



**Application for Action on an  
Approved Application or Petition**  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

**USCIS  
Form I-824**  
OMB No. 1615-0044  
Expires 09/30/2015

<b>For USCIS Use Only</b>	<b>Returned</b>		<b>Fee Stamp</b>	<b>Action Block</b>
	Date	Date		
	<b>Resubmitted</b>			
	Date	Date		
	<b>Relocated</b>			
	Received	Sent		
<b>Remarks</b>				
Priority Date: _____ Date the Previously Approved Visa Petition Was Country of Chargeability: _____ Filed (Form I-130, I-140 or I-360): _____ Classification Code: _____ Date the Previous Visa Petition Was Approved (Form I-130, I-140 or I-360): _____				
To Be Completed by an Attorney or a BIA- Accredited Representative, if any. <input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant. Attorney License Number: _____				

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

**Part 1. Information About You** (Person filing this  
Application)

1. I am the (select only one): ☐ Applicant ☐ Petitioner  
on the previously approved application or petition.

2.a. Family Name (Last Name) \_\_\_\_\_

2.b. Given Name (First Name) \_\_\_\_\_

2.c. Middle Name \_\_\_\_\_

3. Company or Organization Name  
\_\_\_\_\_

**Provide the following information about the petitioner or  
applicant for the previous petition or application.**

4. Current/Recent Immigration Status  
\_\_\_\_\_

5. Certificate of Naturalization or Citizenship Number  
\_\_\_\_\_

6. Alien Registration Number (A-Number)  
▶ A- \_\_\_\_\_

7. Date of Birth (mm/dd/yyyy) ▶ \_\_\_\_\_

8. Country of Birth  
\_\_\_\_\_

9. IRS Tax Number (if any) \_\_\_\_\_

10. U.S. Social Security Number (if any) ▶ \_\_\_\_\_

**Physical Address**

11.a. Street Number and Name \_\_\_\_\_

11.b. Apt. ☐ Ste. ☐ Flr. ☐ \_\_\_\_\_

11.c. City or Town \_\_\_\_\_

11.d. State  11.e. Zip Code

11.f. Postal Code \_\_\_\_\_

11.g. Province \_\_\_\_\_

11.h. Country  
\_\_\_\_\_

**Mailing Address**

12.a. In Care Of Name  
\_\_\_\_\_

12.b. Street Number and Name \_\_\_\_\_

12.c. Apt. ☐ Ste. ☐ Flr. ☐ \_\_\_\_\_

12.d. City or Town \_\_\_\_\_

12.e. State  12.f. Zip Code

12.g. Postal Code \_\_\_\_\_

12.h. Province \_\_\_\_\_

12.i. Country \_\_\_\_\_

**Part 1. Information About You** *(Person filing this Application) (continued)*

**Contact Information**

13. Daytime Phone Number (if any) Extension  
( ) -

14. Mobile Phone Number (if any)  
( ) -

15. E-mail Address (if any)

**Part 2. Reason for Request**

**I am requesting** *(select one):*

- a. ☐ A duplicate approval notice.
- b. ☐ USCIS to notify a new U.S. Consulate, different from that originally requested, through the U.S. Department of State's National Visa Center or Kentucky Consular Center about the approval of a nonimmigrant visa petition or to notify a new Port-of-Entry, different from that originally requested, about the approval of a waiver application. Please notify the U.S. Consulate or Port-of-Entry at:

- c. ☐ USCIS to notify a U.S. Consulate through the National Visa Center that I adjusted status to permanent resident in the U.S. Please notify the U.S. Consulate at:

so that my spouse and/or child(ren) may accompany or follow-to-join me.

- d. ☐ USCIS to send my approved immigrant visa petition to the National Visa Center (NVC).
- e. ☐ USCIS to notify the U.S. Department of State that I have become a U.S. Citizen through naturalization.

**Part 3. Additional Information**

**Provide the following information about the previously approved application or petition.**

1.a. Form Number of Application or Petition

1.b. Receipt Number *(On Form I-797, Notice of Action)*

►

1.c. Filing Date of Application or Petition

*(mm/dd/yyyy)* ►

1.d. Approval Date *(mm/dd/yyyy)* ►

**Provide the following information about the principal beneficiary of the previous application or petition.**

2.a. Family Name *(Last Name)*

2.b. Given Name *(First Name)*

2.c. Middle Name

2.d. Date of Birth *(mm/dd/yyyy)* ►

2.e. Country of Birth

2.f. Alien Registration Number (A-Number)

► A-

2.g. Daytime Phone Number (if any) Extension  
( ) -

**Physical Address**

3.a. Street Number and Name

3.b. Apt. ☐ Ste. ☐ Flr. ☐

3.c. City or Town

3.d. State 3.e. Zip Code

**Mailing Address**

4.a. In Care Of Name

4.b. Street Number and Name

4.c. Apt. ☐ Ste. ☐ Flr. ☐

4.d. City or Town

4.e. State 4.f. Zip Code

4.g. Postal Code

4.h. Province

4.i. Country

**Part 3. Additional Information (continued)****Dependents**

If you selected Box "c" in **Part 2. Reason for Request**, provide the following information about the dependent(s) for whom you are requesting follow-to-join. If you need additional space for your dependents, attach a separate sheet(s) of paper and include all the information collected in **Items Number 5.a. - 10.**

**5.a.** Family Name  
(Last Name)

**5.b.** Given Name  
(First Name)

**5.c.** Middle Name

**5.d.** Date of Birth (mm/dd/yyyy) ►

**5.e.** Country of Birth

**5.f.** Country of Citizenship

**5.g.** Relationship to the Principal Alien

**6.a.** Family Name  
(Last Name)

**6.b.** Given Name  
(First Name)

**6.c.** Middle Name

**6.d.** Date of Birth (mm/dd/yyyy) ►

**6.e.** Country of Birth

**6.f.** Country of Citizenship

**6.g.** Relationship to the Principal Alien

**7.a.** Family Name  
(Last Name)

**7.b.** Given Name  
(First Name)

**7.c.** Middle Name

**7.d.** Date of Birth (mm/dd/yyyy) ►

**7.e.** Country of Birth

**7.f.** Country of Citizenship

**7.g.** Relationship to the Principal Alien

**8.a.** Family Name  
(Last Name)

**8.b.** Given Name  
(First Name)

**8.c.** Middle Name

**8.d.** Date of Birth (mm/dd/yyyy) ►

**8.e.** Country of Birth

**8.f.** Country of Citizenship

**8.g.** Relationship to the Principal Alien

**Foreign Address of Dependents**

**9.a.** In Care Of Name

**9.b.** Street Number and Name

**9.c.** Apt. ☐ Ste. ☐ Flr. ☐

**9.d.** City or Town

**9.e.** Postal Code

**9.f.** Province

**9.g.** Country

**Contact Information of Dependents**

**10.** Foreign Telephone Number Extension  
(  0  1  1  )  -

## Part 4. Signature of Applicant

(Read the information on penalties in the Form I-824 instructions before completing this part.)

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct to the best of my knowledge and abilities. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine my eligibility for this benefit.

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

### 1.a. Signature of Applicant

1.b. Date of Signature (mm/dd/yyyy) ►

**NOTE:** If you do not completely fill out this form or fail to submit required documents listed in the instructions, your application may be denied.

## Part 5. Signature of Person Preparing This Form, If Other Than the Applicant

**NOTE:** If you are an attorney or a BIA-Accredited Representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with this application.

### Preparer's Information

Provide the following information concerning the preparer:

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name

### Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. ☐ Ste. ☐ Flr. ☐

3.c. City or Town

3.d. State

3.e. Zip Code

3.f. Postal Code

3.g. Province

3.h. Country

### Preparer's Contact Information

4. Preparer's Daytime Phone Number

Extension

 (  )  - 

5. Preparer's E-mail Address (if any)

### Declaration

I declare that this document was prepared by me at the request of the applicant or other individual authorized by the form instructions to sign this application (see the instructions), and it is based on all information of which I have knowledge and/or was provided to me by the above named person in response to the exact questions contained on this form. I have not knowingly withheld any information.

6.a. Signature of Preparer

6.b. Date of Signature (mm/dd/yyyy) ►