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-	2. U.S. So	. U.S. Social Security Number (if any) 3.1					. USCIS Online Account Number (if any)					
adf	Į.											
4. Complete Last Name		5. First Name					6. Middle Name					
7. What other names have you used	(include maiden i	name and al	iases)?					i i				
8. Residence in the U.S. <i>(where you physically reside)</i>												
Street Number and Name							Apt. Number					
City	Sta	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):								Telephone Number				
								()				
Street Number and Name				A				Apt. Number				
City State								Zip Code				
10. Gender: Male X Fer	male 11. Mai	ital Status:		Single		Marrie	d		Divorce	:d	X Widowed	
12. Date of Birth (mm/dd/yyyy)	and Countr	y of Bi	rth									
14. Present Nationality (Citizenship)		5. Nationality at Birth				16. Race, Ethnic, or Tribal Gro				oup 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	on Court proceedi	ngs. c.	X I	am not nov	v in In	nmigrati	ion Cou	t proc	eedings, 1	but I ha	ve been in the pa	ast.
19. Complete 19 a through c.	90000° 800 180000	0FU-TN-60		N2402 0000			8000		3525.1 1.74744.0	039529		
a. When did you last leave your country? (mmm/dd/yyyy)												
c. List each entry into the U.S. be (Attach additional sheets as ne	eginning with you eeded.)	ır most recei	nt entry	. List date	(mm/c	dd/yyyy)	, place,	and ye	our status	for eac	h entry.	
Date Place				Status Date					Status Expires			
Date Plac		Status										
Date Plac		Status										
20. What country issued your last p document?	21. Passp	21. Passport Number					22. Expiration Date $(mm/dd/yyyy)$					
	Travel D	Travel Document Number						8	X construction of a construction			
23. What is your native language (in	pplicable)?	24. A	re you fluer Yes	nt in E	APRAS	25. Wh	at oth	er langua	ges do y	ou speak fluentl	ly?	
For EOIR use only.	Action:						Decision	:				
	Interviev						Approval Date:					
	Asylum						338	_ Denial Date: Referral Date:				
								TOTOTHI Dato.				