



Notice of Appeal or Motion
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-290B
OMB No. 1615-0095
Expires 03/31/2027

For USCIS Use Only	Returned	Reloc Sent	Receipt	Remarks
	Date / /	Date / /		
	Date / /	Date / /		
	Resubmitted	Reloc Rec'd		
	Date / /	Date / /		
	Date / /	Date / /		

To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		<input type="text"/>	<input type="text"/>

Please visit www.uscis.gov/i-290b/eligibility for information on the immigration benefit types that are eligible for an appeal or motion using this form.

► **START HERE - Type or print in black ink.**

If you do not properly complete this form or fail to submit required documents listed in the Instructions, we may dismiss or reject your appeal or motion.

Part 1. Information About the Applicant or Petitioner

If a business or organization is filing this appeal or motion, skip to **Item Number 3.** and do not complete **Item Numbers 1.** or **2.**

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Date of Birth (mm/dd/yyyy)

3. Business or Organization Name (if applicable)

4. Alien Registration Number (A-Number, if any)
► **A-**

5. USCIS Online Account Number (if any)
►

Mailing Address (Safe or Alternate Address, if applicable) [\(USPS ZIP Code Lookup\)](#)

6.a. In Care Of Name (if any)

6.b. Street Number and Name

6.c. ☐ Apt. ☐ Ste. ☐ Flr.

6.d. City or Town

6.e. State **6.f.** ZIP Code

6.g. Province

6.h. Postal Code

6.i. Country

Part 2. Information About the Appeal or Motion

Please indicate whether you are filing an appeal to the Administrative Appeals Office (AAO) or a motion. You cannot file both an appeal and a motion on a single form. **If you select both an appeal and a motion, we may dismiss or reject your filing.**

NOTE: DO NOT use this form to file an appeal with the Board of Immigration Appeals (BIA). You must instead use Form EOIR-29.

I am filing an **appeal** to the AAO.

- 1.a.** ☐ I have attached a brief and/or additional evidence.
- 1.b.** ☐ I will submit a brief and/or additional evidence directly to the AAO within 30 calendar days of filing this appeal.
- 1.c.** ☐ I will not be submitting any brief or additional evidence in support of this appeal.

I am filing a **motion**.

- 2.a. ☐ I am filing a **motion to reopen**. I have attached a brief and/or additional evidence.
- 2.b. ☐ I am filing a **motion to reconsider**. I have attached a brief.
- 2.c. ☐ I am filing a **motion to reopen** and a **motion to reconsider**. I have attached a brief and/or additional evidence.

3. Immigration Form That is the Subject of This Appeal or Motion (for example, Form I-140, I-360, I-129, I-485, I-601, I-730, I-131) (list **only one** form number)

--

- 4. Receipt Number for the Application, Petition, or Other Request (list **only one** Receipt Number)**

5. Requested Immigrant or Nonimmigrant Classification
(for example, H-1B, R-1, O-1, EB-1, EB-2, RE-2, AS-2)
(if applicable)

--

- 6. Date of the Unfavorable Decision (mm/dd/yyyy)**

--

- ## 7. Office That Issued the Unfavorable Decision

--

Part 3. Basis for the Appeal or Motion

You must provide a statement regarding the basis for your appeal or motion in the space provided on the next page. If you need additional space to provide your explanation, use **Part 7. Additional Information or a separate sheet of paper.**

Appeal: Provide a statement that specifically identifies an erroneous conclusion of law or statement of fact in the decision you are appealing. **You MUST provide this information with your Form I-290B even if you intend to submit a brief later.**

NOTE: Your appeal must address all grounds of ineligibility identified in the unfavorable decision. If you do not address an issue in a statement on this form or in a supporting brief, we may deem it waived for the appeal. A waived ground of ineligibility may be the sole basis for a dismissed appeal.

Motion to Reopen: A motion to reopen must state new facts and must be supported by documentary evidence demonstrating eligibility for the requested immigration benefit at the time you filed the application or petition.

Motion to Reconsider: A motion to reconsider must state the reasons for reconsideration and must be supported by any pertinent precedent decisions to establish that the decision was based on an incorrect application of law or service policy, if applicable. A motion to reconsider must also establish that the decision was incorrect based on the evidence of record at the time of the decision.

[illegible]

Part 4. Applicant's or Petitioner's Contact Information, Certification, and Signature

Applicant's or Petitioner's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's or Petitioner's Daytime Telephone Number

2. Applicant's or Petitioner's Mobile Telephone Number (if any)

3. Applicant's or Petitioner's Email Address (if any)

Applicant's or Petitioner's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my appeal or motion, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 5**, understood, all of the responses and information contained in, and submitted with, my appeal/motion, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's or Petitioner's Signature

Date of Signature (mm/dd/yyyy)

Part 5. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

4. Interpreter's Mobile Telephone Number (if any)

5. Interpreter's Email Address (if any)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the appeal/motion, and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant/petitioner informed me that they understood every instruction, question, and answer on the appeal/motion.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 6. Contact Information, Declaration, and Signature of the Person Preparing This Appeal/Motion, if Other Than the Applicant or Petitioner

Preparer's Full Name

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

4. Preparer's Mobile Telephone Number (if any)

5. Preparer's Email Address (if any)

Part 6. Contact Information, Declaration, and Signature of the Person Preparing This Appeal/Motion, if Other Than the Applicant or Petitioner (continued)

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this appeal or motion for the applicant or petitioner at their request and with express consent and that all of the responses and information contained in and submitted with the appeal or motion are complete, true, and correct and reflects only information provided by the applicant or petitioner. The applicant or petitioner reviewed the responses and information and informed me that they understand the responses and information in or submitted with the appeal or motion.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)

Part 7. Additional Information

If you need extra space to provide any additional information within this form, 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 form or attach a separate sheet of paper. Type or print your name and A-Number 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.a. Family Name (Last Name)

1.b. Given Name

1.c. Middle Name

2.	A-Number (if any) ► A-							
-----------	------------------------	--	--	--	--	--	--	--

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

7.a. Page Number	7.b. Part Number	7.c. Item Number