



Petition for Qualifying Family Member of a U-1 Nonimmigrant

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

USCIS
Form I-929
OMB No. 1615-0106
Expires 02/28/2027

FOR USCIS USE ONLY

Bene. A-file reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	Action Block	Bar Code (USCIS Use only)
U-1 A-file reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bene. filed I-485 <input type="checkbox"/> Yes <input type="checkbox"/> No		
U-1 adjusted <input type="checkbox"/> Yes <input type="checkbox"/> No		
U-1 I-485 pending <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Remarks

START HERE -- TYPE OR PRINT LEGIBLY USING BLACK INK

I am filing for my: (Select one)

☐ Spouse

Child: ☐ Biological Child

☐ Stepchild

☐ Adopted Child

Parent: ☐ Biological Parent

☐ Stepparent

☐ Parent who adopted me

Part 1. Information About You

Last Name (Family Name)

First Name (Given Name)

Middle Name

Current Address [\(USPS ZIP Code Lookup\)](#)

Street Number and Name Apt. Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

City State Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Safe Mailing Address If Other Than Above

Street Number and Name Apt. Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

City State Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Date of Birth A-Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Part 2. Information About Your Alien Relative

Last Name (Family Name)

First Name (Given Name)

Middle Name

Current Address

Street Number and Name Apt. Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

City State/Province

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Country Postal/Zip Code

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Mailing Address If Other Than Above

<input type="text"/>

Date of Birth A-Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Part 1. Information About You (Cont'd)	
Country of Birth	Social Security Number
Country of Citizenship/Nationality	
Sex: (Select one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
If you ever used other names, provide them below:	
Last Name (Family Name)	First Name (Given Name)
Middle Name	
Last Name (Family Name)	
First Name (Given Name)	
Middle Name	
Last Name (Family Name)	
First Name (Given Name)	
Middle Name	
Marital Status: (Select one)	
<input type="checkbox"/> Single (Never Married)	<input type="checkbox"/> Married
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Spouse's Name:	
Last Name (Family Name)	First Name (Given Name)
Middle Name	
Place of Marriage	

Part 2. Information About Your Alien Relative (Cont'd)	
Country of Birth	Social Security Number
Country of Citizenship/Nationality	
Sex: (Select one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
If alien relative ever used other names, provide them below:	
Last Name (Family Name)	First Name (Given Name)
Middle Name	
Last Name (Family Name)	
First Name (Given Name)	
Middle Name	
Last Name (Family Name)	
First Name (Given Name)	
Middle Name	
Marital Status: (Select one)	
<input type="checkbox"/> Single (Never Married)	<input type="checkbox"/> Married
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Spouse's Name:	
Last Name (Family Name)	First Name (Given Name)
Middle Name	
Place of Marriage	

Part 1. Information About You (Cont'd)Number of marriages including current marriage:

List any previous marriages beginning with the most recent. If you need more space, attach an additional sheet of paper.

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

--	--

Middle Name Date of Marriage

--	--

Place of Marriage

--

Date of Termination Place of Termination

--	--

Reason for Termination:

☐ Divorce ☐ Death ☐ Annulment
☐ Other _____

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

--	--

Middle Name Date of Marriage

--	--

Place of Marriage

--

Date of Termination Place of Termination

--	--

Reason for Termination:

☐ Divorce ☐ Death ☐ Annulment
☐ Other _____

Part 2. Information About Your Alien Relative (Cont'd)Number of marriages including current marriage:

List any previous marriages beginning with the most recent. If you need more space, attach an additional sheet of paper.

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

--	--

Middle Name Date of Marriage

--	--

Place of Marriage

--

Date of Termination Place of Termination

--	--

Reason for Termination:

☐ Divorce ☐ Death ☐ Annulment
☐ Other _____

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

--	--

Middle Name Date of Marriage

--	--

Place of Marriage

--

Date of Termination Place of Termination

--	--

Reason for Termination:

☐ Divorce ☐ Death ☐ Annulment
☐ Other _____

Part 1. Information About You (Cont'd)	
Prior Spouse's Name:	
Last Name (Family Name)	First Name (Given Name)
Middle Name	Date of Marriage
Place of Marriage	
Date of Termination	Place of Termination
Reason for Termination:	
<input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment <input type="checkbox"/> Other _____	
Check one:	
<input type="checkbox"/> I am a Lawful Permanent Resident I obtained my Lawful Permanent Residence on: _____	
<input type="checkbox"/> My Form I-485 is currently pending Receipt Number <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	

Part 2. Information About Your Alien Relative (Cont'd)	
Prior Spouse's Name:	
Last Name (Family Name)	First Name (Given Name)
Middle Name	Date of Marriage
Place of Marriage	
Date of Termination	Place of Termination
Reason for Termination:	
<input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment <input type="checkbox"/> Other _____	
Complete if your relative is in the United States	
Date of Admission	Place of Admission
Class of Admission	Date Authorized to Stay

Part 3. Information About Your Alien Relative's Children				
Last Name (Family Name)	First Name (Given Name)	Middle Name		
Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted Child	
		Sex: (Select one)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Number and Name	Apt. Number	City	State/Province	
Country	Postal/Zip Code	A-Number	Country of Birth	
Name of Mother				
Last Name (Family Name)	First Name (Given Name)	Middle Name		
Name of Father				
Last Name (Family Name)	First Name (Given Name)	Middle Name		

Part 3. Information About Your Alien Relative's Children (Cont'd)

Last Name (Family Name)

First Name (Given Name)

Middle Name

Date of Birth

Place of Birth

☐ Biological Child☐ Stepchild☐ Adopted Child

Sex: (Select one)

☐ Male☐ Female

Street Number and Name

Apt. Number

City

State/Province

Country

Postal/Zip Code

A-Number

Country of Birth

Name of Mother

Last Name (Family Name)

First Name (Given Name)

Middle Name

Name of Father

Last Name (Family Name)

First Name (Given Name)

Middle Name

Last Name (Family Name)

First Name (Given Name)

Middle Name

Date of Birth

Place of Birth

☐ Biological Child☐ Stepchild☐ Adopted Child

Sex: (Select one)

☐ Male☐ Female

Street Number and Name

Apt. Number

City

State/Province

Country

Postal/Zip Code

A-Number

Country of Birth

Name of Mother

Last Name (Family Name)

First Name (Given Name)

Middle Name

Name of Father

Last Name (Family Name)

First Name (Given Name)

Middle Name

Last Name (Family Name)

First Name (Given Name)

Middle Name

Date of Birth

Place of Birth

☐ Biological Child☐ Stepchild☐ Adopted Child

Sex: (Select one)

☐ Male☐ Female

Part 3. Information About Your Alien Relative's Children (Cont'd)

Street Number and Name

Apt. Number

City

State/Province

Country

Postal/Zip Code

A-Number

Country of Birth

Name of Mother

Last Name (Family Name)

First Name (Given Name)

Middle Name

Name of Father

Last Name (Family Name)

First Name (Given Name)

Middle Name

Last Name (Family Name)

First Name (Given Name)

Middle Name

Date of Birth

Place of Birth

☐ Biological Child☐ Stepchild☐ Adopted Child

Sex: (Select one)

☐ Male☐ Female

Street Number and Name

Apt. Number

City

State/Province

Country

Postal/Zip Code

A-Number

Country of Birth

Name of Mother

Last Name (Family Name)

First Name (Given Name)

Middle Name

Name of Father

Last Name (Family Name)

First Name (Given Name)

Middle Name

Name and address of your alien relative in the language written in the country where he/she currently resides.

Last Name (Family Name)

First Name (Given Name)

Middle Name

C/O: (In Care Of)

Street Number and Name

Apt. Number

City/State or Province

Country

Postal/Zip Code

Part 4. Processing Information

1. Select one:

- a. ☐ The person named in **Part 2** is now in the United States.
- b. ☐ **The person named in Part 2 is now outside the United States. (Indicate below at which U.S. Embassy or consulate your relative will apply for a visa.)**

U.S. Embassy or consulate at: _____
City and Country

2. Is the person named in **Part 2** or has this person ever been in deportation or removal proceedings in the United States?

- a. ☐ No
- b. ☐ Yes (Indicate when and where): _____

Part 5. Signature

I certify, or if outside the United States, I swear or affirm, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it, is all true and correct. I authorize the release of any information from my record that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature (sign in ink)	Print Your Full Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 6. Preparer's Information, If Other Than Person Signing Above

I declare that I prepared this petition at the request of the above person, and it is based on all the information that I have knowledge.

Signature (sign in ink)	Print Your Full Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Firm Name	Street Number and Name	Suite Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
City/State or Province	Postal/Zip Code	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>