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. So	. U.S. Social Security Number (if any) 3. USCIS On							line Account Number (if any)				
4. Complete Last Name	5. First Name						6. Middle Name						
7. What other names have you used (include	de maiden no	ame and al	iases))?					<u> </u>				
8. Residence in the U.S. (where you physically reside)													
Street Number and Name							Apt	Apt. Number					
City	State	State Zip Code					To the second se	Teleph (hone Number		
9. Mailing Address in the U.S. (if different	than the add	dress in Ite	m Nu	mber 8)	190				Vir				
In Care Of (if applicable):								Telephone Number ()					
Street Number and Name				A					Apt. Number				
City	State						Zip	Zip Code					
10. Gender: Male X Female	11. Marit	tal Status:		Single		Marrie	d		Divorce	ed	X Widowed		
12. Date of Birth (mm/dd/yyyy)	and Countr	nd Country of Birth											
14. Present Nationality (Citizenship)	15. Natio						thnic, or	nic, or Tribal Group 17. Religion					
18. Check the box, a through c, that applie	s: a	I have neve	er bee	n in Immigra	tion C	ourt pro	oceeding	S.	i				
b. I am now in Immigration Cou	ırt proceedin	gs. c.	X	I am not nov	v in Im	migrati	on Cour	t proc	eedings,	but I ha	ve been in the past.		
19. Complete 19 a through c.a. When did you last leave your countr	y? (mmm/dá	¹ /yyyy)		b. V	What is	your ci	urrent I-	94 Nu	ımber, if	any?			
c. List each entry into the U.S. beginning (Attach additional sheets as needed.)	ng with your	most recei	nt ent	ry. <i>List date</i>	(mm/d	ld/yyyy),	, place,	and ye	our status	for eac	ch entry.		
Date Place	Status I							Date Status Expires					
Date Place	Status												
Date Place		90		Status					ą:		*		
20. What country issued your last passpor document?	21. Passport Number						22. Expiration Date (mm/dd/yyyy)						
	Travel Document Number						is and						
23. What is your native language (include)	dialect, if ap	plicable)?	24.	Are you fluer Yes	nt in Ei No	A100.6	25. Wh	at oth	er langua	ges do y	you speak fluently?		
For EOIR use only.	For	Action:							Decision:				
	USCIS Interview Date: use only. Asylum Officer ID No.:						Approval Date: Denial Date:						
								Referral Date:					