# STATEMENT 2 - STATEMENT OF PERSONAL HARDSHIP TO PETITIONER

Please prepare the personal statement in Microsoft Word, if possible. Provide information under each subheading — if a subheading is not appropriate, please type “Not Applicable” under that heading).

Please label the file “Statement of Personal Hardship to [Petitioner’s Name]” and include the following:

## a. Medical Hardships to Petitioner

Detail all significant medical conditions.

For each Medical condition provide the following:

* Diagnosis/Name of Disease or Condition
* Symptoms and length of time you’ve had them
* Date of onset and Date Diagnosed
* Diagnosing/Treating Physician name
* Prescribed Medications/Treatments/Surgeries, etc.
* Medication Side effects and any special monitoring of your conditions
* Current impact of medical condition on functioning at home, work, in the community, and in everyday activities of daily living
* Degree to which insurance does or does not cover cost
* Out-of-pocket costs associated with medical condition
* Detail how the Beneficiary helps you manage your medical disorders and function day to day

## b. Medical Hardships to Qualifying and/or Non-Qualifying Relative

Provide Statement covering all of the information above under (a.) above for each Qualifying or non-qualifying relative.

In addition provide details of:

* How the medical condition of each qualifying/non-qualifying relative affects you and imposes a hardship.

## c. Psychiatric Hardships to Petitioner

Detail all significant psychiatric issues in Petitioner AND Petitioner’s family.

* List all PRIOR and CURRENT psychiatric diagnoses and date of diagnosis, and name of diagnosis professional
* Describe significant negative life events that caused/triggered your psychiatric symptoms/conditions or made them worse
* Detail any medications or prior/current treatments provided for these disorders
* Detail any prior history of suicidal thoughts or attempts and circumstances under which they arose
* Describe impact of prior or current psychiatric diagnoses on ability to function in every day life at home, work, and community, and in everyday activities of daily living
* Describe the type of triggers or internal or external events that cause your symptoms to emerge or worsen
* Detail how the Beneficiary helps you manage your psychiatric disorders and function day to day
* Detail impact loss of Beneficiary would have on managing your psychiatric disorders

## d. Psychiatric Hardships to Qualifying and/or Non-Qualifying Relative

Provide Statement covering all of the information above under (c.) above for each qualifying or non-qualifying relative.

In addition provide details of:

* How the psychiatric condition of each qualifying/non-qualifying relative affects you and imposes a hardship.

## e. Economic Hardships to Petitioner

Detail all significant economic hardships.

* Briefly summarize employment history, noting any special qualification/skills you have, or any specialized industry-specific or company-specific aspects of the job
* If applicable, discuss any recent terminations from employment, unemployment, and the impact on your finances
* Describe how the Beneficiary’s immigration problems have compromised your ability to fulfill job obligations/put job at risk
* Discuss any recent and current economic hardship such as excessive credit card debt, high long-term debt, foreclosures, repossessions, etc.
* Discuss any serious housing issues or concerns
* Detail difficulties and expenses associated with childcare or adult care (for elderly parents or other seniors in your family) if beneficiary’s waiver is denied.
* Detail impact loss of Beneficiary would have on managing economic difficulties

## f. Economic Hardships to Qualifying and/or Non-Qualifying Relative

Provide Statement covering all of the information above under (e.) above for each Qualifying or non-qualifying relative.

In addition provide details of:

* How the economic situation of each qualifying/non-qualifying relative affects you and imposes a hardship.

## g. Education Hardships to Petitioner

If you are enrolled in post-secondary education, vocational, or other training program or are planning to enroll in one, describe:

* the school/institution and specific program you attend or anticipate enrolling in
* if currently enrolled, how far along into the program you currently are, and how much remains of the program to complete
* anticipated completion date
* benefits you expect to obtain from program including enhanced job opportunities, promotion, better salary
* how much you’ve invested financially in the program to date
* any special funding, scholarships, grants, etc. you’ve received which would be endangered or you would be required to repay if you terminate early
* the availability, if known, of equivalent opportunities in the Beneficiary’s country of origin.

## h. Educational Hardships to Qualifying and/or Non-Qualifying Relative

If your child has special education needs, or is preparing to attend college, describe:

* The child’s special disabilities and educational needs
* Specialized educational services your child receives
* If child is attending or is soon to attend college, any acceptances, grants, scholarships, etc. that would be endangered if forced to relocate to Beneficiary’s home country

## i. Community Ties

Detail any community ties you have to the U.S. including:

(for organizations, list when you belonged and any leadership roles you had)

* Family members who live nearby and who you see regularly
* Church groups you belong to/churches you attend
* Community organizations you belong to
* Volunteer organizations or activities
* Professional organizations you belong to
* Special support groups/organizations (e.g., NA, AA, Veterans Support Groups, Sexual Assault Victim Survivor Groups, etc.)
* Community activities, clubs, organizations, etc. to which other qualifying or non-qualifying relatives belong to.

## j. Impact of Beneficiary on Petitioner’s Life

* Detail how the Beneficiary has changed or positively affected your life before you were separated or threatened with separation
* Detail the psychological/emotional impact on you of separation or threatened separation from the Beneficiary
* Describe other special impacts, if relevant

## k. Impact of Relocation to Beneficiary’s Home Country

Describe impact of forced relocation of Petitioner and/or Petitioner’s family, to Beneficiary’s home country, including:

* Impact on and Risk to Petitioner’s Medical Condition(s)
* Impact on and Risk to Petitioner due to qualifying /non-qualifying relative’s medical condition(s)
* Impact on and Risk to Petitioner’s Economic Stability
* Impact on and Risk to Petitioner’s Economic Stability due to qualifying /non-qualifying relative’s economic situation
* Impact on and Risk to Petitioner’s Psychiatric/Psychological/Emotional Stability
* Impact on and Risk to Petitioner’s Psychiatric/Psychological/Emotional Stability due to qualifying /non-qualifying relative’s Psychiatric problems
* Impact on and Risk to Petitioner’s Education
* Impact on and Risk to Petitioner based on lost Educational Opportunity for qualifying/non-qualifying relative
* History in Beneficiary’s home country of discrimination, prejudice, harassment, violence based on Petitioner’s or qualifying/non-qualifying relative’s religion, gender, nationality, race, ethnic origin, sexual orientation, gender identity, disability or disorder, or other characteristic