

I-589, Application for Asylum and for Withholding of Removal

START HERE - Type or print in black ink. See the instructions for information about eligibility and how to complete and file this application. There is no filing fee for this application.

NOTE: ☐ Check this box if you also want to apply for withholding of removal under the Convention Against Torture.

Part A.I. Information About You			
1. Alien Registration Number(s) (A-Number) (if any)		2. U.S. Social Security Number (if any)	
3. USCIS Online Account Number (if any)			
4. Complete Last Name		5. First Name	
6. Middle Name			
7. What other names have you used (include maiden name and aliases)?			
8. Residence in the U.S. (where you physically reside)			
Street Number and Name		Apt. Number	
City	State	Zip Code	Telephone Number ()
9. Mailing Address in the U.S. (if different than the address in Item Number 8)			
In Care Of (if applicable):		Telephone Number ()	
Street Number and Name		Apt. Number	
City	State	Zip Code	
10. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		11. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
12. Date of Birth (mm/dd/yyyy)		13. City and Country of Birth	
14. Present Nationality (Citizenship)		15. Nationality at Birth	
16. Race, Ethnic, or Tribal Group		17. Religion	
18. Check the box, a through c, that applies: a. <input type="checkbox"/> I have never been in Immigration Court proceedings. b. <input type="checkbox"/> I am now in Immigration Court proceedings. c. <input type="checkbox"/> I am not now in Immigration Court proceedings, but I have been in the past.			
19. Complete 19 a through c. a. When did you last leave your country? (mmm/dd/yyyy) _____ b. What is your current I-94 Number, if any? _____ c. List each entry into the U.S. beginning with your most recent entry. List date (mm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.) Date _____ Place _____ Status _____ Date Status Expires _____ Date _____ Place _____ Status _____ Date _____ Place _____ Status _____			
20. What country issued your last passport or travel document?		21. Passport Number _____ Travel Document Number _____	
22. Expiration Date (mm/dd/yyyy)			
23. What is your native language (include dialect, if applicable)?		24. Are you fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. What other languages do you speak fluently?			
For EOIR use only.		For USCIS use only. Action: Interview Date: _____ Asylum Officer ID No.: _____	
Decision: Approval Date: _____ Denial Date: _____ Referral Date: _____			