

## Petition to Classify Orphan as an Immediate Relative

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-600 OMB No. 1615-0028 Expires 12/31/2018

|    |  | F                                  | or USCIS Use Only  |                |                                       |  |
|----|--|------------------------------------|--|----------------|---------------------------------------|--|
| T  | ne petitioner is:  | The petition is:                   |  |                | Fee Stamp                             |  |
|    | Married   Unmarried  | ☐ Approved                         |  |                |                                       |  |
| R  | eceived  |                                    | adopt orphan ABROAD.                                     |                |                                       |  |
| T  | ans In   | - ☐ Orphan will co<br>STATES for a | ome to the UNITED doption. The preadoption               |                |                                       |  |
| C  | ompleted   | requirements h                     |  | Remarks        |                                       |  |
|    | le Number  | - □ Denied                         |  |                |                                       |  |
|    | ate of   |                                    |  |                |                                       |  |
| Fa | vorable<br>etermination  | DD                                 |  | District       |                                       |  |
| Pa | start Here - Type or prince classify the named orphan as y rt 1. Information About | our immediate relative             |  |                |                                       |  |
| 1. | Family Name (Last Name)  |                                    | Given Name (First Name)                                  | ) <u>N</u>     | <u>Middle Name (if applicable)</u>    |  |
|    |  |                                    |  |                |                                       |  |
| 2. | Other Names You Have Used (Family Name (Last Name)                                 | (including maiden nam              | e, nicknames, and aliases, it<br>Given Name (First Name) | -              | Middle Name (if applicable)           |  |
| 3. | U.S. Mailing Address (if any)  |                                    |  |                |                                       |  |
|    | In Care Of Name  |                                    |  |                |                                       |  |
|    | Street Number and Name   |                                    |  | Apt. Ste. Flr. | Number                                |  |
|    | Street Transer and Transe  |                                    |  |                | T various                             |  |
|    | City or Town   |                                    |  | State          | ZIP Code                              |  |
|    |  |                                    |  |                |                                       |  |
| 4. | Is your current U.S. mailing ad  | dress the same as your             | U.S. physical address?                                   |                | Yes No                                |  |
|    | If you answered "No" to <b>Item Number 6.</b> , as appropriate.                    | Number 4., provide yo              | our U.S. physical address in                             | Item Number 5. | or your address abroad in <b>Item</b> |  |
| 5. | U.S. Physical Address (if any)   |                                    |  |                |                                       |  |
|    | Street Number and Name   |                                    |  | Apt. Ste. Flr. | Number                                |  |
|    |  |                                    |  |                |                                       |  |
|    | City or Town   |                                    |  | State          | ZIP Code                              |  |
|    |  |                                    |  |                |                                       |  |

| Pa  | rt 1  | . Information About You (Petitioner  | ) (cont                                | inued)                                   |                    |                  |                                    |  |  |  |
|---|-------|--|--|--|--------------------|------------------|------------------------------------|--|--|--|
| 6.  | Add   | lress Abroad (if any)  |  |  |                    |                  |                                    |  |  |  |
|   | Stre  | et Number and Name   |  |  |                    | Apt. Ste. Flr.   | Number                             |  |  |  |
|   |       |  |  |  |                    |                  |                                    |  |  |  |
|   | City  | or Town  |  |  |                    | State            |                                    |  |  |  |
|   |       |  |  |  |                    |                  |                                    |  |  |  |
|   | Prov  | vince Posta  | l Code                                 |  | Country            |                  |                                    |  |  |  |
|   |       |  |  |  |                    |                  |                                    |  |  |  |
| 7.  | Date  | e of Birth ( <i>mm/dd/yyyy</i> ) 8. City/Town/   | Village                                | of Birth                                 |                    |                  |                                    |  |  |  |
|   |       |  |  |  |                    |                  |                                    |  |  |  |
| 9.  | State | State or Province of Birth 10. Country of Birth  |  |  |                    |                  |                                    |  |  |  |
|   |       |  |  |  |                    |                  |                                    |  |  |  |
| 11.   | Info  | rmation About U.S. Citizenship   |  |  |                    |                  |                                    |  |  |  |
|   |       | • Are you a citizen of the United States? Yes No   |  |  |                    |                  |                                    |  |  |  |
|   |       |  |  |  |                    |                  |                                    |  |  |  |
|   |       | <b>NOTE:</b> If you answered "No," you may NOT file Form I-600. See the <b>What Are the Eligibility Requirements?</b> section of the Form I-600 instructions for more information. |  |  |                    |                  |                                    |  |  |  |
| <b>B.</b> How did you acquire your U.S. citizenship?                      |       |  |  | n  |                    |                  |                                    |  |  |  |
|   |       |  |  |  | 1                  |                  |                                    |  |  |  |
| C. If you acquired your citizenship through your parents, have you obtain |       |  |  | otained a Cer                            | tificate of Citize |                  |                                    |  |  |  |
|   |       | Yes No If "Yes," provide the following information about your Certificate of Citizenship:  |  |  |                    |                  |                                    |  |  |  |
|   |       | Name Under Which the Certificate of Citizens   | •                                      |  | or Citizensii      | ip.              |                                    |  |  |  |
|   |       | Family Name (Last Name)  | mp // u                                |  | ne (First Nan      | ne)              | Middle Name (if applicable)        |  |  |  |
|   |       | Tuning Tunie (Eust Funie)  |  |  | 10 (1 1150 1 1411  |                  |                                    |  |  |  |
|   |       | Alien Registration Number (A-Number) (if any)  | ————                                   | rtificate of C                           | itizenship N       | umber            |                                    |  |  |  |
|   |       | ► A-   |  | runeate of c                             | reizensinp i v     |                  |                                    |  |  |  |
|   |       | Date of Issuance   | ∟<br>Pla                               | ace of Issuan                            | ce                 |                  |                                    |  |  |  |
|   |       | (mm/dd/yyyy) ▶   |  | or 155 <b>0.0.</b>                       |                    |                  |                                    |  |  |  |
|   |       | If you acquired your citizenship through natural   | L<br>lization                          | provide the f                            | ollowing info      | rmation about vo | our Certificate of Naturalization: |  |  |  |
|   |       | Name Under Which the Certificate of Natural  |  | •  | onowing into       | imation about yo | di Certificate of Ivaturalization. |  |  |  |
|   |       | Family Name (Last Name)  |  |  | ne (First Nan      | ne)              | Middle Name (if applicable)        |  |  |  |
|   |       |  |  | ]  | (1 1130 1 (411     | 10)              | Timusis Trains (ir approvers)      |  |  |  |
|   |       | A-Number (if any)  | —————————————————————————————————————— | icate of Nati                            | ıralization Nı     | ımber            |                                    |  |  |  |
|   |       | ► A-   |  | 32 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 111                |                  |                                    |  |  |  |
|   |       | Date of Naturalization   | Place                                  | of Naturaliz                             | ation              |                  |                                    |  |  |  |
|   |       | (mm/dd/yyyy) ▶   |  |  |                    |                  |                                    |  |  |  |

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| Pa  | rt 1. Information About You (Peti  | tioner) (continued)                               |                      |                  |                               |  |
|-----|--|---|----------------------|------------------|-------------------------------|--|
| 12. | Have you, or any person through whom you   | u claimed citizenship, <b>EVI</b>                 | ER lost U.S. citiz   | zenship?         | Yes No                        |  |
|     | <b>NOTE:</b> If you answered "Yes," attach a det the top of each sheet; indicate the <b>Page Num</b> each sheet. |   |                      |                  |                               |  |
| 13. | What is your marital status?   Married   | d Widowed D                                       | ivorced Si           | ingle            |                               |  |
| 14. | How many times have you been married (in   | ncluding your current marr                        | iage, if applicab    | le)?             |                               |  |
| 15. | Date of Current Marriage (if applicable) (mm/dd/yyyy) ►  | <b>16.</b> Place Where Current                    | Marriage Occurr      | red (if applicat | ole)                          |  |
| 17. | Information About Your Current Spouse (if Family Name (Last Name)  |   |                      |                  |                               |  |
|     | Other Names Your Current Spouse Has Use<br>Family Name (Last Name)   | ed (including maiden name<br>Given Name (First Na |                      |                  | y)<br>le Name (if applicable) |  |
|     | Date of Birth (mm/dd/yyyy) ►  State or Province of Birth   | A-Number (if any)  • A-                           | untry of Birth       | City/Town/V      | illage of Birth               |  |
|     | Spouse's Immigration Status  |   |                      |                  |                               |  |
| 18. | How many times has your current spouse b   | een married (including you                        | ır current marria    | ige, if applicab | le)?                          |  |
| 19. | Does your current spouse reside with you?  |   |                      |                  | Yes No                        |  |
|     | If you answered "No," provide your current   | t spouse's physical address                       | in <b>Item Numbe</b> | er 20.           |                               |  |
| 20. | Your Current Spouse's Physical Address   |   |                      |                  |                               |  |
|     | Street Number and Name   |   |                      | Apt. Ste. Flr.   | Number                        |  |
|     | City or Town   |   |                      | State            | ZIP Code                      |  |
|     |  |   |                      |                  |                               |  |
|     | Province   | Postal Code                                       | Country              |                  |                               |  |
|     |  |   |                      |                  |                               |  |
| 21. | How many persons 18 years of age or older  | , other than your current s                       | pouse (if married    | d), reside with  | you?                          |  |
|     | If you answered "1" or more, you <b>MUST</b> co for each person.   | omplete Form I-600A/I-60                          | O Supplement 1,      | , Listing of Ad  | ult Member of the Household,  |  |

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| _  | _   |   |  |  |  |  |  |
|--|---|---|--|--|--|--|--|
| Part   | 1.  | Information About You (Petitioner) (continued)  |  |  |  |  |  |
| O  | Have you ever previously filed Form I-600, Form I-600A, Application for Advance Processing of an Orphan Petition, Form I-800A, Application for Determination of Suitability to Adopt a Child From a Convention Country, or Form I-800, Petition to Classify Convention Adoptee as an Immediate Relative?  |   |  |  |  |  |  |
| If   | "Y  | Yes," provide the following:  |  |  |  |  |  |
| A  | •   | Type of Petition/Application Filed  |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
| В  |   | Result- Check the box that best describes the action taken by USCIS and/or U.S. Department of State on your petition and/or application.  |  |  |  |  |  |
|  |   | ☐ Approved - Approval Date (mm/dd/yyyy) ►   |  |  |  |  |  |
|  | ĺ   | ☐ Denied - Denial Date (mm/dd/yyyy) ►   |  |  |  |  |  |
|  |   | <b>NOTE:</b> A copy of the denial notice must accompany this petition.  |  |  |  |  |  |
|  |   | Other - Explain   |  |  |  |  |  |
| C  | A detailed description of any previous Form I-600 or Form I-800 filing that resulted in a disruption prior to finalization of the adoption or that resulted in a completed adoption that was later dissolved either in the United States or abroad.   |   |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
| at   | th  | <b>TE:</b> If you need extra space to complete this question, attach a separate sheet of paper; type or print your A-Number (if any) e top of each sheet; include the <b>Page Number</b> , <b>Part Number</b> , and <b>Item Number</b> to which your answer refers; and sign and each sheet.  |  |  |  |  |  |
| Duty   | oj  | f Disclosure  |  |  |  |  |  |
| nstruction any arrest, mitiga Fine will lepartice on side considering and the consider | of indication of the control of the | your spouse (if married) must answer the following questions. See the <b>Duty of Disclosure</b> section in the Form I-600 ons concerning your ongoing duty to disclose information in response to these questions. If you or your spouse answer "Yes" the questions, provide a certified copy of the documentation showing the final disposition of each incident which resulted in dictment, conviction, and/or any other judicial or administrative action and a written statement giving details, including any g circumstances about each arrest, signed by you and/or your spouse (if married) under penalty of perjury under U.S. law. ten statement must show the date of each incident; place incident occurred (city/town, state/province, country); name of police ent or other law enforcement administration or other entity involved; date of incarceration and name of facility, if applicable. A description of any type of counseling, rehabilitation, or other information that you and your spouse (if married) would like the light of this history on a separate sheet of paper; type or print your name and A-Number (if any) at the top of each sheet; the <b>Page Number, Part Number,</b> and <b>Item Number</b> to which your answer refers; and sign and date each sheet. |  |  |  |  |  |
| 23. H  | ave   | e you EVER, whether in or outside the United States:  |  |  |  |  |  |
| A  |   | Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations, but including driving or operating a vehicle while intoxicated or while impaired by or under the influence of alcohol or other intoxicant, even if the record of the arrest, conviction, or other adverse criminal history was expunged, sealed, pardoned, or the subject of any other amelioration?   |  |  |  |  |  |
| В  | •   | Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action?   |  |  |  |  |  |
| C  |   | Received a suspended sentence, been placed on probation or parole, or in an alternative sentencing or rehabilitation program, such as diversion, deferred prosecution, deferred or withheld adjudication, or expungement of a criminal charge?  |  |  |  |  |  |

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| Pa  | rt 1      | . Information About You (Petitione   | er) (continued                        | d)    |   |                             |                |         |  |
|-----|-----------|--|---------------------------------------|-------|---|-----------------------------|----------------|---------|--|
|     | D.        | At any time been the subject of any investigation and state or foreign country condinvestigation that has been completed and for abuse or neglect was unfounded or unsubstated.  | cerning the abus<br>rmally closed b   | ise ( | or neglect of any child, othe                               | <i>r than</i> an            | Yes            | ☐ No    |  |
| 24. | Has       | your spouse EVER, whether in or outside th   | e United States                       | s:    |   |                             |                |         |  |
|     | <b>A.</b> | Been arrested, cited, charged, indicted, convolute of ordinance, excluding traffic violations intoxicated or while impaired by or under the record of the arrest, conviction, or other adverted the subject of any other amelioration?         | s, but including<br>e influence of al | g dri | iving or operating a vehicle whol or other intoxicant, ever | while<br>a if the           | Yes            | ☐ No    |  |
|     | B.        | Been the beneficiary of a pardon, amnesty, re-   | habilitation decr                     | cree  | , other act of clemency, or si                              | milar action?               | Yes            | ☐ No    |  |
|     | C.        | Received a suspended sentence, been placed on probation or parole, or in an alternative sentencing or rehabilitation program, such as diversion, deferred prosecution, deferred or withheld adjudication, or expungement of a criminal charge? |                                       |       |   |                             | ☐ No           |         |  |
|     | D.        | At any time been the subject of any investigat<br>authority in any state or foreign country conce<br>investigation that has been completed and for<br>or neglect was unfounded or unsubstantiated?   | erning the abuse<br>mally closed bas  | e or  | neglect of any child, other to                              | <i>han</i> an               | Yes            | ☐ No    |  |
| Pa  | rt 2      | . Information About Orphan Benef   | ficiary                               |       |   |                             |                |         |  |
| 1.  | Nar       | ne at Birth  |                                       |       |   |                             |                |         |  |
|     | Fan       | nily Name (Last Name)  | Given Name (F                         | Firs  | st Name)  | Middle Name                 | (if applicat   | ole)    |  |
|     |           |  |                                       |       |   |                             |                |         |  |
| 2.  | Cur       | rent Name  |                                       |       |   |                             |                |         |  |
|     | Fan       | nily Name (Last Name)  | Given Name (F                         | Firs  | st Name)  | Middle Name (if applicable) |                |         |  |
|     |           |  |                                       |       |   |                             |                |         |  |
| 3.  | Oth       | er Names the Orphan Has Used (including nice   | cknames and all                       | lias  | es, if any):  |                             |                |         |  |
|     | Fan       | nily Name (Last Name)  | Given Name (F                         | Firs  | st Name)  | Middle Name                 | (if applicat   | ole)    |  |
|     |           |  |                                       |       |   |                             |                |         |  |
|     |           |  |                                       |       |   |                             |                |         |  |
| 4.  | Ger       | der 5. Date of Birth (mm) Male Female  | /dd/yyyy) <b>6</b> .                  | 6. C  | City/Town/Village of Birth                                  |                             |                |         |  |
| 7.  | _         | e or Province of Birth   |                                       | L     | Country of Birth  |                             |                |         |  |
| ٠.  | Sta       | e of Frovince of Birth   | 0.                                    | ,     | Lountry of Birth  |                             |                |         |  |
| 0   |           | han finism is an amhan ha sance (Salast anh  |                                       | L     |   |                             |                |         |  |
| 9.  | A.        | <ul><li>beneficiary is an orphan because (Select only</li><li>He or she has no parents due to death or parents.</li></ul>  |                                       | of,   | abandonment or desertion b                                  | y, or separatio             | on or loss fro | om both |  |
|     | В.        | He or she has only one sole or surviving released the child for emigration and add   |                                       |       | apable of providing proper of                               | care and who h              | as irrevocab   | oly     |  |

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| Pa  | rt 2  | . Information About Orphan Beneficiary (continued)   |            |       |  |  |
|-----|---|--|------------|-------|--|--|
| 10. | <ul> <li>If the orphan has only one sole or surviving parent, answer the following:</li> <li>A. What happened to the other birth or previous parent?</li> </ul>   |  |            |       |  |  |
|     | В.  | Is the remaining parent capable of providing proper care for the orphan?   | Yes        | □ No  |  |  |
|     | C.  | Has the remaining parent irrevocably released the orphan for emigration and adoption, in writing?  | Yes        | No No |  |  |
| 11. | . Did you and your spouse (if married) adopt the orphan abroad?   |  |            |       |  |  |
| 12. | If you answered "Yes" to Item Number 11., provide the following information:  |  |            |       |  |  |
|     | A.  | Did you or your spouse (if married) personally see and observe the child before or during the adoption proceedings?  | Yes        | ☐ No  |  |  |
|     | B.  | Date of Adoption C. Place of Adoption  |            |       |  |  |
|     |   | (mm/dd/yyyy) ►   |            |       |  |  |
| 13. | If y  | ou answered "No" to either <b>Item Numbers 11.</b> or <b>12A.</b> , provide the following information:   |            |       |  |  |
|     | A.  | Do you and your spouse (if married) intend to adopt the orphan in the United States?   | Yes        | ☐ No  |  |  |
|     | B.  | Have any pre-adoption requirements of the orphan's proposed state of residence been met?   | Yes        | ☐ No  |  |  |
|     | C. If you answered "Yes" to <b>Item B</b> . in <b>Item Number 13.</b> , provide a written description of the pre-adoption requirements, if any, of the state of the child's proposed residence if you know that the child will be adopted in the United States. Cite any relative state statutes and regulations, and describe the steps you have taken or will take to comply with these requirements. Note and explain any pre-adoption requirements that you cannot meet at this time due to operation of state law. |  |            |       |  |  |
|     |   |  |            |       |  |  |
|     |   | NOTE: If you need extra space to complete this <b>Item Number</b> , attach a separate sheet of paper; type or prin (if any) at the top of each sheet; include the <b>Page Number</b> , <b>Part Number</b> , and <b>Item Number</b> to which your sign and date each sheet. |            |       |  |  |
|     | D.  | If you answered "No" to Item B. in Item Number 13., will the pre-adoption requirements be met later?   | Yes        | ☐ No  |  |  |
| 14. | То  | your knowledge:  |            |       |  |  |
|     | A.  | Does the orphan have any special need, disability, and/or impairment?  | Yes        | ☐ No  |  |  |
|     | В.  | If you answered "Yes" to <b>Item A</b> . in <b>Item Number 14.</b> , name or describe the special need, disability, and/   | or impairn | nent. |  |  |
|     |   |  |            |       |  |  |
|     |   |  |            |       |  |  |
| 15. | Wh  | o has legal custody of the orphan?   |            |       |  |  |
|     |   |  |            |       |  |  |

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| Part 2         | 2. Information About Orphai  | n Ben    | <b>eficiary</b> (co          | ntinued)     |              |               |         |   |
|----------------|--|----------|------------------------------|--------------|--------------|---------------|---------|---|
|                | formation About the Attorney Abroad mily Name (Last Name)          | Repres   | senting You ar<br>Given Name |              |              | married) in   |         | Case (if any)<br>lle Name (if applicable) |
|                | ,  |          |                              |              |              |               |         | (11 /                                     |
| Str            | eet Number and Name  |          |                              |              |              | Apt. Ste      | Flr.    | Number                                    |
|                |  |          |                              |              |              |               |         |   |
| ∟<br>Cit       | y or Town  |          |                              |              |              | State         |         | ZIP Code                                  |
|                | y or rown  |          |                              |              |              |               |         |   |
| Pro            | ovince   | Po       | ostal Code                   |              | Country      | ] [           |         |   |
|                |  |          |                              |              |              |               |         |   |
| <br>7 Ad       | duage in the United States When the                                |          | Will Davida                  | if om.       |              |               |         |   |
|                | dress in the United States Where the Get Number and Name           | Orpnan   | i wiii Reside (              | ii any)      |              | Apt. Ste.     | Flr.    | Number                                    |
|                | eet i vanioer and i vanie  |          |                              |              |              |               |         |   |
| ∟<br>Cit       | y or Town  |          |                              |              |              | State         |         | ZIP Code                                  |
|                | y or Town  |          |                              |              |              |               |         | Zii code                                  |
|                |  |          |                              |              |              | ] [           |         |   |
|                | esent Address of the Orphan  |          |                              |              |              |               |         |   |
| In             | Care Of Name   |          |                              |              |              |               |         |   |
|                |  |          |                              |              |              |               |         |   |
| Str            | eet Number and Name  |          |                              |              |              | Apt. St       | e. Flr  | Number                                    |
|                |  |          |                              |              |              |               |         |   |
| Cit            | y or Town  |          |                              |              |              | State         |         | ZIP Code                                  |
|                |  |          |                              |              |              |               |         |   |
| Pro            | ovince   | Po       | ostal Code                   |              | Country      |               |         |   |
|                |  |          |                              |              |              |               |         |   |
| <b>9.</b> If t | he orphan resides in an institution, pro                           | ovide t  | he full name o               | f the instit | tution.      |               |         |   |
|                |  |          |                              |              |              |               |         |   |
|                |  |          |                              |              |              |               |         |   |
|                | he orphan does not reside in an institu<br>the orphan's caretaker. | ition, p | rovide the full              | name of      | the person w | rith whom     | the or  | phan is residing or the name              |
| Far            | mily Name (Last Name)  |          | Given Name                   | e (First Na  | ame)         |               | Mie     | ddle Name (if applicable)                 |
|                |  |          |                              |              |              |               |         |   |
|                | ovide any additional information necesiich the orphan resides:     | ssary to | o locate the orp             | phan, such   | as the name  | e of a distri | ict, se | ction, zone, or locality in               |
|                |  |          |                              |              |              |               |         |   |
|                |  |          |                              |              |              |               |         |   |
|                |  |          |                              |              |              |               |         |   |

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| ion. The nd Immigration rour home study   |  |  |  |  |
|---|--|--|--|--|
| nd Immigration<br>our home study  |  |  |  |  |
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| nd Immigration<br>our home study  |  |  |  |  |
| service provider  |  |  |  |  |
| rovide the name and address of your primary adoption service provider in the United States. (A primary adoption service provider the accredited agency or approved person who is responsible under 22 CFR Part 96.14 for ensuring the six adoption services efined in 22 CFR Part 96.2 are provided, supervising and being responsible for supervised providers where used, and developing and implementing a service plan in accordance with 22 CFR 96.44.)  Name of Primary Adoption Service Provider |  |  |  |  |
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| Yes No  |  |  |  |  |
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| Pa  | rt 4.       | Accommodations for Individuals With Disabilities and/or Impairments   |  |  |  |
|---|-------------|---|--|--|--|
| 1.  | Are y       | ou requesting an accommodation because of disabilities and/or impairments?  |  |  |  |
| 2.  | If you      | answered "Yes" to <b>Item Number 1.</b> , select all applicable boxes below to indicate who has the disabilities and/or impairments.  |  |  |  |
|   | I           | Petitioner Spouse Other Household Member  |  |  |  |
| <b>3.</b> If you answered "Yes" to <b>Item Number 1.</b> , select all applicable boxes below. Provide information for each person we disabilities and/or impairments. |             |   |  |  |  |
|   | <b>A.</b> [ | Deaf or hard of hearing and request the following accommodations (If requesting a sign-language interpreter, indicate for which language (e.g., American Sign Language)):   |  |  |  |
|   | В. [        | Blind or have low vision and request the following accommodations:  |  |  |  |
|   | C. [        | Another type of disability and/or impairment (Describe the nature of the disability and/or impairment and accommodation you are requesting):  |  |  |  |
|   |             | Petitioner's Statement, ASC Acknowledgement (if applicable), Certification, Signature, and t Information  |  |  |  |
| Pe  | tition      | er's Statement  |  |  |  |
| Sele  | ect the     | box for either Item 1.A. or 1.B. If applicable, select the box for Item Number 2.   |  |  |  |
| 1.A   |             | I can read and understand English, and have read and understand each and every question and instruction on this petition, as well as my answer to each question. I have read and understand the <b>Acknowledgement of Appointment at USCIS Application Support Center</b> (if applicable).  |  |  |  |
| 1.B   |             | The interpreter named in Part 9. has read to me each and every question and instruction on this petition, as well as my   |  |  |  |
|   |             | answer to each question, in , a language in which I am fluent.  |  |  |  |
|   |             | I understand each and every question and instruction on this petition as translated to me by my interpreter, and have provided complete, true, and correct responses. The interpreter named in <b>Part 9.</b> also has read the <b>Acknowledgement of Appointment at USCIS Application Support Center</b> (if applicable) to me, in the language in which I am fluent, and I understand this ASC Acknowledgement as read to me by my interpreter. |  |  |  |
| 2.  |             | I have requested the services of and consented to ,   |  |  |  |
|   |             | who is $\square$ is not $\square$ an attorney or accredited representative, preparing this petition for me. This person who assisted me in preparing my petition has reviewed the <b>Acknowledgement of Appointment at USCIS Application Support Center</b> (if applicable) with me and I understand the ASC Acknowledgement.   |  |  |  |

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## Part 5. Petitioner's Statement, ASC Acknowledgement (if applicable), Certification, Signature, and **Contact Information** (continued) Acknowledgement of Appointment at USCIS Application Support Center (if applicable) I. understand that the purpose of a USCIS Application Support Center (ASC) appointment is for me to provide my fingerprints, photograph, and/or signature and to reverify that all of the information in my petition is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment: By signing here, I declare under penalty of perjury that I have reviewed and understand this petition as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with this petition that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct. I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be reverifying that I willingly submit this petition; I have reviewed the contents of this petition; all of the information in my petition and all supporting documents submitted with my petition are complete, true, and correct; and if I was assisted in completing this petition, the person assisting me also reviewed this Acknowledgement of Appointment at USCIS Application Support Center (if applicable) with me. Petitioner's Certification I certify, under penalty of perjury under the laws of the United States of America, that the information in this petition and any document submitted with this petition is complete, true, and correct. 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 my records that USCIS may need to determine whether the child I am petitioning for is eligible to be classified as my immediate relative. I furthermore 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 of U.S. immigration laws. Petitioner's Signature Petitioner's Signature Date of Signature (mm/dd/yyyy)Petitioner's Contact Information Petitioner's Daytime Telephone Number Petitioner's Mobile Telephone Number (if any) Petitioner's Email Address (if any) 6. Part 6. Petitioner's Duty of Disclosure **Certification:** I understand the ongoing duty to disclose information concerning my suitability and eligibility as an adoptive parent, as described in the Form I-600 and/or I-600A instructions, and I agree to notify the home study preparer and USCIS of any new information that I am required to disclose.

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Date of Signature (*mm/dd/yyyy*) ▶

Petitioner's Signature

## Part 7. Spouse's Statement, ASC Acknowledgement (if applicable), Certification, Signature, and **Contact Information** Spouse's Statement Select the box for either Item 1.A. or 1.B. If applicable, select the box for Item Number 2. **1.A.** I can read and understand English, and have read and understand each and every question and instruction on this petition, as well as my answer to each question. I have read and understand the Acknowledgement of Appointment at USCIS Application Support Center (if applicable). **1.B.** The interpreter named in **Part 9.** has read to me each and every question and instruction on this petition, as well as my answer to each question, in a language in which I am fluent. I understand each and every question and instruction on this petition as translated to me by my interpreter, and have provided complete, true, and correct responses. The interpreter named in Part 9. also has read the Acknowledgement of **Appointment at USCIS Application Support Center** (if applicable) to me, in the language in which I am fluent, and I understand this ASC Acknowledgement as read to me by my interpreter. I have requested the services of and consented to 2. who is is not an attorney or accredited representative, preparing this petition for me. This person who assisted me in preparing this petition has reviewed the Acknowledgement of Appointment at USCIS Application Support Center (if applicable) with me and I understand the ASC Acknowledgement. Acknowledgement of Appointment at USCIS Application Support Center (if applicable) I, understand that the purpose of a USCIS Application Support Center (ASC) appointment is for me to provide my fingerprints, photograph, and/or signature and to reverify that all of the information in this petition is complete, true, and correct and was provided by me or my spouse. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment: By signing here, I declare under penalty of perjury that I have reviewed and understand this petition as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with this petition that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct. I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be reverifying that I willingly submit this petition; I have reviewed the contents of this petition; all of the information in this petition and all supporting documents submitted with my petition are complete, true, and correct; and if I was assisted in completing this petition, the person assisting me also reviewed this Acknowledgement of Appointment at USCIS Application Support Center (if applicable) with me. Spouse's Certification I certify, under penalty of perjury under the laws of the United States of America, that the information in this petition and any document submitted with this petition is complete, true and correct. 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 my records that USCIS may need to determine whether the child my spouse is petitioning for is eligible to be classified as our immediate relative. I furthermore 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 of U.S. immigration laws. Spouse's Signature Spouse's Signature Date of Signature (mm/dd/yyyy) ▶

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|     | ort 7. Spouse's Statement, ASC Acknowledgement (in portact Information (continued)  | f app   | licable)   | , Certification      | , Sign         | nature, and              |
|-----|---|---------|------------|----------------------|----------------|--------------------------|
| Sp  | ouse's Contact Information  |         |            |                      |                |                          |
| 4.  | Spouse's Daytime Telephone Number   | 5.      | Spouse     | 's Mobile Telepho    | ne Nun         | nber (if any)            |
|     |   |         |            |                      |                |                          |
| 6.  | Spouse's Email Address (if any)   | 1       |            |                      |                |                          |
|     |   |         |            |                      |                |                          |
| Pa  | art 8. Spouse's Duty of Disclosure  |         |            |                      |                |                          |
| the | nderstand the ongoing duty to disclose information concerning my s<br>Form I-600 and/or I-600A instructions, and I agree to notify the hoursel to disclose. |         |            |                      |                |                          |
| Spo | ouse's Signature  |         |            | Date of Sig          | nature         |                          |
|     |   |         |            | (mm/dd/yyy           | y) <b>&gt;</b> |                          |
| D   |   | , · (a) | .•         | 100                  |                |                          |
|     | art 9. Interpreter's Name, Contact Information, Cert  |         | •          |                      |                |                          |
|     | ou and/or your spouse (if married) used an interpreter to read and cormation:   | comple  | te this pe | etition, the interpr | eter mu        | st provide the following |
|     |   |         |            |                      |                |                          |
| In  | terpreter's Full Name   |         |            |                      |                |                          |
| 1.  | Interpreter's Family Name (Last Name)   | Inte    | erpreter's | Given Name (Fir      | st Nam         | e)                       |
| •   |   |         |            |                      |                |                          |
| 2.  | Interpreter's Business or Organization Name (if any)  |         |            |                      |                |                          |
|     |   |         |            |                      |                |                          |
| In  | terpreter's Mailing Address   |         |            |                      |                |                          |
| 3.  | Street Number and Name  |         |            | Apt. Ste. Flr.       | Numl           | ber                      |
|     |   |         |            |                      |                |                          |
|     | City or Town  |         |            | State                | ZIPC           | Code                     |
|     |   |         |            |                      |                |                          |
|     | Province Postal Code  |         | Country    |                      |                |                          |
|     |   |         |            |                      |                |                          |
| In  | terpreter's Contact Information   |         |            |                      |                |                          |
| 4.  | Interpreter's Daytime Telephone Number 5. Interpreter's I   | Email A | Address    | (if any)             |                |                          |
|     |   |         |            |                      |                |                          |

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| Pa   | rt 9. Interpreter's Name, Contact   | Information, Cert      | tification, and    | l Signature (continued)  |
|------|---|------------------------|--------------------|--|
| Int  | terpreter's Certification   |                        |                    |  |
| I ce | ertify that:  |                        |                    |  |
| I an | n fluent in English and   |                        |                    |  |
|      | we read and accurately translated to this petition, as well as the answer to each question,         | -                      | -                  | married) every question and instruction on this is fluent.   |
|      | we read and accurately translated the <b>Ackno</b> licable) to the petitioner and/or the petitioner |                        |                    |  |
|      | petitioner and/or the petitioner's spouse has tion, as well as the answer to each question.         | informed me that he a  | nd/or she unders   | tands every instruction and question on the  |
| app  |   | ppointment and providi | ing his and/or her | erstands the ASC Acknowledgement and that by fingerprints, photograph, and/or signature, he ntation are complete, true, and correct. |
| Int  | terpreter's Signature   |                        |                    |  |
| 6.   | Interpreter's Signature   |                        |                    | Date of Signature  |
|      |   |                        |                    | (mm/dd/yyyy) ▶   |
| thi  | ou and/or your spouse (if married) used a pro-  | oner and/or Spou       | se                 | parer must provide the following information:  |
| Pr   | eparer's Full Name  |                        |                    |  |
| 1.   | Preparer's Family Name (Last Name)  |                        | Preparer's Giv     | ven Name (First Name)  |
| 2.   | Preparer's Business or Organization Name  | (if any)               |                    |  |
| Pr   | eparer's Mailing Address  |                        |                    |  |
| 3.   | Street Number and Name  |                        |                    | Apt. Ste. Flr. Number  |
|      | City or Town  |                        |                    | State ZIP Code   |
|      | Province  | Postal Code            | Country            |  |
|      |   |                        |                    |  |

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|  | ort 10. Name, Contact Information, Statement, C<br>is Petition, If Other Than the Petitioner and/or S <sub>1</sub>  |                                      | , ,   |
|--|---|--------------------------------------|---|
| Pr                                     | reparer's Contact Information   |                                      |   |
| 4.                                     | Preparer's Daytime Telephone Number   | 5.                                   | Preparer's Fax Number (if any)  |
| 6.                                     | Preparer's Email Address (if any)   |                                      |   |
| Pr                                     | eparer's Statement  |                                      |   |
| 7.A                                    | .   I am not an attorney or accredited representative but have petitioner's spouse (if married) and with the petitioner's   |                                      | • •   |
| 7.B                                    | I am an attorney or accredited representative and my reprint in this case (choose one) extends does not extend  |                                      | tion of the petitioner and/or the petitioner's spouse (if married) eyond the preparation of this petition.  |
| Pr                                     | eparer's Certification  |                                      |   |
| with<br>the<br>or the<br>peti-<br>reco | my signature, I certify, swear, or affirm, under penalty of perjulation the express consent of the petitioner and/or the petitioner's spetitioner and/or the petitioner's spouse provided to me. After the petitioner's spouse's responses with the petitioner and/or the tion. If the petitioner and/or the petitioner's spouse supplied a orded it on the petition. I also have read the <b>Acknowledgemer</b> dicable) to the petitioner and/or the petitioner's spouse and the the understands the ASC Acknowledgement. | couse ( comp petition ddition t of A | if married). I completed this petition based only on responses leting the petition, I reviewed it and all of the petitioner's and/oner's spouse, who agreed with each and every answer on the hal information concerning a question on the petition, I ppointment at USCIS Application Support Center (if |
| Pr                                     | eparer's Signature  |                                      |   |
| 8.                                     | Preparer's Signature  |                                      | Date of Signature   |
|  |   |                                      | (man /dd/nnn)   |

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