

## Form G-845 Supplement, **Verification Request**

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

**USCIS Form G-845 Supplement** 

OMB No. 1615-0101 Expires 05/31/2021

<u> </u>	START HERE - Type or print in black ink.		
Par	t 1. Information From the Registered Agency	3.	Case Verification Number
	TE: Only the Registered Agency should complete this rmation.	4.	Date of Birth (mm/dd/yyyy)
To:	U.S. Citizenship and Immigration Services (USCIS)	_	
Attn	: USCIS SAVE Program Status Verification Office	5.	Social Security Number
		app	ormation Requested by the Registered Agency (Select all licable boxes)
		6.a.	Immigration Status
	np, type, or print the name, address, and ZIP Code of the	6.b.	Citizenship Status
Registered Agency. (Print clearly since USCIS may use agency address below with a No. 10 window envelope.)			Special Benefit Provision for Certain Victims of Abuse
Fron	n:	6.d.	Affidavit of Support
		6.e.	USCIS to verify <b>Cuban/Haitian entrants</b> by filling out <b>Part 3</b> .
		6.f.	Form SSA-8510, Authorization for the Social Security Administration to Obtain Personal Information, or other agency's equivalent release form, attached. (Use
Supp	TE: You may only submit a completed Form G-845 olement with a completed Form G-845 to request		only for applicants with proceedings pending with EOIR.)
verification. You may not submit Form G-845 Supplement alone. The information on this request concerns eligibility for certain Federal, state, and local public benefits.		6.g.	For SSA only: Retirement, Survivors, and Disability Insurance (RSDI) Claim. (USCIS completes <b>Item Numbers 4.a 4.d.</b> in <b>Part 2.</b> )
App	olicant Information	6.h.	Status of this applicant as of 8/22/1996 is required
Imm	nigration Document Number		(USCIS completes Item Numbers 1.a 1.b. in
	Alien Registration Number (A-Number)		<b>Part 3.</b> )
	A-	Res	gistered Agency Information
1.b.	Form I-94 Number (Arrival-Departure Record)	Full	Name of Agency Official
	<b>▶</b>	7.a.	Last Name
1.c.	Other Immigration Number	/ <b>.a.</b>	Last Name
		7.b.	First Name
1.d.	Name or Form Number of Document Containing the Other Immigration Number	8.a.	Daytime Telephone Number (Include Area Code)
		8.b.	Extension Number (if applicable)
Ann	licant's Full Name as Shown on the Immigration		The second secon
	iment	9.	Data Damast Commisted
2.a.	Last Name	7.	Date Request Completed (mm/dd/yyyy)
2.b.	First Name		
2.c.	Middle Name		

	t 1. Information From the Registered Agency atinued)	Part 2. USCIS Responses			
4 44	litional Information	NOTE: Only USCIS should complete this information, unless otherwise indicated.			
	litional Information	Upon review of these documents, information submitted, and			
0.	Registered Agency Comments (if any)	our records, we find the following for the applicant:			
		Current Immigration Status (Select all applicable boxes)			
		1.a. Lawful Permanent Resident (LPR) of the United States. (The Registered Agency must select only one date necessary to make their benefit determination.)			
		Effective Date of LPR Status/Rollback			
		(mm/dd/yyyy)			
		Date Adjustment to LPR Approved			
		(mm/dd/yyyy)			
		PRIOR STATUS: If the applicant adjusted to LPR in the past 7 years from a status listed below in <b>Item Numbers 1.b., 1.c., 1.d., 1.g., 1.h., 1.i.</b> , or <b>1.j.</b> , select the appropriate prior status and provide dates and class of admission where indicated.			
		<b>1.b.</b> Refugee admitted to the United States under section 207 of the Immigration and Nationality Act (INA).			
		Date of Admission as a Refugee			
		(mm/dd/yyyy)			
		<b>1.c.</b> Asylee under section 208 of the INA.			
		Date Asylum Granted			
		(mm/dd/yyyy)			
		1.d. Applicant whose deportation has been withheld under INA 243(h) (as in effect prior to April 1, 1997) or whose removal has been withheld under INA 241(b)(3).			
		Date Deportation or Removal Ordered Withheld			
		(mm/dd/yyyy)			
		<b>1.e.</b> Applicant paroled into the United States under INA 212(d)(5) for a period of at least 1 year.			
		Date Parole Granted			
		(mm/dd/yyyy)			
		Date Parole Expires			
		(mm/dd/yyyy)			
		<b>1.f.</b> Conditional entrant under INA 203(a)(7) prior to April 1, 1980.			
		Date Status Granted			
		(mm/dd/yyyy)			

Par	t 2.	USCIS Responses (continued)	_	ecial Benefit Provision for Certain Victims of
1.g.		American Indian born in Canada to whom the provisions of INA 289 apply.  Date Status Recognized  (mm/dd/yyyy)	<i>Abi</i> 3.a.	Applicant obtained lawful (or conditional) permanent resident status as the spouse, child, or widow(er) of a U.S. citizen.  Date Status Granted
1.h.		Cuban/Haitian entrant as defined in section 501(e) of the Refugee Education Assistance Act of 1980.		(mm/dd/yyyy)
1.i.		Amerasian immigrant under section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act of 1988.	3.b.	Applicant obtained lawful (or conditional) permanent resident status as the spouse, child, or unmarried son or daughter of a lawful permanent resident.
		Date of Entry		Date Status Granted
		(mm/dd/yyyy)		(mm/dd/yyyy)
1.j.		Applicant classified as an Iraqi/Afghan special immigrant admitted under INA 101(a)(27).	3.c.	Applicant did not obtain status described in <b>Item</b> Number 3.a. or 3.b.
		Date of Entry	Aff	idavit of Support
		(mm/dd/yyyy)	4.a.	Applicant was <b>not</b> sponsored on Form I-864.
		Date Status Granted		Receipt Date
		(mm/dd/yyyy)		(mm/dd/yyyy)
		Class of Admission (COA)	4.b.	Applicant was sponsored on Form I-864, Affidavit of Support, under INA 213A.
1.k.		Other (Indicate Status)		Receipt Date
				(mm/dd/yyyy)
		Date Status Granted	4.c.	Sponsor's Information (USPS ZIP Code Lookup)
		(mm/dd/yyyy)		Last Name
		Class of Admission (COA) (if applicable)		First Name
C:4:	- 074	ship Status		Middle Name
_	ens —	•		Social Security Number
2.a.		U.S. Citizen		Street Number
2.b.		Not a U.S. Citizen		and Name
2.c.		For SSA only: Status Dates for RSDI Claims (Registered Agency representative provides dates)		Apt. Ste. Flr.
		From (mm/dd/yyyy)		City or Town
		To (mm/dd/yyyy)		State ZIP Code
		Response		Province
				Postal Code
				Country

Applicant's First Name

Case Verification Number

Applicant's Last Name

Applicant's Last Name Applicant's First	Name Case Verification Number
Part 2. USCIS Responses (continued)	2.b. Applicant paroled into the United States as a Cuban/Haitian entrant (status pending) as defined in section
4.d. Joint Sponsor's Information  Last Name  First Name  Middle Name  Social Security Number  Street Number and Name  Apt. Ste. Flr.	501(e) of the Refugee Education Assistance Act of 1980, on or after April 21, 1980 (Category 1A), or a Cuban/Haitian entrant paroled on or after October 10, 1980. (Category 1B).  Status Dates (Registered Agency representative provides dates)  From (mm/dd/yyyy)  To (mm/dd/yyyy)  Response
City or Town  State ZIP Code  Province  Postal Code  Country  4.e. Information on additional joint sponsors attached.	2.c. Applicant paroled into the United States who has not acquired any other status under the INA. (Category 2A)  Status Dates (Registered Agency representative provides dates)  From (mm/dd/yyyy)  To (mm/dd/yyyy)  Response
Part 3. USCIS Additional Responses  NOTE: Only USCIS should complete this information, unless otherwise indicated. Please do not preselect Department of Homeland Security (DHS) responses.	2.d. Applicant paroled into the United States in the custody of Federal, state, or local enforcement authorities for law enforcement purposes.  Date of Entry
Upon review of these documents, information submitted, and our records, we find the following for the applicant:  Immigration status as of 8/22/1996  1.a. Type or print "N/A," as appropriate  1.b. Immigration status at initial entry	2.e. Applicant's asylum application was filed under INA 208 and is pending with DHS. (Category 2C)  Date Asylum Application Filed  (mm/dd/yyyy)  2.f. Applicant's asylum application was filed under INA 208 and is pending with EOIR. (Category 2B)
Immigration Status of Cuban/Haitian Nationals  2.a. Is the applicant a Cuban or Haitian national as indicated by the document provided by the applicant?	NOTE: Registered Agency must attach Form SSA-8510, or other agency's equivalent release form.  Date Asylum Application Referred to EOIR  (mm/dd/yyyy)
Yes No No If you answered "NO," do not process form any further.	)

App	licant	's Last Name	Applicant's First Na	ne Case Verification Number
Par	rt 3.	USCIS Additional Respon	nses (continued)	Part 4. USCIS Comments
2.g.		Applicant who is in removal proc final, non-appealable, legally enf removal has <b>NOT</b> been entered.	orceable order of	NOTE: Only USCIS should complete this information.
		Date Placed Into Proceedings (mm/dd/yyyy)		
2.h.		Applicant does not meet any of the described above.	ne categories	
Rem	oval	Proceedings		
3.a.		Applicant is subject to an order of final, non-appealable, and legally		
		Date Order Became Final		
		(mm/dd/yyyy)		
3.b.		Applicant is subject to an order of an order of removal.	f supervision after	
		Date of Order		
		(mm/dd/yyyy)		
3.c.		Applicant is NOT subject to an o is final, non-appealable, and lega		
Adjı	ısted	to Lawful Permanent Resident	Status	
4.a.		Cuban or Haitian national (or citithe document provided by the approximation of the company of t		
		Nicaraguan Adjustment and Relief Act (NACARA)	Central American	
		Haitian Refugee Immigration (HRIFA)	n Fairness Act	
		☐ Immigration Reform and Co (IRCA)	ntrol Act of 1986	
		Cuban Adjustment Act of 19	066 (CAA)	
		Date Form I-485 Approved		USCIS Stamp
		(mm/dd/yyyy)		
		Class of Admission (COA)		
4.b.		Applicant is NOT an LPR or adjudifferent section of law.	usted under a	