

Form G-845 Supplement, Verification Request

USCIS Form G-845 Supplement

OMB No. 1615-0101 Expires 08/31/2028

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

START HERE - Type or print in black ink. Part 1. Information From the Registered Agency NOTE: Only the Registered Agency should complete this information. To: U.S. Citizenship and Immigration Services (USCIS) **Attn: USCIS SAVE Program Status Verification Office** Stamp, type, or print the name, address, and ZIP Code of the Registered Agency. (Print clearly since USCIS may use agency address below with a No. 10 window envelope.) From: NOTE: You may only submit a completed Form G-845 Supplement with a completed Form G-845 to request 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. **Applicant Information Immigration Document Number** 1. Alien Registration Number (A-Number) 2. Form I-94 Number (Arrival-Departure Record) 3. Other Immigration Number 4. Name or Form Number of Document Containing the Other Immigration Number Applicant's Full Name as Shown on the Immigration Document 5. Last Name First Name Middle Name 6. Case Verification Number 7. Date of Birth (mm/dd/yyyy) 8. Social Security Number

Applicant's Last Name		Applicant's First Name		Case	Case Verification Number						
-			1								
	Part 1. Information From the Registered Agency (continued)										
	rmation Requested by the Registered	Agency (Select all application)	able box	tes)							
9.a.	Immigration Status										
9.b.	Citizenship Status										
9.c.	Special Benefit Provision for Cer	ain Victims of Abuse									
9.d.	Affidavit of Support										
9.e.	USCIS to verify Cuban/Haitian	entrants by filling out Par	rt 3.								
9.f.	Form SSA-8510, Authorization fo equivalent release form, attached.					ion, or other agency's					
9.g.	For SSA only: Retirement, Survivin Part 2.)	ors, and Disability Insuran	ice (RSD	OI) Claim. (USCIS	complete	s Item Numbers 4.a.	- 6.				
9.h.	Status of this applicant as of 8/22	1996 is required (USCIS	complet	tes Item Numbers	s 1 2. in	Part 3.)					
Reg	istered Agency Information										
Full !	Name of Agency Official										
10.	Last Name		First N	ame							
11.a.	Daytime Telephone Number (Include	Area Code)	11.b.	Extension Numbe	r (if appli	cable)					
12.	Date Request Completed (mm/dd/yyy	y)									
A da	lition al Information										
	litional Information										
13.	Registered Agency Comments (if any	1									

Applicant's Last Name		Applicant's First Name			Case Verification Number				
Pai	rt 2.	USCIS Responses							
NO	ΓE: C	Only USCIS should complete this	information	n, unless otherwise ind	icated.				
Upo	n revi	iew of these documents, information	on submitted,	and our records, we fin	d the following	for the	applicant:		
Cur	rent l	Immigration Status (Select all ap	plicable box	es)					
1.a.		Lawful Permanent Resident (LPF make their benefit determination.		ed States. (The Register	ed Agency mus	t select	only one date nece	essary to	
		Effective Date of LPR Status/Rol (mm/dd/yyyy)	lback	Date Adjustment to 1 (mm/dd/yyyy)	LPR Approved				
		STATUS: If the applicant adjusted, 1.i., or 1.j., select the appropriate						.c., 1.d.,	
1.b.		Refugee admitted to the United S	tates under se	ection 207 of the Immig	ration and Natio	nality A	Act (INA).		
		Date of Admission as a Refugee							
		(mm/dd/yyyy)							
1.c.		Asylee under section 208 of the I	NA.						
		Date Asylum Granted (mm/dd/yy	<u>yy)</u>						
							4 4005		
1.d.	Ш	Applicant whose deportation has been withheld under INA 241(b)		d under INA 243(h) (as	in effect prior to	o Aprıl	1, 1997) or whose	removal has	
		Date Deportation or Removal Ord	ered Withheld	1					
		(mm/dd/yyyy)							
1.e.		Applicant paroled into the United	States under	INA 212(d)(5) for a pe	riod of at least 1	year.			
		Date Parole Granted (mm/dd/yyy	y) Date Paro	ole Expires (mm/dd/yyy	yy)				
1.f.		Conditional entrant under INA 20		to April 1, 1980.					
		Date Status Granted (mm/dd/yyy	y)						
1.g.		American Indian born in Canada	to whom the	provisions of INA 289 a	apply.				
.6.		Date Status Recognized (mm/dd/y			TI J				
1.h.		Cuban/Haitian entrant as defined	in section 50	1(e) of the Refugee Edu	cation Assistan	ce Act	of 1980.		
1.i.		Amerasian immigrant under secti Act of 1988.	on 584 of the	Foreign Operations, Ex	xport Financing,	and Re	elated Programs Ap	opropriations	
		Date of Entry (mm/dd/yyyy)							
1.j.		Applicant classified as an Iraqi/A	fghan special	immigrant admitted un	der INA 101(a)	(27).			
		Date of Entry (mm/dd/yyyy)	Date Status	Granted (mm/dd/yyyy)	Class of Admis	sion (C	(OA)		

Applicant's Last Name		s's Last Name	Applicant's First Name	Case Verification Number					
Par	t 2.	USCIS Responses (continue	ed)						
1.k.		Other (Indicate Status)							
		Date Status Granted (mm/dd/yyyy	Class of Admission (COA) (if applicable)						
Citi	zens	ship Status							
2.a. 2.b. 2.c.		U.S. Citizen Not a U.S. Citizen For SSA only: Status Dates for R: From (mm/dd/yyyy)	SDI Claims (Registered Agency representative To (mm/dd/yyyy)	provic	les dates)				
		Response							
Sne	cial	Renefit Provision for Certain	in Victims of Abuse or Status as a Wid	ow(e	r)				
3.a.		•	ditional) permanent resident status as the spous			ow(er) of	faIIS	S citiz	en .
J.a.		Date Status Granted (mm/dd/yyyy		c, ciiii	iu, or wide)w(c1) 01	a O.c). CIUZ	CII.
3.b.		Applicant obtained lawful (or con lawful permanent resident.	ditional) permanent resident status as the spous	e, chil	ld, or unm	arried so	n or d	laught	er of a
		Date Status Granted (mm/dd/yyyy	(¹)						
3.c.		Applicant did not obtain status de	scribed in Item Number 3.a. or 3.b.						
Aff	idav	it of Support							
4.a.		Applicant was not sponsored on I	Form I-864.						
		Receipt Date (mm/dd/yyyy)							
4.b.		Applicant was sponsored on Form	n I-864, Affidavit of Support, under INA 213A.						
		Receipt Date (mm/dd/yyyy)							

Appl	icant's Last Name	Applicant's First Name			Case Verification Number					
Par	t 2. USCIS Responses (continue	ed)								
5.	Sponsor's Information									
Last 1	Name	First Name			Middle Nar	me				
Socia	l Security Number									
Street	Number and Name				Apt. Ste. Flr. Number					
City	or Town				State	ZIP Code				
Provi	nce	Postal Code		Country						
6.	Joint Sponsor's Information									
Last 1	Name	First Name			Middle Nam	e				
C .	1.C N 1									
S 0C12	l Security Number									
Street	Number and Name				Apt. Ste. Flr.	Number				
City	or Town				State	ZIP Code				
Provi	nce	Postal Code		Country						
7.	☐ Information on additional joint spe	onsors attached.								
Par	t 3. USCIS Additional Respons	ses								
	E: Only USCIS should complete this eland Security (DHS) responses.	information, unless	s otherw	rise indicated.	Please do not p	reselect Department of				
Upon	review of these documents, information	on submitted, and our	r records	, we find the fo	ollowing for the	applicant:				
Immi	gration status as of 8/22/1996									
1.	Type or print "N/A," as appropriate		2.	Immigration s	tatus at initial en	try				
Imm	igration Status of Cuban/Haitian Nat	tionals								
3.a.	Is the applicant a Cuban or Haitian nat	ional as indicated by	the doc	ument provide	d by the applicar	nt? Yes No				
	If you answered "NO," do not process	form any further.								

Applicant's Last Name			Applicant's First Name			Case Verification Number				
Par	t 3.	USCIS Additional Respon	ses							
3.b.		Applicant paroled into the United Refugee Education Assistance Ac or after October 10, 1980. (Category)	et of 1980, on or							
	Stat	tus Dates (Registered Agency repr	esentative provid	es dates)						
	Fro	m (mm/dd/yyyy) To	(mm/dd/yyyy)							
	Res	ponse		_						
4.		Applicant paroled into the United tus Dates (Registered Agency represent (mm/dd/yyyy) To		•	her status un	nder the INA.	(Category	2A)		
	Res	ponse								
		ponse								
5.		Applicant paroled into the United enforcement purposes.	States in the cus	stody of Federal, sta	ate, or local	enforcement a	authorities	for law		
		Date of Entry (mm/dd/yyyy)								
6.a.		Applicant's asylum application w	as filed under IN	A 208 and is pendi	ing with DH	S. (Category 2	2C)			
		Date Asylum Application Filed (mm/dd/yyyy)								
6.b.		Applicant's asylum application w	as filed under IN	A 208 and is pendi	ing with EOI	R. (Category	2B)			
		NOTE: Registered Agency must	attach Form SSA	A-8510, or other ag	ency's equiv	alent release	form.			
		Date Asylum Application Referred (mm/dd/yyyy)	d to EOIR							
7.		Applicant who is in removal proceed been entered. (Category 2B.)	eedings for who	n a final, non-appe	alable, legal	ly enforceable	e order of 1	removal	l has NOT	
		Date Placed Into Proceedings								
		(mm/dd/yyyy)								
8.		Applicant does not meet any of the	e categories des	cribed above.						
Rem	oval	Proceedings								
9.a.		Applicant is subject to an order of	removal that is	final, non-appealat	ole, and legal	lly enforceabl	e.			
		Date Order Became Final (mm/do	l/yyyy)							

Applicant's Last Name		Applicant's l	First Name	Case Verification Number						
Par	t 3.	USCIS Additional Respon	nses (continue	ed)						
9.b.		Applicant is subject to an order	of supervision at	fter an order of removal.						
		Date of Order (mm/dd/yyyy)	٦							
9.c.		Applicant is NOT subject to an o		that is final, non-appeal	able, and legally enforceable.					
-	Adjusted to Lawful Permanent Resident Status									
10.				_	ided by the applicant who adjusted status under:					
		Nicaraguan Adjustment and			A)					
		Haitian Refugee Immigration								
		Immigration Reform and Co		36 (IRCA)						
		Cuban Adjustment Act of 1	966 (CAA)							
		Date Form I-485 Approved (mm/dd/yyyy)		Class of Admission (C	OA)					
11.		Applicant is NOT an LPR or adj	iustad undar a di	fforant section of law						
11.	Ш	Applicant is NOT all LFR of act	justeu under a di	Herent section of law.						
Par	t 4.	USCIS Comments								
NOI	E: (Only USCIS should complete th	is information.							
		,								
				USCIS Stamp						