

# FORM 3 - PETITIONER/QUALIFYING RELATIVE SUPPORTING DOCUMENTS

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PLEASE COMPLETE A COPY OF THIS FORM AND SUBMIT SUPPORTING DOCUMENTS FOR THE PETITIONER AND **EACH** QUALIFYING RELATIVE. [As needed, save additional copies of the form and Label with Name of Petitioner or Qualifying Relative].

Please **COLLECT** all the requested documents and **SUBMIT** at the **SAME TIME** rather than a little at a time. This will cut down on the number of duplicate documents and ensure that items are not missed or misplaced.

For each document listed, please provide the filename under which you are submitting the document. If there is **no document** for that item, please check either “**Does not apply**” (if the item is not relevant), or “Not Available” (if relevant, but you are unable to obtain a copy).

If you are submitting a document that is not in English, you must provide translation (see instructions for obtaining a **Certification of Translation**)

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NAME: \_\_\_\_\_ ☐ PETITIONER ☐ QUALIFYING RELATIVE

## I. Basic Identifying Information/Military/Education Record:

Item	Does not apply	Not Available	Filename of Document
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Passport	<input type="checkbox"/>	<input type="checkbox"/>	
Naturalization Certificate (If naturalized)	<input type="checkbox"/>	<input type="checkbox"/>	
Birth Certificates of any minor children	<input type="checkbox"/>	<input type="checkbox"/>	
Marriage Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Judgments of Divorce for any prior marriages	<input type="checkbox"/>	<input type="checkbox"/>	
Child Custody/Support Agreements from any prior marriages	<input type="checkbox"/>	<input type="checkbox"/>	
Military Service Record	<input type="checkbox"/>	<input type="checkbox"/>	
Post-Secondary Degrees, Certifications	<input type="checkbox"/>	<input type="checkbox"/>	
Professional Licenses	<input type="checkbox"/>	<input type="checkbox"/>	
For I-601A waivers, proof of payment of NVC Immigrant Visa fee	<input type="checkbox"/>	<input type="checkbox"/>	

## II. Records for the Medical Conditions:

Item	Does not apply	Not Available	Filename of Document
Complete MEDICAL records listing diagnoses, treatments, medications, etc. for Petitioner/Qualifying Relative's medical conditions	<input type="checkbox"/>	<input type="checkbox"/>	
Complete MEDICAL records listing diagnoses, treatments, medications, etc. for each non-qualifying relative's medical conditions	<input type="checkbox"/>	<input type="checkbox"/>	
Complete PSYCHIATRIC records listing diagnoses, treatments, medications, etc. for Petitioner/Qualifying Relative's medical conditions	<input type="checkbox"/>	<input type="checkbox"/>	
Complete PSYCHIATRIC records listing diagnoses, treatments, medications, etc. for each non-qualifying relative's medical conditions	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of medically-related work restrictions	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of Medical expenses not reimbursed by insurance for last year	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of medical insurance coverage, deductibles, premiums	<input type="checkbox"/>	<input type="checkbox"/>	
Letters from Family/Friends/Coworkers as to medical hardships Petitioner/Qualifying Relative is experiencing	<input type="checkbox"/>	<input type="checkbox"/>	

### III. Economic Hardship Information (INCOME/ASSETS):

Item	Does not apply	Not Available	Filename of Document
<b>PETITIONER/QUALIFYING RELATIVE</b>			
Petitioner/Qualifying Relative's last two pay stubs	<input type="checkbox"/>	<input type="checkbox"/>	
Petitioner/Qualifying Relative's employment contract	<input type="checkbox"/>	<input type="checkbox"/>	
Petitioner/Qualifying Relative's most recent tax return	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of other sources of income for Petitioner/Qualifying Relative (e.g., Social Security, Disability or Workman's Comp. benefits, alimony, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of Petitioner/Qualifying Relative's Savings/Checking/Cash assets, Stocks, Bonds, other investments	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of other significant assets of Petitioner/Qualifying Relative's (e.g., ownership of rental property, ownership of interest in a business, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	

### IV. Economic Hardship Information (EXPENSES/DEBT):

For MONTHLY bills and statements please provide ONLY THE **TWO MOST RECENT** BILLS/STATEMENTS

Item	Does not apply	Not Available	Filename of Document
<b>PETITIONER/QUALIFYING RELATIVE</b>			
Documentation of Long-Term Debt (mortgages, student/car loans, credit card refinancing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Credit Card Statements	<input type="checkbox"/>	<input type="checkbox"/>	
Mortgage/Rent payments (copy of lease)	<input type="checkbox"/>	<input type="checkbox"/>	
Property Taxes	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly Car payments	<input type="checkbox"/>	<input type="checkbox"/>	
Car Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Homeowners/Renter's Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Health Insurance Premiums	<input type="checkbox"/>	<input type="checkbox"/>	
Utilities (gas, water/sewer, electric)	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone/Cable/Internet	<input type="checkbox"/>	<input type="checkbox"/>	
Child care	<input type="checkbox"/>	<input type="checkbox"/>	
School Tuition/Fees/Books	<input type="checkbox"/>	<input type="checkbox"/>	
Provide an estimate for each of the following typical monthly expenses: Groceries Auto Fuel Car Maintenance Household Clothing Other _____ Other _____	<input type="checkbox"/>	<input type="checkbox"/>	

