

List of Documentation

- two identical color photographs of yourself
- Copy of nonimmigrant visas from a U.S. Embassy or consulate abroad
- Report of Medical Examination and Vaccination Record
- Affidavit of Support Form I-864

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

Form I-485, Application to Register Permanent Residence or Adjust Status

START HERE - Type or Print (Use black ink)

For USCIS Use Only

Part 1. Information About You

| | | |
|------------------------------------|-----------------------------------|----------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address - Street Number and Name | | Apt. No. |
| <input type="text"/> | | <input type="text"/> |
| C/O (in care of) | | |
| <input type="text"/> | | |
| City | State | ZIP Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth (mm/dd/yyyy) | Country of Birth | |
| <input type="text"/> | <input type="text"/> | |
| Country of Citizenship/Nationality | U.S. Social Security No. (if any) | A-Number (if any) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Last Arrival (mm/dd/yyyy) | I-94 Number | |
| <input type="text"/> | <input type="text"/> | |
| Current USCIS Status | Expires on (mm/dd/yyyy) | |
| <input type="text"/> | <input type="text"/> | |

Part 2. Application Type (Check one)

I am applying for an adjustment to permanent resident status because:

- a. ☐ An immigrant petition giving me an immediately available immigrant visa number that has been approved. (Attach a copy of the approval notice, or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b. ☐ My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
- c. ☐ I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate.)
- d. ☐ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. ☐ I am a native or citizen of Cuba admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- f. ☐ I am the husband, wife, or minor unmarried child of a Cuban described above in (e), and I am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- g. ☐ I have continuously resided in the United States since before January 1, 1972.
- h. ☐ Other basis of eligibility. Explain (for example, I was admitted as a refugee, my status has not been terminated, and I have been physically present in the United States for 1 year after admission). If additional space is needed, see **Page 3** of the instructions.

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and:
(Check one)

- i. ☐ I am a native or citizen of Cuba and meet the description in (e) above.
- j. ☐ I am the husband, wife, or minor unmarried child of a Cuban and meet the description in (f) above.

| | |
|---|---------|
| Returned | Receipt |
| Resubmitted | |
| Reloc Sent | |
| Reloc Rec'd | |
| Applicant Interviewed | |
| Section of Law <input type="checkbox"/> Sec. 209(a), INA <input type="checkbox"/> Sec. 209(b), INA <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> Sec. 245, INA <input type="checkbox"/> Sec. 249, INA <input type="checkbox"/> Sec. 1 Act of 11/2/66 <input type="checkbox"/> Sec. 2 Act of 11/2/66 <input type="checkbox"/> Other _____ | |
| Country Chargeable | |
| Eligibility Under Sec. 245 <input type="checkbox"/> Approved Visa Petition <input type="checkbox"/> Dependent of Principal Alien <input type="checkbox"/> Special Immigrant <input type="checkbox"/> Other _____ | |
| Preference | |
| Action Block | |
| To be Completed by Attorney or Representative, if any <input type="checkbox"/> Fill in box if Form G-28 is attached to represent the applicant. VOLAG No ATTY State License No. | |

Part 3. Processing Information

A. City/Town/Village of Birth

Current Occupation

Your Mother's First Name

Your Father's First Name

Give your name exactly as it appears on your Form I-94, Arrival-Departure Record

Place of Last Entry Into the United States
(City/State)In what status did you last enter? (*Visitor, student, exchange visitor, crewman, temporary worker, without inspection, etc.*)Were you inspected by a U.S. Immigration Officer? Yes ☐No ☐

Nonimmigrant Visa Number

Consulate Where Visa Was Issued

Date Visa Issued (mm/dd/yyyy)

Gender

☐ Male ☐ Female

Marital Status

☐ Married ☐ Single ☐ Divorced ☐ Widowed

Have you ever applied for permanent resident status in the U.S.?

☐ Yes (*If "Yes" give date and place of filing and final disposition.*)☐ No**B.** List your present spouse and all of your children (include adult sons and daughters). (If you have none, write "None." If additional space is needed, see **Page 3** of the instructions.)

| | | | |
|----------------------------------|----------------------------------|----------------------------|--|
| Family Name (<i>Last Name</i>) | Given Name (<i>First Name</i>) | Middle Initial | Date of Birth (<i>mm/dd/yyyy</i>) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Country of Birth | Relationship | A-Number (<i>if any</i>) | Applying with you? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Family Name (<i>Last Name</i>) | Given Name (<i>First Name</i>) | Middle Initial | Date of Birth (<i>mm/dd/yyyy</i>) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Country of Birth | Relationship | A-Number (<i>if any</i>) | Applying with you? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Family Name (<i>Last Name</i>) | Given Name (<i>First Name</i>) | Middle Initial | Date of Birth (<i>mm/dd/yyyy</i>) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Country of Birth | Relationship | A-Number (<i>if any</i>) | Applying with you? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Family Name (<i>Last Name</i>) | Given Name (<i>First Name</i>) | Middle Initial | Date of Birth (<i>mm/dd/yyyy</i>) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Country of Birth | Relationship | A-Number (<i>if any</i>) | Applying with you? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Part 5. Signature (Continued)

Applicant's Statement (Check one)

☐ I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question.

☐ Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the _____ language, a language in which I am fluent, by the person named in **Interpreter's Statement and Signature**. I understand each and every question and instruction on this form, as well as my answer to each question.

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this application is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this application.

I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

| Signature (Applicant) | Print Your Full Name | Date (mm/dd/yyyy) | Daytime Phone Number (include area code) |
|-----------------------|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit, and this application may be denied.

Interpreter's Statement and Signature

I certify that I am fluent in English and the below-mentioned language.

Language Used (language in which applicant is fluent)

I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.

| Signature (Interpreter) | Print Your Full Name | Date (mm/dd/yyyy) | Phone Number (include area code) |
|-------------------------|----------------------|----------------------|-------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Part 6. Signature of Person Preparing Form, If Other Than Above

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

| Signature | Print Your Full Name | Date (mm/dd/yyyy) | Phone Number (include area code) |
|----------------------|----------------------|----------------------|-------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Firm Name and Address

E-Mail Address (if any)