

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

Department of Homeland Security U.S. Citizenship and Immigration Services **Form I-485**

OMB No. 1615-0023 Expires 10/31/2027

USCIS

NOTE: Use Supplement A to Form I-485, Adjustment of Status Under INA Section 245(i) (Supplement A), only if you are applying to adjust status to that of a lawful permanent resident under the Immigration and Nationality Act (INA) section 245(i). You may file Supplement A only if you are filing your Form I-485, Application to Register Permanent Residence or Adjust Status, at the same time or if you previously filed your Form I-485 and it remains pending.

► START HERE - Type or print in black ink.

Par	rt 1. Information About You			
1.	Your Current Legal Name			
	Family Name (Last Name) Given Name (First Name)	Middle Name (if applicable)		
2.	U.S. Mailing Address			
	In Care Of Name (if any)			
	Street Number and Name	Apt. Ste. Flr. Number		
	City or Town	State ZIP Code		
		(USPS ZIP Code Lookup)		
Oth	ner Information	(USI S EII Code Lookup)		
3.	Alien Registration Number (A-Number) (if any) • A- USCIS Online Account Number (if any) • Description Descript			
5.	Date of Birth (mm/dd/yyyy)			
6.	Country of Birth 7. Country	of Citizenship or Nationality		
Par	ct 2. Eligibility			
Bas	sis of INA Section 245(i) Eligibility			
You	claim eligibility to adjust status under INA section 245(i) because (Select only	one box):		
1.a.	You are or were the principal beneficiary of an immigrant petition or application for permanent labor certification filed on or before January 14, 1998.			
1.b.	You are or were the principal beneficiary of an immigrant petition or application for permanent labor certification filed on or after January 15, 1998, and on or before April 30, 2001, and you were physically present in the United States on December 21, 2000.			
1.c.	You are or were the derivative beneficiary of an immigrant petition or a on or before January 14, 1998.	pplication for permanent labor certification filed		

Par	rt 2. Eligibility (continued)		
1.d.		n or before April 30, 2001, and the princi	ication for permanent labor certification filed ipal beneficiary was physically present in the
1.e.			spouse OR you are a child (unmarried and described above in Item Numbers 1.a 1.d.
Que	alifying Petition or Application		
	vide the following information about the in 2001 that qualifies you to adjust status und		nanent labor certification filed on or before Apri
2.	Receipt Number of Petition (if any)		
Info	rmation on Principal Beneficiary of Petition	on or Application	
3.	Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
4.	Principal Applicant's A-Number (if any) • A-		
Imi	migrant Category		
5.	Type or print the family-based, employing	nent-based, special immigrant, or Diversi	ity Visa immigrant category you selected on
	• • • • • • • • • • • • • • • • • • • •	or Filing Category, in Item Numbers 3.	
Par	rt 3. Bars to Adjustment		
	are applying to adjust under INA section licable boxes):	245(i) because one or more of the follow	ring bars to adjustment apply to you (Select all
1.a.	You last entered the United States v	vithout being admitted or paroled after in	spection by an immigration officer.
1.b.	You last entered the United States a	s a nonimmigrant crewman.	
1.c.	You are now employed or have ever	r been employed in the United States with	hout authorization.
1.d.	You are not in lawful immigration s	status on the date of filing your applicatio	on for adjustment of status.
1.e.		y maintain a lawful status since entry into t of your own or for technical reasons.	o the United States, unless your failure to
1.f.	You were last admitted to the Unite	d States in transit without a visa.	
1.g.		d States as a nonimmigrant visitor withous Waiver Program, and you are not a Car	ut a visa under the Guam and Commonwealth nadian citizen.
1.h.	You were last admitted to the United States as a nonimmigrant visitor without a visa under the Visa Waiver Program (See https://travel.state.gov/content/travel/en/us-visas/tourism-visit/visa-waiver-program.html).		
1.i.	You are seeking employment-based adjustment of status and you are not maintaining a lawful nonimmigrant status on the date of filing your application for adjustment of status.		
1.i.	You have ever violated the terms of	vour nonimmigrant status.	

Part 4. Applicant's Contact Information, Certification, and Signature					
Api	plicant's Contact Information				
	ride 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 (if any)				
3.	Applicant's Email Address (if any)				
Ap_{j}	plicant's Certification and Signature				
my s unde the i that	tify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with supplement, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Part 5. , erstood, all of the responses and information contained in, and submitted with, my supplement, and that all of the responses and information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records U.S. Citizenship and Immigration Services (USCIS) may need to determine my eligibility for an immigration request and to other ies and persons where necessary for the administration and enforcement of U.S. immigration law.				
4.	Applicant's Signature Date of Signature (mm/dd/yyyy)				
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D					
Pal	rt 5. Interpreter's Contact Information, Certification, and Signature				
Int	erpreter's Full Name				
1.	Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)				
2.	Interpreter's Business or Organization Name				
Int	erpreter's Contact Information				
3.	Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number (if any)				
5.	Interpreter's Email Address (if any)				
Int	erpreter's Certification and Signature				
Lcer	tify, under penalty of perjury, that I am fluent in English and				
and	I have interpreted every question on the supplement and Instructions and interpreted the applicant's answers to the questions in language, and the applicant informed me that he or she understood every instruction, question, and answer on the supplement.				
6.	Interpreter's Signature Date of Signature (mm/dd/yyyy)				

Other Than the Applicant Preparer's Full Name 1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name Preparer's Contact Information Preparer's Daytime Telephone Number 4. Preparer's Mobile Telephone Number (if any) 3. 5. Preparer's Email Address (if any) Preparer's Certification and Signature I certify, under penalty of perjury, that I prepared this supplement for the applicant at the request of the applicant and with express consent and that all of the responses and information contained in and submitted with the supplement are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the supplement. 6. Preparer's Signature Date of Signature (mm/dd/yyyy)

Part 6. Contact Information, Certification, and Signature of the Person Preparing this Supplement, if