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.

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Part A.I. Information	on About Y	You							
1. Alien Registration Number	2. U.S. So	cial Security Number (if any) 3. U		3. USCIS On	USCIS Online Account Number (if any)				
Hello									
4. Complete Last Name	5. First Name				6. Middle Name				
7. What other names have yo	ou used (includ	le maiden n	ame and al	iases)?			5		
8. Residence in the U.S. (where you physically reside)									
Street Number and Name					Apt. Number				
City		State	State				Telephone Number		
9. Mailing Address in the U.	S. (if different	than the ad	dress in Ite	m Number 8)			J.		
In Care Of (if applicable): (Telephone Number		
Street Number and Name						Apt. Nu	Apt. Number		
City				Zip Cod	Zip Code				
10. Gender: Male X Female 11. Marital Status: Single Married							Divorce	ed X Widowed	
12. Date of Birth (mm/dd/yyyy) 13. City and Country of Birth									
14. Present Nationality (Citizenship)		15. Nationality at Birth			16. Race, I	16. Race, Ethnic, or Tribal Group 17. Religion			
18. Check the box, a through b.		98. 		er been in Immig		_	oceedings,	but I have been in the past.	
19. Complete 19 a through a when did you last leave		y? (mmm/do	<i>l/yyyy)</i>	b.	. What is your	current I-94 N	Jumber, if	any?	
c. List each entry into the (Attach additional she	e U.S. beginnin ets as needed.)	g with you	most recei	nt entry. <i>List da</i>	te (mm/dd/yyyy	y), place, and	your status	s for each entry.	
Date	Place			Status			Date Status Expires		
Date	Place			Status				*. .	
Date	Place			Status					
20. What country issued your last passport or trave document?			vel 21. Passport Number				22. Expiration Date (mm/dd/yyyy)		
			Travel Document Number						
23. What is your native lang	uage <i>(include d</i>	lialect, if ap	pplicable)?	24. Are you flu Yes	ent in English' No	? 25. What of	her langua	ges do you speak fluently?	
For EOIR use only.		For	Action:	Action:		- L	Decision:		
		USCIS	Interview Date:Asylum Officer ID No.:			Approval Date:			
		use only.					Denial Date:		
						Referral Date:			