

Application to Register Permanent Residence or Adjust Status

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-485 OMB No. 1615-0023 Expires 02/28/2026

		Fo	or USC	CIS Use	Only		
Preference Category:			Recei	pt		Action Block	
Country Chargeable:							
Priority Date:							
Date Form I-693 Received:							
☐ Applicant ☐ Interview Interviewed Waived Date of Initial Interview: ☐ Lawful Permanent Resident as of:		Section of Law					
Resident as of.		☐ INA 245(m)					
	To be con	npleted by an	attorney	or accred	ited represe	ntative (if any).	
	olag Num l f any)	ber	Attorney State Bar Number (if applicable)			Attorney or Accredited Rep USCIS Online Account Nun	
► START HERE - Type or	r nrint in l	hlack ink			A-N	[umber ▶ A-	
NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to surface (USCIS) may deny your application. Boat 1. Information About Way (Paragraphica) 3.a. Family Name					ation.	ts listed in the	
Part 1. Information Al for lawful permanent res		(Person app	nying	2 h	(Last Name) [
1				3.b.	Given Nam (First Name		
Your Current Legal Nan nickname)	me (do no	not provide a 3.c. Middle			Middle Nan	ne	
1.a. Family Name (Last Name) John				4.a.	Family Nan (Last Name		
1.b. Given Name (First Name)				4.b.	Given Nam (First Name		
1.c. Middle Name				4.c.	Middle Nan	me	
Other Names You Have applicable)	Used Sin	nce Birth (if		Oth	er Inform	ation About You	
,	aas von har	io over used in	aludina	5.	Date of Birt	th (mm/dd/yyyy)	
NOTE: Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names. If you need extra space to complete this section, use the space provided in Part 14 . Additional Information .				include any connection	addition to providing your actual other dates of birth you have us with any legal names or non-legal rovided in Part 14. Additional 2	sed in gal names in	
2.a. Family Name (Last Name)				6.	Sex [Male Female	
2.b. Given Name (First Name)				7.	City or Tow	vn of Birth	
2.c. Middle Name							

			A-Number ► A-
	et 1. Information About You (Person applying	Soc	rial Security Card
8.	Country of Birth	14.	Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? Yes No
9.	Country of Citizenship or Nationality	15.	If you answered "Yes," provide the information requested in Item Number 15. Provide your U.S. Social Security Number (SSN).
10.	Alien Registration Number (A-Number) (if any) A- NOTE: If you have EVER used other A-Numbers, include the additional A-Numbers in the space provided in Part 14. Additional Information.	16.	Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 17. Consent for Disclosure, to receive a card). Yes No
11.	USCIS Online Account Number (if any)	17.	Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card.
U.S	. Mailing Address		Yes No
12.a.	In Care Of Name (if any)	Red	cent Immigration History
12.b.	Street Number and Name		ride the information for Item Numbers 18 24. if you last red the United States using a passport or travel document.
12.c.	Apt. Ste. Flr.	18.	Passport Number Used at Last Arrival
	State 12.f. ZIP Code	19.	Travel Document Number Used at Last Arrival
	(USPS ZIP Code Lookup) ernate and/or Safe Mailing Address	20.	Expiration Date of this Passport or Travel Document (mm/dd/yyyy)
(VA	u are applying based on the Violence Against Women Act WA) or as a special immigrant juvenile, human trafficking m (T nonimmigrant), or victim of a qualifying crime (U	21.	Country that Issued this Passport or Travel Document
abou	mmigrant) and you do not want USCIS to send notices t this application to your home, you may provide an native and/or safe mailing address.	22.	Nonimmigrant Visa Number from this Passport (if any)
13.a.	In Care Of Name (if any)		e of Last Arrival into the United States City or Town
13.b.	Street Number and Name		
13.c.		23.b	. State
13.d.	. City or Town	24.	Date of Last Arrival (mm/dd/yyyy)
13.e.	State 13.f. ZIP Code		

A-Number ►	A-					

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

Wher	When I last arrived in the United States, I:												
25.a.		Was inspected at a port of entry and admitted as (for example, exchange visitor; visitor, waived through; temporary worker; student):											
25.b.		Was inspe										(fo	or
25.c.		Came into parole.	the	United	Sta	tes	witl	hou	t ad	mis	sior	or	
25.d.		Other:											
If you	wer	e issued a F	Form	I-94 A	rriv	al-Γ)epa	artu	re R	eco	rd N	Jum	ber:
26.a.	Fori	m I-94 Arri	val-	Depart	ure	Rec	ord	Nu	mb	er			
26.b.	Exp	iration Dat	e of	Autho	rize	d St	ay S	Sho	wn	on I	Forr	n I-	94
	(mn	n/dd/yyyy)											
26.c.		us on Form oled, if parc			exan	nple	e, cl	ass	of a	dm	issio	on, o	or
27.	What is your current immigration status (if it has changed since your arrival)?							ged					
Provi any)	de y	our name e	xact	ly as it	app	ear	s on	ı yo	ur F	Forn	1 I-9	94 (if
28.a.		nily Name st Name)											
28.b.	_	en Name st Name)											
28.c.	,	ldle Name											

Part 2. Application Type or Filing Category

NOTE: Attach a copy of the Form I-797 receipt or approval notice for the underlying petition or application, as appropriate.

I am applying to register lawful permanent residence or adjust status to that of a lawful permanent resident based on the following immigrant category (select **only one** box). (See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

1 -	T2 21-	. 1
1.a.	ramiiy	v-based

	Immediate relative of a U.S. citizen, Form I-130
	Other relative of a U.S. citizen or relative of a lawful permanent resident under the family-based preference categories, Form I-130
	Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen, Form I-129F (K-1/K-2 Nonimmigrant)
	Widow or widower of a U.S. citizen, Form I-360
	VAWA self-petitioner, Form I-360
Em	ployment-based
	Alien worker, Form I-140
	Alien entrepreneur, Form I-526
Spe	cial Immigrant
	Religious worker, Form I-360

Special immigrant juvenile, Form I-360Certain Afghan or Iraqi National, Form I-360 or

Form DS-157

Certain international broadcaster. Form I-360

Certain international broadcaster, Form I-360

Certain G-4 international organization or family member or NATO-6 employee or family member, Form I-360

1.d. Asylee or Refugee

Asylum status (INA section 208), Form I-589 or Form I-730
Refugee status (INA section 207), Form I-590 or Form I-730

1.e. Human Trafficking Victim or Crime Victim

	Humar	ı traffi	cking v	ictin	n (T	Nonimm	igrant), Fo	orm
	I-914 c	or deri	vative f	amil	y me	ember, Fo	orm I-914	A
_	α.	. ,.	/TTNT				T 010	

Crime victim (U Nonimmigrant), Form I-918,
derivative family member, Form I-918A, or
qualifying family member, Form I-929

t 2. Application Type or Filing Category tinued)	Information About Your Immigrant Category			
*	If you are the principal applicant , provide the following information.			
Special Programs Based on Certain Public Laws	3. Receipt Number of Underlying Petition (if any)			
The Cuban Adjustment Act				
The Cuban Adjustment Act for battered spouses and children	4. Priority Date from Underlying Petition (if any)			
Dependent status under the Haitian Refugee Immigrant Fairness Act	(mm/dd/yyyy) If you are a derivative applicant (the spaces or unmarried			
Dependent status under the Haitian Refugee Immigrant Fairness Act for battered spouses and children	If you are a derivative applicant (the spouse or unmarried child under 21 years of age of a principal applicant), provide following information for the principal applicant .			
Lautenberg Parolees	Principal Applicant's Name			
Diplomats or high ranking officials unable to return home (Section 13 of the Act of September 11, 1957) 5.a. 17 (I	5.a. Family Name (Last Name)			
	5.b. Given Name (First Name)			
Indochinese Parole Adjustment Act of 2000	5.c. Middle Name			
Additional Options	6. Principal Applicant's A-Number (if any)			
Diversity Visa program	► A-			
Continuous residence in the United States since before January 1, 1972 ("Registry") Individual born in the United States under diplomatic status	7. Principal Applicant's Date of Birth			
	(mm/dd/yyyy) 8. Receipt Number of Principal's Underlying Petition (if			
Other eligibility	• Receipt Number of Timespar's Ordertying Tection (in			
	9. Priority Date of Principal Applicant's Underlying Petit			
Are you applying for adjustment based on the Immigration and Nationality Act (INA) section 245(i)?	(if any) (mm/dd/yyyy)			
Yes No	Part 3. Additional Information About You			
NOTE: If you answered "Yes" to Item Number 2. , you must have selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in Item Numbers 1.a 1.g. as the basis for your application for adjustment of status. Fill out the rest	1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad?			
of this application and Supplement A to Form I-485, Adjustment of Status Under Section 245(i) (Supplement A). For detailed filing instructions, read the Form I-485 Instructions (including any Additional Instructions that	If you answered "Yes" to Item Number 1. , complete Item Numbers 2.a 4. below. If you need extra spac complete this section, use the space provided in Part 1 Additional Information .			
relate to the immigrant category that you selected in Item Numbers 1.a 1.g.) and Supplement A Instructions.	Location of U.S. Embassy or U.S. Consulate			
- ••	2.a. City			
	2.b. Country			
	3. Decision (for example, approved, refused, denied, withdrawn)			

Date of Decision (mm/dd/yyyy)

	A-Number A-
Part 3. Additional Information About You (continued)	Provide your most recent address outside the United States where you lived for more than one year (if not already listed above).
Address History	9.a. Street Number and Name
Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in Part 14. Additional Information .	9.b.
Physical Address 1 (current address)	
5.a. Street Number and Name	9.f. Province
5.b. Apt. Ste. Flr.	9.g. Postal Code
5.c. City or Town	9.h. Country
5.d. State 5.e. ZIP Code	Dates of Residence
	10.a. From (mm/dd/yyyy)
	10.b. To (mm/dd/yyyy)
5.g. Postal Code	
5.h. Country	Employment History
Dates of Residence 6.a. From (mm/dd/yyyy) 6.b. To (mm/dd/yyyy) Present	Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in Part 14. Additional Information .
- To (min/dd/yyyy)	Employer 1 (current or most recent)
Physical Address 2	11. Name of Employer or Company
7.a. Street Number and Name	
7.b. Apt. Ste. Flr.	Address of Employer or Company 12.a. Street Number
7.c. City or Town	and Name
7.d. State 7.e. ZIP Code	12.b.
7.f. Province	12.c. City or Town
7.g. Postal Code	12.d. State 12.e. ZIP Code
7.h. Country	12.f. Province
	12.g. Postal Code
Dates of Residence	12.h. Country
8.a. From (mm/dd/yyyy)	
8 h To (mm/dd/yayay)	13. Your Occupation

Part 3. Additional Information About You	Address of Employer or Company
(continued)	20.a. Street Number and Name
Dates of Employment	20.b. Apt. Ste. Flr.
14.a. From (mm/dd/yyyy)	20.c. City or Town
14.b. To (mm/dd/yyyy)	20.d. State 20.e. ZIP Code
Employer 2	20.f. Province
15. Name of Employer or Company	20 a Postal Codo
	20.g. Postal Code
Address of Employer or Company	20.h. Country
16.a. Street Number and Name	
16.b.	21. Your Occupation
	Dates of Employment
16.c. City or Town	
16.d. State 16.e. ZIP Code	22.a. From (mm/dd/yyyy)
16.f. Province	22.b. To (mm/dd/yyyy)
16.g. Postal Code	D 44 I 6 4 AL 4 X
16.h. Country	Part 4. Information About Your Parents
Total Country	Information About Your Parent 1
17. Your Occupation	Parent 1's Legal Name
	1.a. Family Name (Last Name)
Dates of Employment	1.b. Given Name (First Name)
18.a. From (mm/dd/yyyy)	1.c. Middle Name
18.b. To (mm/dd/yyyy)	Parent 1's Name at Birth (if different than above)
Provide your most recent employment outside of the United States (if not already listed above).	2.a. Family Name (Last Name)
19. Name of Employer or Company	2.b. Given Name (First Name)
	2.c. Middle Name
	3. Date of Birth (mm/dd/yyyy)
	4. Sex Male Female
	5. City or Town of Birth
	6. Country of Birth

			A-Number ► A-
	t 4. Information About Your Parents ntinued)	3.	How many times have you been married (including annulled marriages and marriages to the same person)?
7.	Current City or Town of Residence (if living)		
		•	ormation About Your Current Marriage
8.	Current Country of Residence (if living)	(inc	luding if you are legally separated)
			u are currently married, provide the following information t your current spouse.
Info	ormation About Your Parent 2		ent Spouse's Legal Name
Paren	at 2's Legal Name	4.a.	Family Name (Last Name)
9.a.	Family Name (Last Name)	4.b.	
9.b.	Given Name (First Name)	4.c.	Middle Name
0 0	Middle Name	5.	A-Number (if any)
			► A-
	at 2's Name at Birth (if different than above)	6.	Current Spouse's Date of Birth (mm/dd/yyyy)
10.a.	Family Name (Last Name)		(, , , , , , , , , , , , , , , , , , ,
10.b.	Given Name (First Name)	7.	Date of Marriage to Current Spouse (mm/dd/yyyy)
10.c.	Middle Name		
11.	Date of Birth (mm/dd/yyyy)		ent Spouse's Place of Birth
		8.a.	City or Town
12.	Sex Male Female		
13.	City or Town of Birth	8.b.	State or Province
14.	Country of Birth	8.c.	Country
1.5		ъ.	
15.	Current City or Town of Residence (if living)		e of Marriage to Current Spouse City or Town
16.	Current Country of Residence (if living)	9.a.	City of Town
10.	Current Country of Residence (if fiving)	9.b.	State or Province
		7.0.	State of Flovince
Par	t 5. Information About Your Marital History	9.c.	Country
1.	What is your current marital status?	<i>7.</i> C.	Country
1.	Single, Never Married Married Divorced	10.	Is your current spouse applying with you?
	Widowed Marriage Annulled	10.	Yes No
	Legally Separated		
2.	If you are married, is your spouse a current member of the		
	U.S. armed forces or U.S. Coast Guard?		
	□ N/A □ Yes □ No		

A-Number	>	A-					

Part 5. Information About Your Marital History (continued)

Information About Prior Marriages (if any)

If you have been married before, whether in the United States or in any other country, provide the following information about your prior spouse. If you have had more than one previous marriage, use the space provided in **Part 14. Additional Information** to provide the information below.

Prior Spouse's Legal Name (provide family name before marriage)

11.a.	Family Name (Last Name)		
11.b.	Given Name (First Name)		
11.c.	Middle Name		
12.	Prior Spouse's	Date of Birth (mm/dd/	уууу)
13.	Date of Marria	ge to Prior Spouse (mr	n/dd/yyyy)
Place	of Marriage to	Prior Spouse	
14.a.	City or Town		
14.b.	State or Provin	ice	
14 c	Country		
14.0	Country		
15.	•	with Prior Spouse Leg	ally Ended
	(mm/dd/yyyy)		
Place	Where Marriag	ge with Prior Spouse Le	egally Ended
16.a.	City or Town		
16.b.	State or Provin	ice	
16.c.	Country		
	,		

Part 6. Information About Your Children

1. Indicate the total number of ALL living children (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

Provide the following information for each of your children. If you have more than three children, use the space provided in **Part 14. Additional Information**.

Child 1

Curr	ent Legal Name
2.a.	Family Name

(Last Name)

2.b.	Given Name (First Name)		
2.c.	Middle Name		
3.	A-Number (if a	ny) ▶ A -	
4.	Date of Birth (nm/dd/yyyy)	
5.	Country of Bir	h	

Yes

No

6.

Current Legal Name

- 7.a. Family Name (Last Name)7.b. Given Name
- 7.b. Given Name (First Name)
- 7.c. Middle Name8. A-Number (if any)
- ► A-

Is this child applying with you?

- 9. Date of Birth (mm/dd/yyyy)
- 10. Country of Birth

	A-Number ► A-
Part 6. Information About Your Children (continued)	Part 8. General Eligibility and Inadmissibility Grounds
Child 3 Current Legal Name 12.a. Family Name (Last Name) 12.b. Given Name	1. Have you EVER been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world including any military service? Yes No
(First Name) 12.c. Middle Name 13. A-Number (if any) A-	If you answered "Yes" to Item Number 1. , complete Item Numbers 2. - 13.b. below. If you need extra space to complete this section, use the space provided in Part 14. Additional Information . If you answered "No," but are unsure of your answer, provide an explanation of the events and circumstances in the space provided in Part 14. Additional Information .
14. Date of Birth (mm/dd/yyyy)	Organization 1
15. Country of Birth	2. Name of Organization
16. Is this child applying with you? Yes No	3.a. City or Town
Part 7. Biographic Information	3.b. State or Province
1. Ethnicity (Select only one box) Hispanic or Latino	3.c. Country
Not Hispanic or Latino 2. Race (Select all applicable boxes)	4. Nature of Group
2. Race (Select all applicable boxes) White	
Asian	Dates of Membership or Dates of Involvement
Black or African American	5.a. From (mm/dd/yyyy)
☐ American Indian or Alaska Native☐ Native Hawaiian or Other Pacific Islander	5.b. To (mm/dd/yyyy)
3. Height Feet Inches	Organization 2
4. Weight Pounds Dounds	6. Name of Organization
5. Eye Color (Select only one box)	7.a. City or Town
Black Blue Brown	
Gray Green Hazel	7.b. State or Province

Nature of Group

7.c. Country

8.

Maroon

Brown

Sandy

6.

Pink

Gray

White

Hair Color (Select only one box)

Bald (No hair) Black

Unknown/Other

Unknown/Other

Blond

Red

	t 8. General Eligibility and Inounds (continued)	admissibility	20.	Have you EVER had a prior final order of exclusion, deportation, or removal reinstated? Yes No	
Dates	s of Membership or Dates of Involvem	ent	21.	Have you EVER held lawful permanent resident status which was later rescinded? Yes No	
	From (mm/dd/yyyy) To (mm/dd/yyyy)		22.	Have you EVER been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time? Yes No	
Orga: 10.	Name of Organization		23.	Have you EVER applied for any kind of relief or protection from removal, exclusion, or deportation? Yes No	
11.a.	City or Town		24.a.	Have you EVER been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement? Yes No	
	State or Province Country		Num	u answered "Yes" to Item Number 24.a. , complete Item lbers 24.b 24.c. If you answered "No" to Item Number , skip to Item Number 25.	
12.	Nature of Group			Have you complied with the foreign residence requirement? Yes No	
	s of Membership or Dates of Involvem	ent	24.c.	Have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you? Yes No	
	From (mm/dd/yyyy) To (mm/dd/yyyy)		Cris	minal Acts and Violations	
think you a an ex	ver Item Numbers 14 86.b. Choose is correct. If you answer "Yes" to any answer "No," but are unsure of your planation of the events and circumstanded in Part 14. Additional Information Have you EVER been denied admiss.	questions (or if answer), provide aces in the space on.	other enfor have quest Unite	tem Numbers 25 45., you must answer "Yes" to any tion that applies to you, even if your records were sealed or wise cleared, or even if anyone, including a judge, law reement officer, or attorney, told you that you no longer a record. You must also answer "Yes" to the following tions whether the action or offense occurred here in the ed States or anywhere else in the world. If you answer "to Itam Numbers 25 45. use the space provided in	
15.	States? Have you EVER been denied a visa t	Yes No o the United States? Yes No	"Yes" to Item Numbers 25 45. , use the space prov Part 14. Additional Information to provide an exploit that includes why you were arrested, cited, detained, where you were arrested, cited, detained, or charged; (date) the event occurred; and the outcome or disposi		
16.	Have you EVER worked in the Unite authorization?	d States without Yes No	comr	aple, no charges filed, charges dismissed, jail, probation, munity service).	
17.	Have you EVER violated the terms o nonimmigrant status?	r conditions of your	25.	Have you EVER been arrested, cited, charged, or detained for any reason by any law enforcement official (including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S.	
18.	Are you presently or have you EVER exclusion, rescission, or deportation p		26.	Coast Guard)? Yes No Have you EVER committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that	
19.	Have you EVER been issued a final of deportation, or removal?	order of exclusion, Yes No		crime)? Yes No	

Form I-485 Edition 02/21/23

	et 8. General Eligibility and Inadmissibility ounds (continued)	35.	Have you EVER engaged in prostitution or are you coming to the United States to engage in prostitution? Yes No
27.	Have you EVER pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)?	36.	Have you EVER directly or indirectly procured (or attempted to procure) or imported prostitutes or persons for the purpose of prostitution? Yes No
	NOTE: If you were the beneficiary of a pardon, amnesty,	37.	Have you EVER received any proceeds or money from prostitution? Yes No
	a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.	38.	Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution,
28.	Have you EVER been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house		bootlegging, or the sale of child pornography, while in the United States? Yes No
	arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? Yes No	39.	Have you EVER exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? Yes No
29.	Have you EVER been a defendant or the accused in a criminal proceeding (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication)?	40.	Have you EVER , while serving as a foreign government official, been responsible for or directly carried out violations of religious freedoms? Yes No
30.	Have you EVER violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country?	41.	Have you EVER induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of persons for commercial sex acts? Yes No
	Yes No	42.	Have you EVER trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking
31.	Have you EVER been convicted of two or more offenses (other than purely political offenses) for which the combined sentences to confinement were five years or		includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion. Yes No
32.	more?	43.	Have you EVER knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? Yes No
33.	Have you EVER knowingly aided, abetted, assisted, conspired, or colluded in the illicit trafficking of any illegal narcotic or other controlled substances?	44.	Are you the spouse, son or daughter of a foreign national who engaged in the trafficking of persons and have received or obtained, within the last five years, any financial or other benefits from the illicit activity of your
34.	Yes No Are you the spouse, son, or daughter of a foreign national who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of		spouse or your parent, although you knew or reasonably should have known that this benefit resulted from the illicit activity of your spouse or parent? Yes No
	a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last five years, any financial or other benefit from the illegal activity of your spouse or parent, although you knew or reasonably should have known that the financial or other benefit resulted from the illicit activity of your spouse or parent?		Have you EVER engaged in money laundering or have you EVER knowingly aided, assisted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? Yes No
	□ Ves □ No		

	A-Number ► A-			
Part 8. General Eligibility and Inadmissibility Grounds (continued)	48.e. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group or organization who did any of the activities described in			
Security and Related	Item Number 48.a.? Yes No			
Do you intend to: 46.a. Engage in any activity that violates or evades any law	49. Have you EVER received any type of military, paramilitary, or weapons training? Yes No			
relating to espionage (including spying) or sabotage in the United States? Yes No	50. Do you intend to engage in any of the activities listed in any part of Item Numbers 48.a 49. ? Yes No			
46.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes No	NOTE: If you answered "Yes" to any part of Item Numbers 46.a. - 50. , explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in Part 14. Additional Information .			
46.c. Engage in any activity whose purpose includes opposing,	Are you the spouse or child of an individual who EVER :			
controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? Yes No	51.a. Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated, planned, or prepared any of the following: hijacking, sabotage, kidnapping, political assassination, or use of a			
46.d. Engage in any activity that could endanger the welfare, safety, or security of the United States?	weapon or explosive to harm another individual or cause substantial damage to property? Yes No			
Yes No	51.b. Participated in, or been a member or a representative of a			
46.e. Engage in any other unlawful activity? Yes No No No Are you engaged in or, upon your entry into the United	group or organization that did any of the activities described in Item Number 51.a. ? Yes No			
States, do you intend to engage in any activity that could have potentially serious adverse foreign policy consequences for the United States? Yes No	51.c. Recruited members, or asked for money or things of value, for a group or organization that did any of the activities described in Item Number 51.a. ? Yes No			
Have you EVER:	51.d. Provided money, a thing of value, services or labor, or			
48.a. Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated,	any other assistance or support for any of the activities described in Item Number 51.a. ? Yes No			
planned, or prepared any of the following: hijacking, sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property? Yes No	51.e. Provided money, a thing of value, services or labor, or any other assistance or support to an individual, group, or organization who did any of the activities described in Item Number 51.a. ? Yes No			
48.b. Participated in, or been a member of, a group or organization that did any of the activities described in Item Number 48.a. ? Yes No	51.f. Received any type of military, paramilitary, or weapons training from a group or organization that did any of the activities described in Item Number 51.a. ?			
48.c. Recruited members or asked for money or things of value	Yes No			
for a group or organization that did any of the activities described in Item Number 48.a. ? Yes No	NOTE: If you answered "Yes" to any part of Item Number 51. , explain the relationship and what occurred, including the dates and location of the circumstances, in the space provided in Part 14. Additional Information.			
48.d. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities				
described in Item Number 48.a. ? Yes No	52. Have you EVER assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person?			

Yes No

	t 8. General Eligibility and Inadmissibility ounds (continued)	60.	Have you EVER used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat? Yes No
53.	Have you EVER worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No	52. local	TE: If you answered "Yes" to any part of Item Numbers - 60., explain what occurred, including the dates and ation of the circumstances, in the space provided in Part 14. ditional Information.
54.	Have you EVER been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?	Pu 61.	Are you subject to the public charge ground of inadmissibility under INA section 212(a)(4)?
	Yes No		Yes No
55.	Have you EVER served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, insurgent organization, or any other armed group? Yes No	Nu Nu to c	rou answered "Yes" to Item Number 61. , complete Item mbers 62. - 68.d. below. If you answered "No" to Item mber 61. , go to Item Number 69.a. If you need extra space complete this section, use the space provided in Part 14. ditional Information .
56.	Have you EVER been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party (in the United States or abroad)?	62.	What is the size of your household?
	Yes No	63.	Indicate your annual household income.
57.	During the period from March 23, 1933 to May 8, 1945, did you ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion, in association with either the Nazi government of Germany or any organization or government associated or allied with the Nazi government of Germany? Yes No		 □ \$0-27,000 □ \$27,001-52,000 □ \$52,001-85,000 □ \$85,001-141,000 □ Over \$141,000
	you EVER ordered, incited, called for, committed, assisted, ed with, or otherwise participated in any of the following:	64.	Identify the total value of your household assets. \$\text{\$\text{\$}}\$
58.a.	Acts involving torture or genocide?		\$18,401-136,000
58.b.	Killing any person?		\$136,001-321,400
58.c.	Intentionally and severely injuring any person? Yes No		S321,401-707,100 Over \$707,100
58.d.	Engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened? Yes No		
58.e.	Limiting or denying any person's ability to exercise religious beliefs? Yes No		
59.	Have you EVER recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? Yes No		

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art 8. General Eligibility and Inac	dmissibility Groun	ds (continu	ied)	
Identify the total value of your household	ld liabilities (including	both secured	and unsecured liabil	lities).
\$0 \$1-10,100 \$10,10	1-57,700	\$57,701-186	,800 Over S	\$186,800
1 or more years of college credit, no	ade - no diploma o degree sional degree (JD, MD,	High school Associate's d DMD, etc.)	egree Bache	lor's degree
S.a. Have you ever received Supplemental S (TANF), or State, Tribal, territorial, or I "General Assistance" in the State context.	ocal, cash benefit progr xt, but which also exist	ams for inco under other i	me maintenance (offnames)?	
3.c. If your answer to Item Number 68.a. is		benefit(s) ye	ou received, the start	and end dates of each period of
receipt, and the dollar amount of benefit Benefit Received	start D	ate	End Date	Dollar Amount
3.d. If your answer to Item Number 68.b. is period of institutionalization, and the re-		•	for each institution,	the start and end dates of each
Institution Name/City/State	Date From	Date	е То	Reason

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	et 8. General Eligibility and Inadmissibility bunds (continued)	Since April 1, 1997, have you been unlawfully present in the United States:					
Ille	gal Entries and Other Immigration Violations	78.a. For more than 180 days but less than a year, and then departed the United States? Yes No					
69.a.	Have you EVER failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? Yes No	78.b. For one year or more and then departed the United States? Yes No NOTE: You were unlawfully present in the United States if					
69.b.	If your answer to Item Number 69.a. is "Yes," do you believe you had reasonable cause? Yes No	you entered the United States without being inspected and admitted or inspected and paroled, or if you legally entered the United States but you stayed longer than permitted.					
69.c.	If your answer to Item Number 69.b. is "Yes," attach a written statement explaining why you had reasonable cause.	Since April 1, 1997, have you EVER reentered or attempted to reenter the United States without being inspected and admitted or paroled after:					
70.	Have you EVER submitted fraudulent or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States?	79.a. Having been unlawfully present in the United States for more than one year in the aggregate? Yes No79.b. Having been deported, excluded, or removed from the					
71.	Have you EVER lied about, concealed, or misrepresented any information on an application or petition to obtain a	United States? Yes No					
	visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? Yes No	Miscellaneous Conduct					
		80. Do you plan to practice polygamy in the United States? Yes No					
72.	Have you EVER falsely claimed to be a U.S. citizen (in writing or any other way)? Yes No	81. Are you accompanying another foreign national who requires your protection or guardianship but who is inadmissible after being certified by a medical officer as					
73.	Have you EVER been a stowaway on a vessel or aircraft arriving in the United States? Yes No	being helpless from sickness, physical or mental disability, or infancy, as described in INA section 232(c)?					
74.	Have you EVER knowingly encouraged, induced, assisted, abetted, or aided any foreign national to enter or	Yes No					
	to try to enter the United States illegally (alien smuggling)? Yes No	82. Have you EVER assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a U.S. citizen who has been granted					
75.	Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents?	custody of the child?					
	Yes No	83. Have you EVER voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States?					
	noval, Unlawful Presence, or Illegal Reentry	regulation in the United States? Yes No					
<i>Afte</i> 76.	er Previous Immigration Violations Have you EVER been excluded, deported, or removed	84. Have you EVER renounced U.S. citizenship to avoid being taxed by the United States?					
	from the United States or have you ever departed the United States on your own after having been ordered	Have you EVER :					
	excluded, deported, or removed from the United States? Yes No	85.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National					
77.	Have you EVER entered the United States without being inspected and admitted or paroled?	Security Training Corps on the ground that you are a foreign national? Yes No					

Yes No

inspected and admitted or paroled?

	A-Number A-
Part 8. General Eligibility and Inadmissibility Grounds (continued)	2.c. I have another type of disability and/or impairment. (Describe the nature of your disability and/or impairment and the accommodation you are
85.b. Been relieved or discharged from such training or service on the ground that you are a foreign national? Yes No	requesting.)
85.c. Been convicted of desertion from the U.S. armed forces? Yes No 86.a. Have you EVER left or remained outside the United States to avoid or evade training or service in the U.S.	Part 10. Applicant's Statement, Contact Information, Declaration, Certification, and Signature
armed forces in time of war or a period declared by the President to be a national emergency? Yes No 86.b. If your answer to Item Number 86.a. is "Yes," what was	NOTE: Read the Penalties section of the Form I-485 Instructions before completing this part. You must file Form I-485 while in the United States.
your nationality or immigration status immediately before	Applicant's Statement
you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?	NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.
Part 9. Accommodations for Individuals With Disabilities and/or Impairments NOTE: Read the information in the Form I-485 Instructions before completing this part.	 1.a.
Are you requesting an accommodation because of your disabilities and/or impairments? Yes No	a language in which I am fluent, and I understood everything.
If you answered "Yes" to Item Number 1. , select any applicable box in Item Numbers 2.a 2.c. and provide an answer. 2.a. I am deaf or hard of hearing and request the following accommodation. (If you are requesting a	At my request, the preparer named in Part 12. , prepared this application for me based only upon information I provided or authorized.
sign-language interpreter, indicate for which language (for example, American Sign Language).):	Applicant's Contact Information 3. Applicant's Daytime Telephone Number
2.b. I am blind or have low vision and request the following accommodation:	4. Applicant's Mobile Telephone Number (if any)
	5. Applicant's Email Address (if any)

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Part 10. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

Applicant's Declaration and Certification

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 any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I understand that if I am a male who is 18 to 26 years of age, submitting this application will automatically register me with the Selective Service System as required by the Military Selective Service Act.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature 6.a. Applicant's Signature (sign in ink) ★ 6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 11. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name								
1.a.	Interpreter's Family Name (Last Name)							
1.b.	Interpreter's Given Name (First Name)							
2.	Interpreter's Business or Organization Name (if any)							
Interpreter's Mailing Address								
3.a.	Street Number and Name							
3.b.	Apt. Ste. Flr.							
3.c.	City or Town							
3.d.	State 3.e. ZIP Code							
3.f.	Province							
3.g.	Postal Code							
3.h.	Country							
Inte	Interpreter's Contact Information							
4.	Interpreter's Daytime Telephone Number							
5.	Interpreter's Mobile Telephone Number (if any)							
6.	Interpreter's Email Address (if any)							

Par	t 11. Interpreter's Contact Information	Preparer's Mailing Address						
	rtification, and Signature (continued)	3.a.	Street Number					
T ,		2.1	and Name					
	erpreter's Certification	3.b.	Apt. Ste. Flr.					
I cert	ify, under penalty of perjury, that:	3.c.	City or Town					
whic	fluent in English and, h is the same language specified in Part 10. , Item Number and I have read to this applicant in the identified language	3.d.	State 3.e. ZIP Code					
	question and instruction on this application and his or her	3.f.	Province					
	er to every question. The applicant informed me that he or inderstands every instruction, question, and answer on the	3.g.	Postal Code					
appli	cation, including the Applicant's Declaration and	3 h	Country					
Cert	ification, and has verified the accuracy of every answer.	J.II.	Country					
Inte	erpreter's Signature							
7.a.	Interpreter's Signature (sign in ink)	Pre	parer's Contact Information					
7 .a.	Interpreter's Signature (Sign in link)	4.	Preparer's Daytime Telephone Number					
- 1								
7.D.	Date of Signature (mm/dd/yyyy)	5.	Preparer's Mobile Telephone Number (if any)					
	t 12. Contact Information, Declaration, and	6.	Preparer's Email Address (if any)					
-	nature of the Person Preparing this olication, if Other Than the Applicant							
	, , , , , , , , , , , , , , , , , , ,	$D_{w\ell}$	parer's Statement					
Provi	ide the following information about the preparer.		•					
Pre	parer's Full Name	7.a.	I am not an attorney or accredited representative but have prepared this application on behalf of					
1.a.	Preparer's Family Name (Last Name)		the applicant and with the applicant's consent.					
		7.b.	I am an attorney or accredited representative and					
1.b.	Preparer's Given Name (First Name)		my representation of the applicant in this case extends does not extend beyond the preparation of this application.					
2.	Preparer's Business or Organization Name (if any)		NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited					
			Representative, with this application.					

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Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature (sign in ink)	
Date of Signature (mm/dd/yyyy)	

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the									
laws of the United States of America that I know that the									
contents of this Form I-485, Application to Register Permanent									
Residence or Adjust Status, subscribed by me, including the									
corrections made to this application, numbered									
through , are complete, true, and correct. All									
additional pages submitted by me with this Form I-485, on									
numbered pages through are complete,									
true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.									
Subscribed to and sworn to (affirmed) before me									
USCIS Officer's Printed Name or Stamp									
Date of Signature (mm/dd/yyyy)									
Applicant's Signature (sign in ink)									
USCIS Officer's Signature (sign in ink)									

Page 19 of 20

Part 14. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.	5.d.					
1.a. Family Name (Last Name) 1.b. Given Name (First Name)						
1.c. Middle Name	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
2. A-Number (if any) ► A-						
3.a. Page Number 3.b. Part Number 3.c. Item Number	6.d.					
3.d.						
	7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
	7.d.					
4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d.						