previously Forwarded	<input type="checkbox"/> Pet. A-File Reviewed	<input type="checkbox"/> I-485 Filed Simultaneously
Remarks			<input type="checkbox"/> 203(g) Resolved	<input type="checkbox"/> Ben. A-File Reviewed	<input type="checkbox"/> 240(g) Resolved
At which USCIS office (e.g., NBC, VSC, LOS, CRO) was Form I-130 adjudicated					

**Part 1. Information About You**

Select this box if <input type="checkbox"/> Form G-28 is attached.	Volag Number (if any) <input style="width: 150px;" type="text"/>	Attorney State Bar Number (if applicable) <input style="width: 150px;" type="text"/>	Attorney of Accredited Representative USCIS Online Account Number (if any) <input style="width: 150px;" type="text"/>
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▶ **START HERE** - Type or Print in Black Ink

If you need extra space to complete any section of this petition, use the space provided in **Part 9. Additional Information**.  
**Complete and submit as many copies of Part 9, as necessary, with your petition.**

**Part 1. Relationship** (You are the Petitioner. Your relative is the Beneficiary)

1. I am filing this petition for my (Select **only one** box):  
☒ Spouse   ☐ Parent   ☐ Brother/Sister   ☐ Child
2. If you are filing this petition for your child or parent, select the box that describes your relationship (Select **only one** box):  
☐ Child was born to parents who were married to each other at the time of the child's birth  
☐ Stepchild/Stepparent  
☐ Child was born to parents who were not married to each other at the time of the child's birth  
☐ Child was adopted (not an Orphan or Hague Convention adoptee)
3. If the beneficiary is your brother/sister, are you related by adoption?  
☐ Yes   ☐ No
4. Did you gain lawful permanent resident status or citizenship through adoption?  
☐ Yes   ☒ No

**Part 2. Information About You (Petitioner)**

1. Alien Registration Number (A-Number) (if any)

▶ A-

2. USCIS Online Account Number (if any)

▶

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

▶

**Your Full Name**

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

**Part 2. Information About You (Petitioner)**  
(continued)

**Other Names Used (if any)**

Provide all other names you have ever used, including aliases, maiden name, and nicknames.

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

**Other Information**

6.	City/Town/Village of Birth	<input type="text"/>
		Santiago
7.	Country of Birth	<input type="text"/>
		Dominican Republic
8.	Date of Birth (mm/dd/yyyy)	<input type="text"/>
		06/29/1986
9.	Sex	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

**Mailing Address**

10.a.	In Care of Name	<input type="text"/>
		Joel Herrera Castillo
10.b.	Street Number and Name	<input type="text"/>
		89 CHESTNUT ST APT 8
10.c.	<input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text"/>
10.d.	City or Town	<input type="text"/>
		BETHEL
10.e.	State	<input type="text"/>
		CT
10.f.	Zip Code	<input type="text"/>
		06801-2675
10.g.	Province	<input type="text"/>
10.h.	Postal Code	<input type="text"/>
10.i.	Country	<input type="text"/>
		United States
11.	Is your current mailing address the same as your physical address?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "No" to **Item Number 11.**, provide information on your physical address in **Item Numbers 12.a. - 13.b.**

**Address History**

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in **Item Numbers 10.a. - 10.i.**

**Physical Address 1**

12.a.	Street Number and Name	<input type="text"/>
		89 CHESTNUT ST APT 8
12.b.	<input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text"/>
12.c.	City or Town	<input type="text"/>
		BETHEL
12.d.	State	<input type="text"/>
		CT
12.e.	Zip Code	<input type="text"/>
		06801-2675
12.f.	Province	<input type="text"/>
12.g.	Postal Code	<input type="text"/>
12.h.	Country	<input type="text"/>
		United States
13.a.	Date From (mm/dd/yyyy)	<input type="text"/>
13.b.	Date To (mm/dd/yyyy)	<input type="text"/>

**Physical Address 2**

14.a.	Street Number and Name	<input type="text"/>
		Calle Pedro Frco Guzman No 10
14.b.	<input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text"/>
		Gurabo
14.c.	City or Town	<input type="text"/>
		Santiago
14.d.	State	<input type="text"/>
14.e.	Zip Code	<input type="text"/>
14.f.	Province	<input type="text"/>
		Santiago
14.g.	Postal Code	<input type="text"/>
		51000
14.h.	Country	<input type="text"/>
		Dominican Republic
15.a.	Date From (mm/dd/yyyy)	<input type="text"/>
		02/12/2015
15.b.	Date To (mm/dd/yyyy)	<input type="text"/>
		01/25/2024

**Your Marital Information**

16.	How many times have you been married?	<input type="text"/>
		1
17.	Current Marital Status	<input type="checkbox"/> Single, Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Annulled

**Part 2. Information About You (Petitioner)**  
(continued)

18. Date of Current Marriage (if currently married)  
(mm/dd/yyyy)

**Place of Your Current Marriage (if married)**

19.a. City or Town   
19.b. State   
19.c. Province   
19.d. Country

**Name of All Your Spouses (if any)**

Provide information on your current spouse (if currently married) first and then list all your prior spouses (if any).

**Spouse 1**

20.a. Family Name (Last Name)   
20.b. Given Name (First Name)   
20.c. Middle Name   
21. Date Marriage Ended (mm/dd/yyyy)

**Spouse 2**

20.a. Family Name (Last Name)   
20.b. Given Name (First Name)   
20.c. Middle Name   
21. Date Marriage Ended (mm/dd/yyyy)

**Information About Your Parents**

**Parent 1's Information**

Full Name of Parent 1

24.a. Family Name (Last Name)   
24.b. Given Name (First Name)   
24.c. Middle Name   
25. Date of Birth (mm/dd/yyyy)   
26. Sex ☒ Male ☐ Female

27. Country Of Birth

28. City/Town/Village of Residence

29. Country of Residence

**Parent 2's Information**

Full Name of Parent 2

30.a. Family Name (Last Name)   
30.b. Given Name (First Name)   
30.c. Middle Name   
31. Date of Birth (mm/dd/yyyy)   
32. Sex ☐ Male ☒ Female  
33. Country Of Birth  
  
34. City/Town/Village of Residence  
  
35. Country of Residence

**Additional Information About You (Petitioner)**

36. I am a (Select **only one** box):  
☐ U.S. Citizen ☒ Lawful Permanent Resident

**If you are a U.S. citizen, complete Item Number 37.**

37. My citizenship was acquired through (Select **only one** box):

☐ Birth in the United States  
☐ Naturalization  
☐ Parents

38. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 38.**, complete the following:

39.a. Certificate Number   
39.b. Place Of Issuance   
39.c. Date of Issuance (mm/dd/yyyy)

**Part 2. Information About You (Petitioner)**  
(continued)

If you are a lawful permanent resident, complete **Item Numbers 40.a. - 41.**

**40.a.** Class of Admission

F24

**40.b.** Date of Admission (mm/dd/yyyy) 01/26/2024

Place Of Admission

**40.c.** City or Town

Brooklyn

**40.d.** State NY

**41.** Did you gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident?

☐ Yes ☒ No

**Employment History**

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 42.**

**Employer 1**

**42.** Name of Employer/Company

Herrera Transportation, LLC

**43.a.** Street Number and Name 89A Chestnut St.

**43.b.** ☐ Apt. ☐ Ste. ☐ Flr.

**43.c.** City or Town Bethel

**43.d.** State CT **43.e.** Zip Code 06801

**43.f.** Province

**43.g.** Postal Code

**43.h.** Country

United States

**44.** Your Occupation

Assistant

**45.a.** Date From (mm/dd/yyyy) 01/27/2024

**45.b.** Date To (mm/dd/yyyy)

**Employer 2**

**46.** Name of Employer/Company

Utilerias y Cortes

**47.a.** Street Number and Name Calle Romelinda Garcia No 26

**47.b.** ☐ Apt. ☐ Ste. ☐ Flr.

**47.c.** City or Town Olla del Caimito

**47.d.** State **47.e.** Zip Code

**47.f.** Province Santiago

**47.g.** Postal Code 51000

**47.h.** Country

Dominican Republic

**48.** Your Occupation

Electromechanical Engineer

**49.a.** Date From (mm/dd/yyyy) 09/15/2018

**49.b.** Date To (mm/dd/yyyy) 01/20/2024

**Part 3. Biographic Information**

**NOTE:** Provide the biographic information about you, the petitioner.

**1.** Ethnicity (Select **only one** box)

☒ Hispanic or Latino

☐ Not Hispanic or Latino

**2.** Race (Select **all applicable** boxes)

☒ White

☐ Asian

☐ Black or African American

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

**3.** Height Feet 6 Inches 1

**4.** Weight Pounds 262

**5.** Eye Color (Select **only one** box)

☐ Black

☐ Blue

☒ Brown

☐ Gray

☐ Green

☐ Hazel

☐ Maroon

☐ Pink

☐ Unknown/Other

**Part 3. Biographic Information (continued)**6. Hair Color (Select **only one** box)

- ☐ Bald (No hair) ☐ Black ☐ Blonde  
☒ Brown ☐ Gray ☐ Red  
☐ Sandy ☐ White ☐ Unknown/Other

**Part 4. Information About Beneficiary**

1. Alien Registration Number (A-Number) (if any)

▶ A-

2. USCIS Online Account Number (if any)

▶

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

▶

**Beneficiary's Full Name**

4.a. Family Name (Last Name) Perez Vasquez

4.b. Given Name (First Name) Delba

4.c. Middle Name Altagracia

**Other Names used (if any)**

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames.

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

**Other Information About Beneficiary**

6. City/Town/Village of Birth

Santiago

7. Country of Birth

Dominican Republic

8. Date of Birth (mm/dd/yyyy) 03/27/1988

9. Sex ☐ Male ☒ Female

10. Has anyone else ever filed a petition for the beneficiary?

☐ Yes ☒ No ☐ Unknown

**NOTE:** Select "Unknown" *only* if you do not know, and the beneficiary also does not know, if anyone else has ever filed a petition for the beneficiary.

**Beneficiary's Physical Address**

If the beneficiary lives outside the United States in a home without a street number or name, leave **Item Numbers 11.a.** and **11.b.** blank.

11.a. Street Number and Name Calle Pedro Frco Guzman No 10

11.b. ☐ Apt. ☐ Ste. ☐ Flr.

11.c. City or Town Gurabo

11.d. State 11.e. Zip Code

11.f. Province Santiago

11.g. Postal Code 51000

11.h. Country

Dominican Republic

**Other Address and Contact Information**

Provide the address in the United States where the beneficiary intends to live, if different from **Item Numbers 11.a. - 11.b.** If the address is the same, type or print "SAME" in **Item Number 12.a.**

12.a. Street Number and Name 89 Chestnut St, Apt 8

12.b. ☐ Apt. ☐ Ste. ☐ Flr.

12.c. City or Town Bethel

12.d. State CT 12.e. Zip Code 06801

Provide the beneficiary's address outside the United States, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 13.a.**

13.a. Street Number and Name Calle Pedro Frco Guzman No 10

13.b. ☐ Apt. ☐ Ste. ☐ Flr.

13.c. City or Town Gurabo

13.d. Province Santiago

13.e. Postal Code 51000

13.f. Country

Dominican Republic

14. Daytime Telephone Number (if any)

18299817533

**Part 4. Information About Beneficiary**  
(continued)

15. Mobile Telephone Number (if any)

18299817533

16. Email Address (if any)

delbaperez1802@gmail.com

**Beneficiary's Marital Information**

17. How many times has the beneficiary been married?

1

18. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

19. Date of Current Marriage (if currently married)  
(mm/dd/yyyy)

08/09/2024

**Place of Beneficiary's Current Marriage**  
(if married)

20.a. City or Town Bethel

20.b. State CT

20.c. Province

20.d. Country

United States

**Names of Beneficiary's Spouses (if any)**

Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).

**Spouse 1**

21.a. Family Name (Last Name) Herrera Castillo

21.b. Given Name (First Name) Joel

21.c. Middle Name

22. Date Marriage Ended (mm/dd/yyyy)

**Spouse 2**

23.a. Family Name (Last Name)

23.b. Given Name (First Name)

23.c. Middle Name

24. Date Marriage Ended (mm/dd/yyyy)

**Information About Beneficiary's Family**

Provide information about the beneficiary's spouse and children.

**Person 1**

25.a. Family Name (Last Name) Jimenez Perez

25.b. Given Name (First Name) Irelba

25.c. Middle Name Altagracia

26. Relationship CHILD

27. Date of Birth (mm/dd/yyyy) 07/02/2005

28. Country of Birth

Dominican Republic

**Person 2**

29.a. Family Name (Last Name) Tineo Perez

29.b. Given Name (First Name) Wander

29.c. Middle Name Yadiel

30. Relationship CHILD

31. Date of Birth (mm/dd/yyyy) 10/18/2011

32. Country of Birth

Dominican Republic

**Person 3**

33.a. Family Name (Last Name) Herrera Perez

33.b. Given Name (First Name) Jotniel

33.c. Middle Name

34. Relationship CHILD

35. Date of Birth (mm/dd/yyyy) 07/17/2018

36. Country of Birth

Dominican Republic

**Part 4. Information About Beneficiary**  
(continued)

**Person 4**

37.a.	Family Name (Last Name)	<input type="text"/>
37.b.	Given Name (First Name)	<input type="text"/>
37.c.	Middle Name	<input type="text"/>
38.	Relationship	<input type="text"/>
39.	Date of Birth (mm/dd/yyyy)	<input type="text"/>
40.	Country of Birth	<input type="text"/>

**Person 5**

41.a.	Family Name (Last Name)	<input type="text"/>
41.b.	Given Name (First Name)	<input type="text"/>
41.c.	Middle Name	<input type="text"/>
42.	Relationship	<input type="text"/>
43.	Date of Birth (mm/dd/yyyy)	<input type="text"/>
44.	Country of Birth	<input type="text"/>

**Beneficiary's Entry Information**

45. Was the beneficiary **EVER** in the United States?

☒ Yes ☐ No

If the beneficiary is currently in the United States, complete **Items Numbers 46.a. - 46.d.**

46.a. He or she arrived as a (Class of Admission):

B2

46.b. Form I-94 Arrival-Departure Record Number



46.c. Date of Arrival (mm/dd/yyyy) 08/02/2024

46.d. Date Authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status

47. Passport Number

RD6537427

48. Travel Document Number

Travel Visa B1 B2

49. Country of Issuance for Passport or Travel Document

DOM

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

09/27/2027

**Beneficiary's Employment Information**

Provide the beneficiary's current employment information (if applicable), even if they are employed outside of the United States. If the beneficiary is currently unemployed, type or print "Unemployed" in **Item Number 51.a.**

51.a. Name of Current Employer (if applicable)

MultiClips Services SRL

51.b. Street Number and Name Calle Pedro Frco Guzman No 10

51.c. ☐ Apt. ☐ Ste. ☐ Flr.

51.d. City or Town Gurabo

51.e. State

51.f. Zip Code

51.g. Province

Santiago

51.h. Postal Code

51000

51.i. Country

Dominican Republic

52. Date Employment Began (mm/dd/yyyy)

05/12/2023

**Additional Information About Beneficiary**

53. Was the beneficiary **EVER** in immigration proceedings?

☐ Yes ☒ No

54. If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings.

☐ Removal

☐ Exclusion/Deportation

☐ Rescission

☐ Other Judicial Proceedings

55.a. City or Town

55.b. State

56. Date (mm/dd/yyyy)



**Part 4. Information About Beneficiary**  
(continued)

If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign address in their native written language.

57.a.	Family Name (Last Name)	
57.b.	Given Name (First Name)	
57.c.	Middle Name	
58.a.	Street Number and Name	
58.b.	<input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	
58.c.	City or Town	
58.d.	Province	
58.e.	Postal Code	
58.f.	Country	

If filing for your spouse, provide the last address at which you physically lived together. If you never lived together, type or print, "Never lived together" in Item Number 59.a.

59.a.	Street Number and Name	Calle Pedro Frco Guzman No 10
59.b.	<input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	
59.c.	City or Town	Gurabo
59.d.	State	
59.e.	Zip Code	
59.f.	Province	Santiago
59.g.	Postal Code	51000
59.h.	Country	Dominican Republic
60.a.	Date From (mm/dd/yyyy)	06/16/2015
60.b.	Date To (mm/dd/yyyy)	

The beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS) office in:

61.a.	City or Town	
61.b.	State	

The beneficiary will not apply for adjustment of status in the United States, but he or she will apply for an immigrant visa abroad at the U.S. Embassy or U.S. Consulate in:

62.a.	City or Town	Santo Domingo
62.b.	Province	Santo Domingo
62.c.	Country	Dominican Republic

**NOTE:** Choosing a U.S. Embassy or U.S. Consulate outside the country of the beneficiary's last residence does not guarantee that it will accept the beneficiary's case for processing. In these situations, the designated U.S. Embassy or U.S. Consulate has discretion over whether or not to accept the beneficiary's case.

**Part 5. Other Information**

1. Have you **EVER** previously filed a petition for this beneficiary or any other alien? ☐ Yes ☒ No

If you answered "Yes," provide the name, place, date of filing, and result.

2.a.	Family Name (Last Name)	
2.b.	Given Name (First Name)	
2.c.	Middle Name	
3.a.	City or Town	
3.b.	State	
4.	Date Filed (mm/dd/yyyy)	
5.	Result (for example, approved, denied, withdrawn)	

If you are also submitting separate petitions for other relatives, provide the names of and your relationship to each relative.

**Relative 1**

6.a.	Family Name (Last Name)	
6.b.	Given Name (First Name)	
6.c.	Middle Name	
7.	Relationship	



**Part 5. Other Information (continued)****Relative 2**

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

**WARNING:** USCIS investigates the claimed relationships and verifies the validity of documents you submit. If you falsify a family relationship to obtain a visa, USCIS may seek to have you criminally prosecuted.

**PENALTIES:** By law, you may be imprisoned for up to 5 years or fined \$250,000, or both, for entering into a marriage contract in order to evade any U.S. immigration law. In addition, you may be fined up to \$10,000 and imprisoned for up to 5 years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

**Part 6. Petitioner's Statement, Contact Information, Declaration, and Signature**

**NOTE:** Read the **Penalties** section of the form I-130 Instructions before completing this part.

**Petitioner's Statement**

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

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

1.b. ☐ The interpreter named in **Part 7**, read to me every question and instruction on this petition and my answer to every question in   
a language in which I am fluent. I understood all of this information as interpreted.

2. ☐ At my request, the preparer named in **Part 8.**,   
prepared this petition for me based only upon information I provided or authorized.

**Petitioner's Contact Information**

3.	Petitioner's Daytime Telephone Number	<input type="text"/>
4.	Petitioner's Mobile Telephone Number (if any)	<input type="text"/>
5.	Petitioner's Email Address (if any)	<input type="text"/>

**Petitioner's Declaration and Certification**

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I provided or authorized all of the information contained in, and submitted with, my petition;
- 2) I reviewed and understood all of the information in, and submitted with, my petition; and
- 3) All of this information was complete, true, and correct at the time of filing.

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

**Petitioner's Signature**

6.a.	Petitioner's Signature	<input type="text"/>
6.b.	Date of Signature (mm/dd/yyyy)	<input type="text"/>

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

### Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter if you used one.

#### Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

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

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

#### Interpreter's Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State

3.e. Zip Code

3.f. Province

3.g. Postal Code

3.h. Country

#### Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

#### Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and

which is the same language provided in **Part 6., Item Number 1.b.**, and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and has verified the accuracy of every answer.

#### Interpreter's Signature

7.a. Interpreter's Signature

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

### Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

#### Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

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

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

#### Preparer's Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State

3.e. Zip Code

3.f. Province

3.g. Postal Code

3.h. Country

**Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)**

***Preparer's Contact Information***

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

***Preparer's Statement***

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

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

**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

***Preparer's Certification***

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

***Preparer's Signature***

8.a. Preparer's Signature

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

**Evidence Submitted**

File Name	Document Category
WhatsApp Image 2025-04-21 at 17.55.40.jpeg	Photographs
GreegCardJoel02.jpg	U.S. Citizenship/National/LPR
i-130a Delba Scan.pdf	Other
Joel Fotos.pdf	Other
29 89 CHESTNUT STREET APT 8 (1).pdf	Marriage Certificate(s)
WhatsApp Image 2025-04-21 at 11.30.53.jpeg	Other
fotoDelba.jpg	Photographs
GreenCardJoel01.jpeg	U.S. Citizenship/National/LPR

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Form  
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