

Application to Register Permanent Residence or Adjust Status

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-485 OMB No. 1615-0023 Expires 06/30/2019

		F	or USC	CIS Use	Only	
Preference Category:			Recei	Receipt		Action Block
Country Chargeable:						
Priority Date:						
Date Form I-693 Received:						
☐ Applicant ☐ Interview Interviewed Waived Date of Initial Interview: Lawful Permanent Resident as of:		Section of Law				
	To be c	ompleted by an	attorney	or accred	ited represei	ntative (if any).
Select this box if Form G-28 is attached.	Volag Nu (if any)			ey State B	ar Number	Attorney or Accredited Representative USCIS Online Account Number (if any)
NOTE TO ALL APPLICANTS: If you do not completely fill Instructions, U.S. Citizenship and Immigration Services (USCIS Part 1. Information About You (Person applying for lawful permanent residence)) may deny 3.a.		ntion. ne	
Your Current Legal N nickname)	l ame (do	not provide a		3.c.	Middle Nan	,
1.a. Family Name (Last Name) 1.b. Given Name (First Name)					Family Nam (Last Name Given Name (First Name	e [
1.c. Middle Name				4.c.	Middle Nan	ne
Other Names You Have Used Since Birth (if applicable)			Oth	er Informa	ation About You	
NOTE: Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names. If you need extra space to complete this section, use the space provided in Part 14. Additional Information.			5.	NOTE: In include any connection	h (mm/dd/yyyy) addition to providing your actual date of birth, other dates of birth you have used in with any legal names or non-legal names in ovided in Part 14. Additional Information.	
2.a. Family Name (Last Name)				6.	Sex	Male Female
2.b. Given Name (First Name)				7.	City or Tow	n of Birth
2.c. Middle Name						

A-Number ► A-					

Recent Immigration History Part 1. Information About You (Person applying for lawful permanent residence) (continued) Provide the information for **Item Numbers 15. - 19.** if you last entered the United States using a passport or travel document. 8. Country of Birth Passport Number Used at Last Arrival 9. Country of Citizenship or Nationality 16. Travel Document Number Used at Last Arrival 10. Alien Registration Number (A-Number) (if any) 17. Expiration Date of this Passport or Travel Document (mm/dd/yyyy) **NOTE:** If you have **EVER** used other A-Numbers, include the additional A-Numbers in the space provided Country that Issued this Passport or Travel Document 18. in Part 14. Additional Information. 11. USCIS Online Account Number (if any) 19. Nonimmigrant Visa Number from this Passport (if any) U.S. Social Security Number (if any) 12. Place of Last Arrival into the United States 20.a. City or Town U.S. Mailing Address **20.b.** State **13.a.** In Care Of Name (if any) 21. Date of Last Arrival (mm/dd/yyyy) **13.b.** Street Number When I last arrived in the United States, I: and Name Was inspected at a port of entry and admitted as (for **13.c.** Apt. Ste. Flr. example, exchange visitor; visitor, waived through; temporary worker; student): 13.d. City or Town **13.f.** ZIP Code **13.e.** State 22.b. Was inspected at a port of entry and paroled as (for (USPS ZIP Code Lookup) example, humanitarian parole, Cuban parole): Alternate and/or Safe Mailing Address If you are applying based on the Violence Against Women Act **22.c.** Came into the United States without admission or (VAWA) or as a special immigrant juvenile, human trafficking parole. victim (T nonimmigrant), or victim of a qualifying crime (U nonimmigrant) and you do not want USCIS to send notices **22.d.** Other: about this application to your home, you may provide an alternative and/or safe mailing address. If you were issued a Form I-94 Arrival-Departure Record Number: **14.a.** In Care Of Name (if any) 23.a. Form I-94 Arrival-Departure Record Number **14.b.** Street Number and Name 23.b. Expiration Date of Authorized Stay Shown on Form I-94 **14.c.** Apt. Ste. Flr. (mm/dd/yyyy) 23.c. Status on Form I-94 (for example, class of admission, or 14.d. City or Town paroled, if paroled) 14.f. ZIP Code **14.e.** State

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			A-Number ► A-
	t 1. Information About You (Person applying lawful permanent residence) (continued)	1.d.	Asylee or Refugee Asylum status (INA section 208), Form I-589 or Form I-730
24.	What is your current immigration status (if it has changed since your arrival)?		Refugee status (INA section 207), Form I-590 or Form I-730
		1.e.	Human Trafficking Victim or Crime Victim
Prov any)	ide your name exactly as it appears on your Form I-94 (if		Human trafficking victim (T Nonimmigrant), Form I-914 or derivative family member, Form I-914A
	Family Name (Last Name) Given Name		Crime victim (U Nonimmigrant), Form I-918, derivative family member, Form I-918A, or qualifying family member, Form I-929
	(First Name)	1.f.	Special Programs Based on Certain Public Laws
25.c.	Middle Name		The Cuban Adjustment Act
Par	et 2. Application Type or Filing Category		The Cuban Adjustment Act for battered spouses and children
	TE: Attach a copy of the Form I-797 receipt or approval the for the underlying petition or application, as appropriate.		Dependent status under the Haitian Refugee Immigrant Fairness Act
I am applying to register lawful permanent residence or adjust status to that of a lawful permanent resident based on the following immigrant category (select only one box). (See the			Dependent status under the Haitian Refugee Immigrant Fairness Act for battered spouses and children
Form I-485 Instructions for more information, including any Additional Instructions that relate to the immigrant category			Lautenberg Parolees
	you select.):		Diplomats or high ranking officials unable to return
1.a.	Family-based		home (Section 13 of the Act of September 11, 1957)
	☐ Immediate relative of a U.S. citizen, Form I-130		Indochinese Parole Adjustment Act of 2000
	Other relative of a U.S. citizen or relative of a lawful	1.g.	_
	permanent resident under the family-based preference categories, Form I-130		Diversity Visa program
	Person admitted to the United States as a fiancé(e) or		Continuous residence in the United States since before January 1, 1972 ("Registry")
	child of a fiancé(e) of a U.S. citizen, Form I-129F (K-1/K-2 Nonimmigrant)		☐ Individual born in the United States under diplomatic status
	☐ Widow or widower of a U.S. citizen, Form I-360		Other eligibility
	☐ VAWA self-petitioner, Form I-360		Other engineery
1.b.	Employment-based	2.	Are you applying for adjustment based on the
	Alien worker, Form I-140	4.	Immigration and Nationality Act (INA) section 245(i)?
	Alien entrepreneur, Form I-526		Yes No
1.c.	Special Immigrant		NOTE: If you answered "Yes" to Item Number 2., you
	Religious worker, Form I-360		must have selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category
	Special immigrant juvenile, Form I-360		listed above in Item Numbers 1.a 1.g. as the basis for your application for adjustment of status. Fill out the rest

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of this application **and** Supplement A to Form I-485, Adjustment of Status Under Section 245(i) (Supplement

A). For detailed filing instructions, read the Form I-485 Instructions (including any **Additional Instructions** that

relate to the immigrant category that you selected in Item

Numbers 1.a. - 1.g.) and Supplement A Instructions.

Certain Afghan or Iraqi national, Form I-360

Certain international broadcaster, Form I-360

Form I-360

Certain G-4 international organization or family

member or NATO-6 employee or family member,

	A-Number ► A-					
3.	Decision (for example, approved, refused, denied, withdrawn)					
4.	Date of Decision (mm/dd/yyyy)					
Add	ress History					
durin States space	Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in Part 14. Additional Information .					
Physi	ical Address 1 (current address)					
5.a.	Street Number and Name					
5.b.	Apt. Ste. Flr.					
5.c.	City or Town					
5.d.	State 5.e. ZIP Code					
5.f.	Province					
5.g.	Postal Code					
5.h.	Country					
Dates	s of Residence					
6.a.	From (mm/dd/yyyy)					
6.b.	To (mm/dd/yyyy)					
Physi	ical Address 2					
7.a.	Street Number and Name					
7.b.	Apt. Ste. Flr.					
7.c.	City or Town					
7.d.	State 7.e. ZIP Code					
7.f.	Province					
7.g.	Postal Code					
7.h.	Country					

Part 2. Application Type or Filing Category (continued)

Information About Your Immigrant Category

If you are the principal applicant, provide the following information.

3.	Receipt Number of Underlying Petiti	on (if any)
4.	Priority Date from Underlying Petition	on (if any)
	(mm/dd/yyyy)	
chile	ou are a derivative applicant (the spoud under 21 years of age of a principal apowing information for the principal ap	pplicant), provide the
Prin	cipal Applicant's Name	

5.a.	(Last Name)		
5.b.	Given Name (First Name)		
5.c.	Middle Name		
6.	Principal Applicant's A-Number (if any)		

Principal Applicant's A-Number (if any)

7.	Principal Applicant's Date of Birth	
	(mm/dd/yyyy)	

Receipt Number of Principal's Underlying Petition (if any) 8.

9. Priority Date of Principal Applicant's Underlying Petition (if any) (mm/dd/yyyy)

Part 3. Additional Information About You

1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? Yes No If you answered "Yes" to Item Number 1., complete Item Numbers 2.a. - 4. below. If you need extra space to complete this section, use the space provided in Part 14.

Additional Information.

Loca	Location of U.S. Embassy or U.S. Consulate				
2.a.	City				
2.b.	Count	ту			

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Part 3. Additional Information About You	Address of Employer or Company
(continued)	12.a. Street Number and Name
Dates of Residence	12.b.
8.a. From (mm/dd/yyyy)	12.c. City or Town
8.b. To (mm/dd/yyyy)	12.d. State 12.e. ZIP Code
Provide your most recent address outside the United States where you lived for more than one year (if not already listed above).	12.f. Province
9.a. Street Number and Name	12.g. Postal Code
9.b.	12.h. Country
9.c. City or Town	13. Your Occupation
9.d. State 9.e. ZIP Code	
	Dates of Employment
9.f. Province	14.a. From (mm/dd/yyyy)
9.g. Postal Code	14.b. To (mm/dd/yyyy)
9.h. Country	Employer 2
	15. Name of Employer or Company
Dates of Residence	
10.a. From (mm/dd/yyyy)	Address of Employer or Company
10.b. To (mm/dd/yyyy)	16.a. Street Number and Name
Employment History	16.b.
Provide your employment history for the last five years,	16.c. City or Town
whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete	16.d. State 16.e. ZIP Code
this section, use the space provided in Part 14. Additional	16.d. State
Information.	16.f. Province
Employer 1 (current or most recent) 11. Name of Employer or Company	16.g. Postal Code
11. Name of Employer of Company	16.h. Country
	17. Your Occupation
	Dates of Employment
	18.a. From (mm/dd/yyyy)
	18.b. To (mm/dd/yyyy)

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	t 3. Addition	nal Information About You	3.	Date of Birth (mm/dd/yyyy) Sex
		cent employment outside of the United	5.	City or Town of Birth
	s (if not already			
19.	Name of Emplo	oyer or Company	6.	Country of Birth
			J 0.	Country of Birth
Addr	ess of Employer	or Company	7	Const City and Tourish (City in)
20.a.	Street Number and Name		7.	Current City or Town of Residence (if living)
20.b.	Apt	Ste. Flr.	8.	Current Country of Residence (if living)
20.c.	City or Town			
]]	
20.d.	State	20.e. ZIP Code	Info	ormation About Your Parent 2
20.f.	Province		Parei	nt 2's Legal Name
20.σ.	Postal Code		9.a.	Family Name (Last Name)
Ü			9.b.	Given Name
20.n.	Country			(First Name)
01	V O di		9.c.	Middle Name
21.	Your Occupation	on	Parer	nt 2's Name at Birth (if different than above)
			10.a.	Family Name
Date	s of Employmen		10 h	(Last Name) . Given Name
22.a.	From (mm/dd/y	уууу)	10.0.	(First Name)
22.b.	To (mm/dd/yyy	yy)	10.c.	Middle Name
			11.	Date of Birth (mm/dd/yyyy)
Par	t 4. Informa	tion About Your Parents	12.	Sex Male Female
Info	ormation Abo	out Your Parent 1	13.	City or Town of Birth
			13.	City of Town of Birth
	nt 1's Legal Nam Family Name	le] 14.	Country of Birth
	(Last Name)		14.	Country of Birtin
1.b.	Given Name (First Name)		15.	Current City or Town of Residence (if living)
1.c.	Middle Name			
Parei	nt 1's Name at B	irth (if different than above)	16.	Current Country of Residence (if living)
	Family Name			
2.b.	(Last Name) Given Name]]	
_,,,,	(First Name)			
2.c.	Middle Name			

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Par	t 5. Information About Your Marital History	Place of Marriage to Current Spouse
1.	What is your current marital status?	9.a. City or Town
	Single, Never Married Married Divorced	
	Widowed Marriage Annulled	9.b. State or Province
	Legally Separated	
2.	If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard?	9.c. Country
	☐ N/A ☐ Yes ☐ No	10. Is your current spouse applying with you?
3.	How many times have you been married (including annulled marriages and marriages to the same person)?	Yes No
		Information About Prior Marriages (if any)
•	ormation About Your Current Marriage luding if you are legally separated)	If you have been married before, whether in the United States or in any other country, provide the following information about your prior spouse. If you have had more than one previous
-	u are currently married, provide the following information t your current spouse.	marriage, use the space provided in Part 14. Additional Information to provide the information below.
Curre	ent Spouse's Legal Name	Prior Spouse's Legal Name (provide family name before marriage)
4.a.	Family Name (Last Name)	11.a. Family Name (Last Name)
4.b.	Given Name (First Name)	11.b. Given Name (First Name)
4.c.	Middle Name	11.c. Middle Name
5.	A-Number (if any) ► A-	12. Prior Spouse's Date of Birth (mm/dd/yyyy)
6.	Current Spouse's Date of Birth (mm/dd/yyyy)	13. Date of Marriage to Prior Spouse (mm/dd/yyyy)
7.	Date of Marriage to Current Spouse (mm/dd/yyyy)	Place of Marriage to Prior Spouse
Curre	ent Spouse's Place of Birth	14.a. City or Town
	City or Town	14.b. State or Province
		14.b. State of Flovince
8.b.	State or Province	14.c. Country
8.c.	Country	Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)

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	A Trainer P 14
Part 5. Information About Your Marital Hist (continued)	Child 2 Current Legal Name
Place Where Marriage with Prior Spouse Legally Ended	7.a. Family Name (Last Name)
16.a. City or Town	7.b. Given Name
	(First Name)
16.b. State or Province	7.c. Middle Name
	8. A-Number (if any)
16.c. Country	► A-
	9. Date of Birth (mm/dd/yyyy)
	10. Country of Birth
Part 6. Information About Your Children	
1. Indicate the total number of ALL living children (including adult sons and daughters) that you have.	11. Is this child applying with you?
NOTE: The term "children" includes all biological	
legally adopted children, as well as current stepchild of any age, whether born in the United States or othe	
countries, married or unmarried, living with you or	12.a. Family Name
elsewhere and includes any missing children and tho born to you outside of marriage.	12.b. Given Name
	(First Name)
Provide the following information for each of your children If you have more than three children, use the space provide	
Part 14. Additional Information.	13. A-Number (if any)
Child 1	► A-
Current Legal Name	14. Date of Birth (mm/dd/yyyy)
2.a. Family Name	15. Country of Birth
(Last Name) 2.b. Given Name	
(First Name)	16. Is this child applying with you? Yes No
2.c. Middle Name	
3. A-Number (if any)	Part 7. Biographic Information
► A-	1. Ethnicity (Select only one box)
4. Date of Birth (mm/dd/yyyy)	Hispanic or Latino
5. Country of Birth	Not Hispanic or Latino
	2. Race (Select all applicable boxes)
6. Is this child applying with you? Yes	No White
6. Is this child applying with you? Yes	Asian
	Black or African American
	American Indian or Alaska Native
	Native Hawaiian or Other Pacific Islander

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t 7. Biographic Information	on (continued)	Date	s of Membership or Dates of Involven	nent
Height Feet	Inches	5.a.	From (mm/dd/yyyy)	
Weight	Pounds	5.b.	To (mm/dd/yyyy)	
Eye Color (Select only one box)		Orga	nization 2	
Black Blue	Brown	6.	Name of Organization	
Gray Green	Hazel			
Maroon Pink	Unknown/Other	7.a.	City or Town	
Hair Color (Select only one box)				
Bald (No hair) Black	Blond	7.b.	State or Province	
☐ Brown ☐ Gray	Red			
Sandy White	Unknown/Other	7.c.	Country	
t 8. General Eligibility and	d Inadmissibility	8.	Nature of Group	
unds				
-		Date	s of Membership or Dates of Involven	nent
		9.a.	From (mm/dd/vvvv)	
- ·	• • •			
including any military service?	Yes No	9.b.	To (mm/dd/yyyy)	
		Orga	nization 3	
•		10.	Name of Organization	
		11.a.	City or Town	
	uonai imormauon.			
		11.b.	State or Province	
Name of Organization				
City on Tarre		11.c.	Country	
City of Town				
Ctata an Duanina		12.	Nature of Group	
State of Province			_	
Country		Date	s of Membership or Dates of Involven	nent
		13.a.	From (mm/dd/yyyy)	
Nature of Group		13.b.	To (mm/dd/yyyy)	
	Height Feet Weight Eye Color (Select only one box) Black Blue Gray Green Maroon Pink Hair Color (Select only one box) Bald (No hair) Black Brown Gray Sandy White ### A. General Eligibility and unds Have you EVER been a member any way associated with any orgafund, foundation, party, club, soothe United States or in any other including any military service? In answered "Yes" to Item Number bers 2 13.b. below. If you need ber	Eye Color (Select only one box) Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other Hair Color (Select only one box) Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/Other t 8. General Eligibility and Inadmissibility unds Have you EVER been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world including any military service? Yes No an answered "Yes" to Item Number 1., complete Item bers 2 13.b. below. If you need extra space to complete ection, use the space provided in Part 14. Additional mation. If you answered "No," but are unsure of your er, provide an explanation of the events and circumstances space provided in Part 14. Additional Information. City or Town State or Province Country	Height Feet Inches 5.a. Weight Pounds 6. Eye Color (Select only one box) Orga Black Blue Brown 6. Gray Green Hazel Maroon Pink Unknown/Other 7.a. Hair Color (Select only one box) Bald (No hair) Black Blond 7.b. Brown Gray Red Sandy White Unknown/Other 7.c. Example 8. General Eligibility and Inadmissibility unds Have you EVER been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world including any military service? Yes No answered "Yes" to Item Number 1., complete Item bers 2 13.b. below. If you need extra space to complete ection, use the space provided in Part 14. Additional mation. If you answered "No," but are unsure of your er, provide an explanation of the events and circumstances space provided in Part 14. Additional Information. Date: City or Town City or Town City or Town Date: 11.a. State or Province Date: 12. Nature of Grave.	Height Feet Inches 5.a. From (mm/dd/yyyy) S.b. To (mm/dd/yyyy) S.c. City or Town S.c. City or Town S.c. Country S.c. From (mm/dd/yyyy) S.c. Country S.c. From (mm/dd/yyyy) S.c. Country S.c. From (mm/dd/yyyy) S.c. Country S.c. Coun

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Part 8. General Eligibility and Inadmissibility Grounds (continued)

Answer Item Numbers 14. - 80.b. Choose the answer that you think is correct. If you answer "Yes" to any questions (or if you answer "No," but are unsure of your answer), provide an explanation of the events and circumstances in the space provided in Part 14. Additional Information.

provi	ded in Part 14. Additional Informati	on.		_	
14.	Have you EVER been denied admissi States?	on to	the U Yes		i No
15.	Have you EVER been denied a visa to	the	Unite Yes		tes? No
16.	Have you EVER worked in the Unite authorization?	d Sta	tes wi Yes	thout	
17.	Have you EVER violated the terms of nonimmigrant status?	r con	dition Yes		our No
18.	Are you presently or have you EVER exclusion, rescission, or deportation p			?	ıl, No
19.	Have you EVER been issued a final of deportation, or removal?	order	of exc Yes		on, No
20.	Have you EVER had a prior final ord deportation, or removal reinstated?		exclu Yes		No
21.	Have you EVER held lawful permane which was later rescinded?	ent re	sident Yes		is No
22.	Have you EVER been granted volunt immigration officer or an immigration depart within the allotted time?	judg	-	faile	
23.	Have you EVER applied for any kind protection from removal, exclusion, o			on?	No
24.a.	Have you EVER been a J nonimmigra who was subject to the two-year foreign requirement?	gn re		ce	
Num	n answered "Yes" to Item Number 24. bers 24.b 24.c. If you answered "No skip to Item Number 25.				
24.b.	Have you complied with the foreign requirement?	eside	nce Yes		No
24.c.	Have you been granted a waiver or ha State issued a favorable waiver recomfor you?			lette	

Criminal Acts and Violations

For Item Numbers 25. - 45., you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to Item Numbers 25. - 45., use the space provided in Part 14. Additional Information to provide an explanation that includes why you were arrested, cited, detained, or charged; where you were arrested, cited, detained, or charged; when (date) the event occurred; and the outcome or disposition (for example, no charges filed, charges dismissed, jail, probation, community service).

25.	Have you EVER been arrested, cited	l, charged, or				
	detained for any reason by any law e	nforcement official				
	(including but not limited to any U.S. immigration					
	official or any official of the U.S. arr	ned forces or U.S.				
	Coast Guard)?	Yes No				

26.	Have you EVER committed a crime of any kind (even if	
	you were not arrested, cited, charged with, or tried for tha	ιt
	crime)?	

27.	Have you EVER pled guilty to or l	been convicted of a			
	crime or offense (even if the violat	ion was subsequently			
	expunged or sealed by a court, or if you were granted a				
	pardon, amnesty, a rehabilitation de	ecree, or other act of			
	clemency)?	Yes No			

NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

28. Have you EVER been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)?

Yes No

Have you EVER been a defendant or the accused in a	
criminal proceeding (including pre-trial diversion,	
deferred prosecution, deferred adjudication, or any	
withheld adjudication)?)
	criminal proceeding (including pre-trial diversion, deferred prosecution, deferred adjudication, or any

30.	Have you EVER violated (or attempted or conspired to
	violate) any controlled substance law or regulation of a
	state, the United States, or a foreign country?

	Yes		No
--	-----	--	----

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A-Number	• A-					

Part 8. General Eligibility and Inadmissibility Grounds (continued)

31.	Have you EVER been convicted of two or more offenses (other than purely political offenses) for which the combined sentences to confinement were five years or more? Yes No
32.	Have you EVER illicitly (illegally) trafficked or benefited from the trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? Yes No
33.	Have you EVER knowingly aided, abetted, assisted, conspired, or colluded in the illicit trafficking of any illegal narcotic or other controlled substances?
	Yes No
34.	Are you the spouse, son, or daughter of a foreign national who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last five years, any financial or other benefit from the illegal activity of your spouse or parent, although you knew or reasonably should have known that the financial or other benefit resulted from the illicit activity of your spouse or parent?
	Yes No
35.	Have you EVER engaged in prostitution or are you coming to the United States to engage in prostitution? Yes No
36.	Have you EVER directly or indirectly procured (or attempted to procure) or imported prostitutes or persons for the purpose of prostitution? Yes No
37.	Have you EVER received any proceeds or money from prostitution? Yes No
38.	Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? Yes No
39.	Have you EVER exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? Yes No
40.	Have you EVER , while serving as a foreign government official, been responsible for or directly carried out
	violations of religious freedoms? Yes No
41.	Have you EVER induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of persons for commercial sex acts? Yes No

- 42. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion.

 Yes No
- **43.** Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? Yes No
- 44. Are you the spouse, son or daughter of a foreign national who engaged in the trafficking of persons and have received or obtained, within the last five years, any financial or other benefits from the illicit activity of your spouse or your parent, although you knew or reasonably should have known that this benefit resulted from the illicit activity of your spouse or parent?

 Yes No
- **45.** Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity?

Yes	No

Security and Related

Do you intend to:

- **46.a.** Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States?

 Yes No
- **46.b.** Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information?

☐ Yes ☐ No

- **46.c.** Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States?

 Yes No
- **46.d.** Engage in any activity that could endanger the welfare, safety, or security of the United States?

Yes No

46.e. Engage in any other unlawful activity? Yes No

47. Are you engaged in or, upon your entry into the United States, do you intend to engage in any activity that could have potentially serious adverse foreign policy consequences for the United States? Yes No

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Part 8. General Eligibility and Inadmissibility Grounds (continued)

Have	you EVER:						
48.a.	Committed, threatened to commit, attaconspired to commit, incited, endorsed planned, or prepared any of the follow sabotage, kidnapping, political assassi weapon or explosive to harm another substantial damage to property?	d, adving: natio	vocate hijac n, or	ed, king, use of or cat	f a		
48.b.	Participated in, or been a member of, a organization that did any of the activit Item Number 48.a. ?	ies d		ed in			
48.c.	Recruited members or asked for mone for a group or organization that did an described in Item Number 48.a. ?	y of		tivitie			
48.d.	Provided money, a thing of value, servany other assistance or support for any described in Item Number 48.a. ?	of t		ivitie			
48.e.	Provided money, a thing of value, servany other assistance or support for an or organization who did any of the act Item Number 48.a. ?	indiv	idual,	grou cribed	p,		
49.	Have you EVER received any type of paramilitary, or weapons training?	mili	tary, Yes		No		
50.	Do you intend to engage in any of the a any part of Item Numbers 48.a 49. ?		ties li Yes		n No		
NOTE: If you answered "Yes" to any part of Item Numbers 46.a 50. , explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in Part 14. Additional Information .							
Are y	ou the spouse or child of an individual	who	EVE	R:			
51.a.	Committed, threatened to commit, attaconspired to commit, incited, endorsed planned, or prepared any of the follow sabotage, kidnapping, political assassi weapon or explosive to harm another substantial damage to property?	d, adving: natio	vocate hijac n, or	ed, king, use of or car	fa		
51.b.	Participated in, or been a member or a group or organization that did any of t described in Item Number 51.a. ?			es	of a No		
51.c	Recruited members or asked for money	ev or	thing	s of v	alue		

for a group or organization that did any of the activities

described in **Item Number 51.a.**?

51.d.	Provided money, a thing of value, servany other assistance or support for any described in Item Number 51.a. ?							
51.e.	Provided money, a thing of value, servany other assistance or support to an ironganization who did any of the activitem Number 51.a.?	ndividual, group, or						
51.f.	Received any type of military, parami training from a group or organization activities described in Item Number 5	that did any of the						
NOTE: If you answered "Yes" to any part of Item Number 51., explain the relationship and what occurred, including the dates and location of the circumstances, in the space provided in Part 14. Additional Information.								
52.	Have you EVER assisted or participate providing, or transporting weapons to to your knowledge, used them against	any person who,						
53.	Have you EVER worked, volunteered served in any prison, jail, prison camp labor camp, or any other situation that persons?	l, or otherwise						
54.	Have you EVER been a member of, a participated in any group, unit, or orgakind in which you or other persons use weapon against any person or threater	anization of any ed any type of aed to do so?						
55.	Have you EVER served in, been a me or participated in any military unit, pa police unit, self-defense unit, vigilante guerilla group, militia, insurgent organother armed group?	ramilitary unit, e unit, rebel group,						
56.	Have you EVER been a member of, of affiliated with, the Communist Party of totalitarian party (in the United States	or any other						
57.	During the period from March 23, 193 did you ever order, incite, assist, or of in the persecution of any person becaunational origin, or political opinion, in either the Nazi government of German organization or government associated Nazi government of Germany?	herwise participate use of race, religion, association with my or any						

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Yes No

	t 8. General Eligibility and Inadmissibility bunds (continued)	63.c.	c. If your answer to Item Number 63.b. is "Yes," attach a written statement explaining why you had reasonable cause				
Have helpe	you EVER ordered, incited, called for, committed, assisted, d with, or otherwise participated in any of the following: Acts involving torture or genocide? Yes No	64.	Have you EVER submitted fraudulent or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? Yes No				
58.b.	Killing any person?	65.	Have you EVER lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? Yes No				
58.d.	Engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened? Yes No	66.	Have you EVER falsely claimed to be a U.S. citizen (in writing or any other way)? Yes No				
58.e.	Limiting or denying any person's ability to exercise religious beliefs?	67.	Have you EVER been a stowaway on a vessel or aircraft arriving in the United States? Yes No				
59.	Have you EVER recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? Yes No	68.	Have you EVER knowingly encouraged, induced, assisted, abetted, or aided any foreign national to enter or to try to enter the United States illegally (alien smuggling)? Yes No				
60.	Have you EVER 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	69.	Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? Yes No				
52. - locat	E: If you answered "Yes" to any part of Item Numbers 60. , explain what occurred, including the dates and ion of the circumstances, in the space provided in Part 14. tional Information.	Afte	noval, Unlawful Presence, or Illegal Reentry er Previous Immigration Violations				
D 1	7. 4 . 4	70.	Have you EVER been excluded, deported, or removed from the United States or have you ever departed the				
61.	Have you received public assistance in the United States from any source, including the U.S. Government or any state, county, city, or municipality (other than emergency		United States on your own after having been ordered excluded, deported, or removed from the United States? Yes No				
62.	medical treatment)? Yes No Are you likely to receive public assistance in the future in	71.	Have you EVER entered the United States without being inspected and admitted or paroled? Yes No				
02.	the United States from any source, including the U.S. Government or any state, county, city, or municipality		nce April 1, 1997, have you been unlawfully present in the nited States:				
	(other than emergency medical treatment)? Yes No	72.a.	For more than 180 days but less than a year, and then departed the United States? Yes No				
Ille	gal Entries and Other Immigration Violations	72. b.	• For one year or more and then departed the United States?				
	Have you EVER failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? Yes No	you o admi	Yes No No No No TE: You were unlawfully present in the United States if entered the United States without being inspected and itted or inspected and paroled, or if you legally entered the				
05.b.	If your answer to Item Number 63.a. is "Yes," do you believe you had reasonable cause?	Unite	ed States but you stayed longer than permitted.				

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Yes No

	t 8. General Eligibility and Inadmissibility ounds (continued)	80.a	. Have you EVER left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the
reent	e April 1, 1997, have you EVER reentered or attempted to er the United States without being inspected and admitted roled after:	80. b	President to be a national emergency? Yes No No If your answer to Item Number 80.a . is "Yes," what was
73.a.	Having been unlawfully present in the United States for more than one year in the aggregate? Yes No		your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?
73.b.	Having been deported, excluded, or removed from the United States? Yes No		without admission of parole, of any other status)?
Mis	cellaneous Conduct	Pai	rt 9. Accommodations for Individuals With
74.	Do you plan to practice polygamy in the United States? Yes No		sabilities and/or Impairments
75.	Are you accompanying another foreign national who requires your protection or guardianship but who is inadmissible after being certified by a medical officer as being helpless from sickness, physical or mental disability, or infancy, as described in INA section 232(c)?		FE: Read the information in the Form I-485 Instructions are completing this part. Are you requesting an accommodation because of your disabilities and/or impairments? Yes No If you answered "Yes" to Item Number 1, select any
	Yes No		applicable box in Item Numbers 2.a 2.c. and provide an answer.
76.	Have you EVER assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a U.S. citizen who has been granted custody of the child? Yes No	2.a.	I am deaf or hard of hearing and request the following accommodation. (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).):
77.	Have you EVER voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? Yes No		
78.	Have you EVER renounced U.S. citizenship to avoid being taxed by the United States? Yes No	2.b.	I am blind or have low vision and request the following accommodation:
Have	you EVER :		
79.a.	Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are a foreign national? Yes No	2.c.	I have another type of disability and/or impairment. (Describe the nature of your disability and/or impairment and the accommodation you are requesting.)
79.b.	Been relieved or discharged from such training or service on the ground that you are a foreign national? Yes No		

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Yes No

79.c. Been convicted of desertion from the U.S. armed forces?

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Part 10. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-485 Instructions before completing this part. You must file Form I-485 while in the United States.

Applicant's Statement

	Select the box for either Item Number 1.a. or 1.b. If e, select the box for Item Number 2.
1.a.	I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
1.b.	The interpreter named in Part 11. read to me every question and instruction on this application and my answer to every question in
2.	a language in which I am fluent, and I understood everything. At my request, the preparer named in Part 12. , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

1 P	pucani s Coniaci Injornianon
3.	Applicant's Daytime Telephone Number
4.	Applicant's Mobile Telephone Number (if any)
5.	Applicant's Email Address (if any)

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I understand that if I am a male who is 18 to 26 years of age, submitting this application will automatically register me with the Selective Service System as required by the Military Selective Service Act.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

¹ PP	meant s signature
6.a.	Applicant's Signature (sign in ink)
\Rightarrow	
6.b.	Date of Signature (mm/dd/vvvv)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 11. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's	Full	Name

Applicant's Signature

1.a.	Interpreter's Family Name (Last Name)
1.b.	Interpreter's Given Name (First Name)
2.	Interpreter's Business or Organization Name (if any)

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Part 11. Interpreter's Contact Information, Certification, and Signature (continued)

	t 11. Interpreter's Contact Information, tification, and Signature (continued)	Part 12. Contact Information, Declaration, and Signature of the Person Preparing this						
Inte	erpreter's Mailing Address		plication, if Other Than the Applicant					
3.a.	Street Number and Name	Prov	ide the following information about the preparer.					
3.b.	Apt. Ste. Flr.	Pre	parer's Full Name					
3.c.	City or Town	1.a.	Preparer's Family Name (Last Name)					
3.d.	State 3.e. ZIP Code	1.b.	Preparer's Given Name (First Name)					
3.f.	Province							
3.g.	Postal Code	2.	Preparer's Business or Organization Name (if any)					
3.h.	Country							
		Pre	parer's Mailing Address					
Inte	erpreter's Contact Information	3.a.	Street Number and Name					
4.	Interpreter's Daytime Telephone Number	3.b.	Apt. Ste. Flr.					
		3.c.	City or Town					
5.	Interpreter's Mobile Telephone Number (if any)	3.d.	State 3.e. ZIP Code					
6.	Interpreter's Email Address (if any)	3.f.	Province					
		3.g.	Postal Code					
Inte	erpreter's Certification	3.h.	Country					
I cert	ify, under penalty of perjury, that:							
	fluent in English and , ,	Pre	parer's Contact Information					
1.b.,	h is the same language specified in Part 10. , Item Number and I have read to this applicant in the identified language	4.	Preparer's Daytime Telephone Number					
•	question and instruction on this application and his or her er to every question. The applicant informed me that he or							
she u	nderstands every instruction, question, and answer on the cation, including the Applicant's Declaration and	5.	Preparer's Mobile Telephone Number (if any)					
	ification, and has verified the accuracy of every answer.	6.	Preparer's Email Address (if any)					
Inte	erpreter's Signature	0.	Preparer's Email Address (if any)					
7.a.	Interpreter's Signature (sign in ink)							
7.b.	Date of Signature (mm/dd/yyyy)							

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Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

(continued)									
Pre	pare	er's Statement							
7.a.		I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.							
7.b.		I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.							
		NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.							
Pre	pare	er's Certification							
prepared application of the control of the complete compl	ared icant med ained ained all of all of pleteo	gnature, I certify, under penalty of perjury, that I this application at the request of the applicant. The then reviewed this completed application and me that he or she understands all of the information in, and submitted with, his or her application, the Applicant's Declaration and Certification , and this information is complete, true, and correct. I d this application based only on information that the provided to me or authorized me to obtain or use.							
Pre	pare	er's Signature							
8.a.	Pre	parer's Signature (sign in ink)							
8.b.	Dat	e of Signature (mm/dd/yyyy)							

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the									
laws of the United States of America that I know that the									
contents of this Form I-485, Application to Register Permanent									
Residence or Adjust Status, subscribed by me, including the									
,									
corrections made to this application, numbered									
through , are complete, true, and correct. All									
additional pages submitted by me with this Form I-485, on									
numbered pages through are complete,									
true, and correct. All documents submitted at this interview									
were provided by me and are complete, true, and correct.									
Subscribed to and sworn to (affirmed) before me									
USCIS Officer's Printed Name or Stamp									
Î									
Date of Signature (mm/dd/yyyy)									
Applicant's Signature (sign in ink)									
USCIS Officer's Signature (sign in ink)									

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Par	rt 14. Addit	ional l	Information	1		5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
withi space to co sheet at the Num	u need extra span this application than what is pumplete and file of paper. Type top of each shear, and Item and date each shand date each shand and date each shand are shand as the shand and shand and shand are shand as the shand sha	on, use rovided with the or printer; indi	the space below, you may make is application on the your name a sicate the Page	w. If yo te copies or attach nd A-Nu Numbe	u need more s of this page a separate umber (if any) r, Part	5.d.					
	Family Name (Last Name) Given Name										
	(First Name)										
1.c.	Middle Name					6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
2.	A-Number (if	any) 🕨	· A-			6.d.					
3.a.	Page Number	3.b.	Part Number	3.c.	Item Number	0.4.					
3.d.											
						7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
						7.d.					
4.a.	Page Number	4.b.	Part Number	4.c.	Item Number						
4.d.											

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