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

U.S. Department of Justice Executive Office for Immigration Review

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-Numb	2. U.S. Social Security Number (if any) 3					3. USCIS Online Account Number (if any)						
adsfdsa	sadfsa					dsasa						
4. Complete Last Name	5. First Name					6. Middle Name						
fdsaf	fsdfasfd					erksjnfsk						
7. What other names have you used (include maiden name and aliases)?												
dskfnskdnf												
8. Residence in the U.S. (where you physically reside)												
Street Number and Name						Apt. Number						
sdadsfn								78				
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):						Ÿ	Telephone Number					
						()						
Street Number and Name						Apt. Number						
City	ite					Zip Code						
10. Gender: Male X Female	11. Mari	ital Status:	Sing	gle [Marri	ied		Divorc	ed	X Widowed		
12. Date of Birth (mm/dd/yyyy) 13. City and Country of Birth												
14. Present Nationality (Citizenship)	15. Nat	Nationality at Birth 16. Race, Eth					nic, or Tribal Group 17. Religion					
18. Check the box, a through c, that applies: a. I have never been in Immigration Court proceedings.												
b. I am now in Immigration Court proceedings. c. X 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			Statu	IS	Date Sta				atus Expires			
Date Place		Status							***			
Date Place			— Statu	ıs								
20. What country issued your last passpor	21 Passt	21. Passport Number				<u> </u>	22	2. Expira	tion Date			
document?						(mm/dd/yyyy)						
22 117-4:		Travel Document Number					11	1	1- A410			
23. What is your native language (include dialect, if applicable)? 24. Are you fluent in English? 25. What other languages do you speak fluently? Yes No												
For EOIR use only.	T	1 8V+8886		:S	NO	, i		D	2000			
For EOIR use only. For Action: USCIS Interview Date:						Decision: Approval Date:						
	use only.	Asylum	Officer ID No.:				Denial Date:					
								Referral Date:				