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.

3 -3	70.000 9		(1981)					
Part A.I. Information About	You							
1. Alien Registration Number(s) (A-Number	2. U.S. So	2. U.S. Social Security Number (if any) 3. U			USCIS Online Account Number (if any)			
yo								
4. Complete Last Name		5. First Name			6. Middle Name			
	38.0000			3				
7. What other names have you used (inclu	de maiden n	ame and al	iases)?					
8. Residence in the U.S. (where you physically reside)								
Street Number and Name					Apt. Number			
					St.	7		
City	State	e	Zip Code			Telephone Number		
						()		
9. Mailing Address in the U.S. (if differen	t than the ad	dress in Ite	m Number 8)		W.			
In Care Of (if applicable):				Telephone		ie Numbe	Number	
					()			
Street Number and Name					Apt. Nun	Apt. Number		
City				Zip Code	Zip Code			
10. Gender: Male X Female 11. Marital Status: Single Married					ed	Divorce	ed X Widowed	
12. Date of Birth (mm/dd/yyyy) 13. City and Country of Birth								
PERSONAL AND AND PROCESSAR FORCE BANGES BANG	1,01000 0/0.000000	dealbas es se	ACCIDAL RESEARCH	Tables to a		steeds testas es ar		
14. Present Nationality (Citizenship)	onality at E	onality at Birth 16. Race, Ethn			nic, or Tribal Group 17. Religion			
18. Check the box, a through c, that applies	es: a.	I have neve	er been in Immig	gration Court p	roceedings.			
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 count	ry? <i>(mmm/de</i>	d/yyyy)	b	. What is your	current I-94 N	umber, if	any?	
c. List each entry into the U.S. beginni (Attach additional sheets as needed.	ng with you	r most recei	nt entry. <i>List da</i>	te (mm/dd/yyyy	y), place, and y	our statu.	s for each entry.	
Date Place	Status Date St					Status Exp	pires	
Date Place			Status					
Date Place	Status							
20. What country issued your last passport document?	21. Passport Number				22. Expiration Date (mm/dd/yyyy)			
Goodfiont:	Travel Document Number							
23. What is your native language (include dialect, if app			plicable)? 24. Are you fluent in English? 2			ner langua	ages do you speak fluently?	
540 Sept. 56960 Sep			Yes	☐ No				
For EOIR use only.	For	For Action: USCIS Interview Date: use only. Asylum Officer ID No.:				Decision:		
	89001				₩	Approval Date: Denial Date:		
					10	Referral Date:		