

## Application to Adjust Status From Temporary to Permanent Resident (Under Section 245A of the INA)

USCIS Form I-698

**Form I-698**OMB No. 1615-0035
Expires 03/31/2027

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

	Applicant Interviewed	Receipt	Action Block
For USCIS Use Only	Date:		
	Date of Adjustment		
		Domination	
	Date:	Remarks	
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		Date:	Remarks				
<b>•</b>	STA	ART HERE - Type or print	in black ink.				
Pa	rt 1.	. Information About Y	ou				
1.	Full	Legal Name					
	Fam	ily Name (Last Name)	Given	Name (First Name	)	Middle Nam	e
2.	Nam	ne as it Appears on Your Emp	oloyment Authorization Doc	ument (Form I-766)	)		,
	<b>A.</b>	Family Name (Last Name)	Given	Name (First Name	)	Middle Nam	e
	В.	Provide the reason for a diffe	erence in the names, if any (1	narriage, divorce, e	tc.)		
3.	Any	Other Names Used					
	<b>A.</b>	Family Name (Last Name)	Given	Name (First Name	)	Middle Nam	e
	В.	Family Name (Last Name)	Given	Name (First Name	)	Middle Nam	e
4.	Α.	If your native alphabet does	not use Roman letters, type of	or print your name i	n your native alp	habet.	
		Family Name (Last Name)	Given	Name (First Name	)	Middle Nam	e
	В.	Language of Your Native Al	phabet				
5.		Mailing Address (US.) are Of Name	PS ZIP Code Lookup)				
		are Of Name					
	Stree	et Number and Name				Apt. Ste.	Flr. Number
	City	or Town				State	ZIP Code
6.	Is yo	our current U.S. mailing addr	ess the same as your U.S. ph	ysical address?			Yes No
	If yo	ou answered "No," provide yo	our U.S. physical address in	Item Number 7.			

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Pa	rt 1. Information About Yo	ou (continued)		A-			
7.	U.S. Physical Address						
	Street Number and Name	Apt. Ste.	Flr. Number				
	City or Town	State ZIP Code					
8.	Alien Registration Number (A-Nu  ▶ A-						
10.	Date of Birth (mm/dd/yyyy) 11.						
		Male Female					
12.	Place of Birth						
	City or Town	Province or Foreign State	Country				
13.	Country of Citizenship or National	14. Mother's First Name	<b>15.</b> F	ather's First Nar	ne		
	Marital Status Single (Neve	, L	1	Vidowed			
17.	7. List absences from the United States since becoming a temporary resident. List the most recent absence first. If you have a sin absence that exceeded 30 days or if the total of all of your absences exceeds 90 days, explain using the space provided in Part Additional Information or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of the						
		a separate sheet of paper. Type or print y Part Number, and Item Number to whi	ch your answer refer	rs; and sign and	date each sheet.		
					date each sheet.  Total Days		
	sheet; indicate the Page Number,	Part Number, and Item Number to whi	ch your answer refer	rs; and sign and	date each sheet.  Total Days		
	sheet; indicate the Page Number,	Part Number, and Item Number to whi	ch your answer refer	rs; and sign and	date each sheet.  Total Days		
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	sheet; indicate the Page Number,	Part Number, and Item Number to whi	ch your answer refer	rs; and sign and	date each sheet.  Total Days		
	sheet; indicate the Page Number,	Part Number, and Item Number to whi	ch your answer refer	rs; and sign and	date each sheet.  Total Days		
	sheet; indicate the Page Number,	Part Number, and Item Number to whi	ch your answer refer	rs; and sign and	date each sheet.  Total Days		
Pa	sheet; indicate the Page Number,	Part Number, and Item Number to whi  Purpose of Trip	ch your answer refer	rs; and sign and	date each sheet.  Total Days		
Pa 1.	sheet; indicate the Page Number,  Country	Part Number, and Item Number to whi  Purpose of Trip  On	ch your answer refer	rs; and sign and	date each sheet.  Total Days		
_	Country  Country  Ref. 2. Biographic Information	Part Number, and Item Number to whi  Purpose of Trip  Durpose of Trip  Not Hispanic or Latino Not Hispanic	From (mm/dd/yyyy)	rs; and sign and	date each sheet.  Total Days		
1.	Country  Country  RT 2. Biographic Information Ethnicity (Select only one box)	Part Number, and Item Number to whi  Purpose of Trip  Durpose of Trip  Hispanic or Latino Not Hispanic Or Latino N	From (mm/dd/yyyy)  anic or Latino	rs; and sign and	date each sheet.  Total Days		
1.	Country  Country  Ref 2. Biographic Information Ethnicity (Select only one box)  Race (Select all applicable boxes)  American Indian or As	Part Number, and Item Number to whi  Purpose of Trip  Durpose of Trip  Hispanic or Latino Not Hispanic Or Latino N	From (mm/dd/yyyy)  anic or Latino  Hawaiian or	To (mm/dd/yyyy	date each sheet.  Total Days		
1. 2.	Country  Country  Tet 2. Biographic Information Ethnicity (Select only one box)  Race (Select all applicable boxes)  American Indian or As Alaska Native	Part Number, and Item Number to whi  Purpose of Trip  Durpose of Trip  Hispanic or Latino Not Hispanian Black or African Native For American Other Parts	From (mm/dd/yyyy)  anic or Latino  Hawaiian or	To (mm/dd/yyyy	date each sheet.  Total Days		
1. 2. 3.	Country  Country  Tet 2. Biographic Information Ethnicity (Select only one box)  Race (Select all applicable boxes)  American Indian or As Alaska Native  Height Feet Inches	Purpose of Trip  Purpose of Trip  Hispanic or Latino Not Hispanic or Latino Not Hispanic or Latino Not Hispanic or Latino Other Pa	From (mm/dd/yyyy)  anic or Latino  Hawaiian or	To (mm/dd/yyyy	date each sheet.  Total Days		
1. 2. 3.	Country  Country  Tet 2. Biographic Information Ethnicity (Select only one box)  Race (Select all applicable boxes)  American Indian or As Alaska Native  Height Feet Inches  Eye Color (Select only one box)	Purpose of Trip  Purpose of Trip  Hispanic or Latino Not Hispanic or Latino Not Hispanic or Latino Not Hispanic or Latino Not Hispanic or Latino Nother Panican Other Panican Other Panican Nother Panica	From (mm/dd/yyyy)  anic or Latino  Hawaiian or acific Islander	To (mm/dd/yyyy	Total Days Absent		

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Pa	rt 3	. Eligibility Standards	<b>A-</b>							
1.	You are required to have a minimal understanding of standard English and a knowledge and understanding of the history and Government of the United States. Select the appropriate box in <b>Item A.</b> or <b>B.</b> below.									
	A.	I will satisfy these requirements through:								
	An examination at the time of interview for lawful permanent residence; or									
		Satisfactory pursuit of a course of study recognized by the Secretary of Homeland Secur	ity	(Se	creta	ary).				
	<ul> <li>B. I have satisfied these requirements by:</li> <li>Satisfactory pursuit of a course of study recognized by the Secretary (attach appropriate documents)</li> </ul>									
		An exemption because I am 65 years of age or older, under 16 years of age, or I am phy are physically unable to comply, explain and attach relevant documentation.)	sica	lly	unat	ole to	com	ıply.	(If	f you
in <b>I</b> eac	Part h she	Item Numbers 2 29. If you answer "Yes" to any of the questions, provide a complete explain. Additional Information or attach a separate sheet of paper. Type or print your name and et; indicate the Page Number, Part Number, and Item Number to which your answer refering "Yes" does not necessarily mean that you are not entitled to adjust status or register for law	A-N s; a	Jum nd s	ber sign	(if ar and	ny) at date	t the	top she	of
2.		re you <b>EVER</b> assisted in the persecution of any person or persons on account of race, religion nion, nationality, or membership in a particular social group?	, po	litio	cal		] Ye	es [		No
3.	Hav	e you <b>EVER</b> been treated for a mental disorder, drug addiction, or alcoholism?					Ye	es [		No
4.	Hav	e you <b>EVER</b> committed a crime or offense for which you were <b>not</b> arrested?					Ye	es [		No
5.	Have you <b>EVER</b> been arrested, cited, or detained by any law enforcement officer (including Immigration and Customs Enforcement (ICE), Customs and Border Protection (CBP), former Immigration and Naturalization Service (INS), and/or military officers) for any reason?							es [		No
6.	Hav	e you EVER been charged with committing any crime or offense?					Υe	es [		No
7.	Hav	e you <b>EVER</b> been convicted of a crime or offense?					Υe	es [		No
8.	Hav	re you <b>EVER</b> been in jail or prison?					Υe	es [		No
9.		re you <b>EVER</b> been placed in an alternative sentencing or a rehabilitative program (for examplersion, deferred prosecution, withheld adjudication, deferred adjudication)?	le,				] Ye	es [		No
10.	Hav	e you <b>EVER</b> received a suspended sentence, been placed on probation, or been paroled?					Υe	es [		No
11.	<b>A.</b>	Have you, or a dependent member of your immediate family, <b>EVER</b> received public assistant any source, including, but not limited to, the U.S. Government, any state, county, city, or much state, city, city, or much state, city, city, or much state, city,					Υe	es [		No
	B.	If "Yes," provide the names of the recipients and their U.S. Social Security Numbers below.								
		Full Name of Recipient (Family Name, Given Name, Middle Name)	U	.S. :	Soci	al Se	curi	ty N	um	ber
12.	Hav	e you EVER:								
<b>A.</b> Within the past 10 years been a prostitute, procured anyone for prostitution, or intend to engage in such activities in the future?							Υe	es [		No
<b>B.</b> Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?							Ye	es [		No
	C.	Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the Unite illegally?	ed S	tate	es		Υe	es [		No
	D.	Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in trafficking of any controlled substance?	the	illic	it		Υe	es [		No

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Pa	rt 3	3. Eligibility Standards (continued)									
13.	soli mat	ve you <b>EVER</b> engaged in, conspired to engage in, do you intend to engage in, or have you <b>EVER</b> cited membership or funds for, or have you <b>EVER</b> through any means assisted or provided any type of terial support to any person or organization that has <b>EVER</b> engaged or conspired to engage in sabotage, napping, political assassination, hijacking, or any other form of terrorist activity?		Yes	□ N	lо					
14.	Do	Do you intend to engage in the United States in:									
	A.	Espionage?		Yes		lo					
	B.	Any activity, a purpose of which, is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means?		Yes		lо					
	С.	Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information?		Yes	□ N	Ю					
15.		ve you <b>EVER</b> been a member of, or in any way affiliated with, a Communist Party or any other litarian party?		Yes		Ю					
16.	Did you <b>EVER</b> , during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion?										
17.	Hav	ve you EVER claimed to be a United States citizen in writing or any other way?		Yes		lo					
18.	exp	ve you <b>EVER</b> been deported from the United States, removed from the United States at government ense, excluded within the past year, or are you <b>NOW</b> , or have you <b>EVER</b> been in exclusion, ortation, removal, or rescission proceedings?		Yes	□ N	lо					
19.	Nat mis	you <b>NOW</b> under a final order of civil penalty for violating section 274C of the Immigration and ionality Act (INA) for use of fraudulent documents or have you <b>EVER</b> , by fraud or willful representation of a material fact, sought to procure or procured a visa, other documentation, entry into United States, or any immigration benefit?		Yes	□ N	No					
20.	Hav	ve you <b>EVER</b> left the United States to avoid being drafted into the U.S. Armed Forces?		Yes	□ N	lo					
21.		we you <b>EVER</b> been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence uirement and have not yet complied with that requirement or obtained a waiver?		Yes	□ N	Ю					
22.		e you <b>NOW</b> withholding custody of a U.S. citizen child outside the United States from a person granted tody of the child?		Yes	□ N	lо					
23.	Do	you plan to practice polygamy in the United States?		Yes		lo					
24.	Hav	ve you <b>EVER</b> ordered, incited, called for, committed, assisted, helped with, or otherwise participated in	any of	the fo	llowing	g:					
	A.	Acts involving torture or genocide?		Yes		lo					
	B.	Killing any person?		Yes		Ю					
	C.	Intentionally and severely injuring any person?		Yes	□ N	lo					
	D.	Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?		Yes	□ N	lо					
	E.	Limiting or denying any person's ability to exercise religious beliefs?		Yes		lo					
25.	Hav	ve you EVER:									
	A.	Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization?		Yes	□ N	lо					
	B.	Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?		Yes	□ N	lо					

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Pa	rt 3. Eligibility Standards (continued)							
26.	Have you <b>EVER</b> been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?	Yes No						
27.	Have you <b>EVER</b> assisted or participated in selling, providing, or transporting weapons to any person who to your knowledge, used them against another person?	o, Yes No						
28.	28. Have you EVER received any type of military, paramilitary or weapons training?							
29.	Have you EVER:							
	<b>A.</b> Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an arme force or group?	ed Yes No						
	<b>B.</b> Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?	Yes No						
	rt 4. Applicant's Contact Information, Certification, and Signature							
_	oplicant's Contact Information							
Pro	vide your daytime telephone number, mobile telephone number (if any), and email address (if any).							
1.	Applicant's Daytime Telephone Number  2. Applicant's Mobile Telephone Number	ber (if any)						
3.	Applicant's Email Address (if any)							
Ap	plicant's Certification and Signature							
my und info that adn	rtify, under penalty of perjury, that I provided or authorized all of the responses and information contained application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreterstood, all of the responses and information contained in, and submitted with, my application, and that all ormation are complete, true, and correct. Furthermore, I authorize the release of any information from any USCIS may need to determine my eligibility for an immigration request and to other entities and persons ministration and enforcement of U.S. immigration law.	reter listed in <b>Part 5.</b> , I of the responses and the and all of my records where necessary for the						
4.	Applicant's Signature Date of	Signature (mm/dd/yyyy)						

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Pa	rt 5. Interpreter's Contact Information, Certification, and Signature
In	terpreter's Full Name
1.	Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)
2.	Interpreter's Business or Organization Name
In	terpreter's Contact Information
3.	Interpreter's Daytime Telephone Number  4. Interpreter's Mobile Telephone Number (if any)
5.	Interpreter's Email Address (if any)
In	terpreter's Certification and Signature
and	I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that guage, and the applicant informed me that they understood every instruction, question, and answer on the application.
6.	Interpreter's Signature  Date of Signature (mm/dd/yyyy)
O <sub>1</sub>	art 6. Contact Information, Declaration, and Signature of the Person Preparing This Application, If ther Than the Applicant  separer's Full Name
1.	Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)
2.	Preparer's Business or Organization Name
Pr	eparer's Contact Information
3.	Preparer's Daytime Telephone Number  4. Preparer's Mobile Telephone Number (if any)
5.	Preparer's Email Address (if any)
Pr	eparer's Certification and Signature
all info	rtify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only ormation provided by the applicant. The applicant reviewed the responses and information and informed me that they understand responses and information in or submitted with the application.
	Preparer's Signature Date of Signature (mm/dd/yyyy)

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## Part 7. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.	Fan	nily Name (Last Na	me)		Giv	ren Name (First Name)	Middle Name
		Number (if any)  Page Number	► A-[	Part Number	C	Item Number	
J.	А.	age Number	] <b>D.</b>	Tart Number	c.	Item Number	
	D.	L	_				
4	Λ	Page Number	R	Part Number	C	Item Number	
т.	11.	T age Trumber	] <b>D.</b>	T dit i valliber	<b>C.</b>	Tem rumber	
	D.		_				
5.	A.	Page Number	В.	Part Number	C.	Item Number	
	D.						
6.	A.	Page Number	В.	Part Number	C.	Item Number	
	D.						

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