

Part 2 Information About You (Petitioner)
(continued)

Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames.

5.a. Family Name (Last Name) [REDACTED]
5.b. Given Name (first Name) [REDACTED]
5.c. Middle Name [REDACTED] 7

Other Information

6. City/Town/Village of Birth [REDACTED]
7. Country of Birth [Mexico]
8. Date of Birth (mm/dd/yyyy) [REDACTED]
9. Sex ☐ Male ☒ Female 181

Mailing Address

10.a. In Care Of Name: [REDACTED]
10.b. Street Number and Name [REDACTED]
10.c. Apt. ☐ Ste. ☐ Fir. [REDACTED]
10.d. City or Town [REDACTED]
10.e. State [REDACTED] 10.f. ZIP Code [REDACTED]
10.g. Province [REDACTED]
10.h. Postal Code [REDACTED]
10.i. Country [USA]
11. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

If you answered "No" to Item Number 11, provide information on your physical address in Item Numbers 12.a. - 13.b.

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in Item Numbers 10.a. - 10.i.

Physical Address 1

12.a. Street Number and Name [REDACTED]
12.b. ☐ Apt. ☐ Ste. ☐ Fir. [REDACTED]
12.c. City or Town [REDACTED]
12.d. State [LJ] 12.e. ZIP Code [REDACTED]
12.f. Province [REDACTED]
12.g. Postal Code [REDACTED]
12.h. Country [REDACTED]
13.a. Date from (mm/dd/yyyy) [REDACTED]
13.b. Date To (mm/dd/yyyy) [REDACTED]

Physical Address 2

14.a. Street Number and Name [REDACTED]
14.b. ☐ Apt. ☐ Ste. ☐ Fir. [REDACTED]
14.c. City or Town [REDACTED]
14.d. State [REDACTED] 14.e. ZIP Code [REDACTED]
14.f. Province [REDACTED]
14.g. Postal Code [REDACTED]
14.h. Country [USA]
15.a. Date From (mm/dd/yyyy) [REDACTED]
15.b. Date To (mm/dd/yyyy) [REDACTED]

Your Marital Information

16. How many times have you been married? [1]
17. Current Marital Status
☐ Single, Never Married ☐ Married ☒ Divorced
☐ Widowed ☐ Separated ☐ Annulled

Part 2. Information About You (Petitioner)
(continued)

18. Date of Current Marriage (if currently married)
(mm/dd/yyyy) 11.01.00

Place of Your Current Marriage (if married)

19.a. City or Town

19.b. State

19.c. Province

19.d. Country

Names of All Your Spouses (if any)

Provide information on your current spouse (if currently married); first and then list all your prior spouses (if any).

Spouse 1

20.a. Family Name
(Last Name)

20.b. Given Name
(First Name)

20.c. Middle Name

21. Date Marriage Ended (mm/dd/yyyy)

Spouse 2

22.a. Family Name
(Last Name)

22.b. Given Name
(First Name)

22.c. Middle Name

23. Date Marriage Ended (mm/dd/yyyy)

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

24.a. Family Name
(Last Name)

24.b. Given Name
(First Name)

24.c. Middle Name

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

26. Sex [8] Male [] Female

27. Country of Birth

28. City/Town/Village of Residence

29. Country of Residence

Parent 2's Information

Full Name of Parent 2

30.a. Family Name
(Last Name)

30.b. Given Name
(First Name)

30.c. Middle Name

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

32. Sex [] Male [8] Female

33. Country of Birth

34. City/Town/Village of Residence

35. Country of Residence

Additional Information About You (Petitioner)

36. I am a (Select only one box);

[8] U.S. Citizen [] Lawful Permanent Resident

If you are a U.S. citizen, complete Item Number 37.

37. My citizenship was acquired through (Select only one box):

[] Born in the United States

[8] Naturalization

[] Parents

38. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship? [8] Yes [] No

If you answered "Yes" to Item Number 38., complete the following:

39.a. Certificate Number

39.b. Place of Issuance

39.c. Date of Issuance (mm/dd/yyyy)

Part 2. Information About You (Petitioner)
(continued)

If you are a lawful permanent resident, complete Item Numbers 40.a. - 41.

40.a. Class of Admission

40.b. Date of Admission (mm/dd/yyyy)

Place of Admission

40.c. City or Town

40.d. State

41. Did you gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident?

☐ Yes ☒ No

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "unemployed" in Item Number 42.

Employer 1

42. Name of Employer/Company

43.a. Street Number and Name

43.b. ☐ Apt. ☐ Ste. ☒ Flr.

43.c. City or Town

43.d. State

43.e. ZIP Code

43.f. Province

43.g. Postal Code

43.h. Country

USA

44. Your Occupation

45.a. Date From (mm/dd/yyyy)

45.b. Date To (mm/dd/yyyy)

PRESIDENT

Employer 2

46. Name of Employer/Company

47.a. Street Number and Name

47.b. ☐ Apt. ☒ Ste. ☐ Flr.

47.c. City or Town

47.d. State

47.e. ZIP Code

47.f. Province

47.g. Postal Code

47.h. Country

USA

48. Your Occupation

49.a. Date From (mm/dd/yyyy)

49.b. Date To (mm/dd/yyyy)

Part 3. Biographic Information

NOTE: Provide the biographic information about you, the petitioner.

1. Ethnicity (Select only one box)

☐ Hispanic or Latino

☐ Not Hispanic or Latino

2. Race (Select all applicable boxes)

☒ White

☐ Asian

☐ Black or African American

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

3. Height

Feet

☐ 0

Inches

4. Weight

Pounds

☐ 0 @ @

5. Eye Color (Select only one box)

☐ Black

☐ Blue

☒ Brown

☐ Gray

☐ Green

☐ Hazel

☐ Maroon

☐ Pink

☐ Unknown/Other

Part 3. Biographic Information (continued)

- 6 Hair Color (Select only one box)
- | | | |
|--|-----------------------------|-------------------------------------|
| <input type="radio"/> Bald (No hair) | <input type="radio"/> Black | <input type="radio"/> Blond |
| <input checked="" type="radio"/> Brown | <input type="radio"/> Gray | <input type="radio"/> Red |
| <input type="radio"/> Sandy | <input type="radio"/> White | <input type="radio"/> Unknown/Other |

Part 4. Information About Beneficiary

- t. Alien Registration Number (A-Number) (if any)

A-

- 2 USCIS Online Account Number (if any)

- 3 U.S. Social Security Number (if any)

Beneficiary's Full Name

- 4.a. Family Name (Last Name)

- 4.b. Given Name (First Name)

- 4.c. Middle Name

Other Names Used (if any)

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nickname.

- 5.a. Family Name (Last Name)

None

- 5.b. Given Name (First Name)

- 5.c. Middle Name

Other Information About Beneficiary

- 6 City/Town/Village of Birth

- 7 Country of Birth

Mexico

- 8 Date of Birth (mm/dd/yyyy)

- 9 Sex ☐ Male ☒ Female

- 10 Has anyone else ever filed a petition for the beneficiary?
☐ Yes; ☐ No ☒ Unknown

NOTE: Select "Unknown" only if you do not know, and the beneficiary also does not know, if anyone else has ever filed a petition for the beneficiary.

Beneficiary's Physical Address

If the beneficiary lives outside the United States in a home without a street number or name, leave Item Numbers 11.a. and 11.b. blank.

- 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. Province

- 11.g. Postal Code

- 11.h. Country

USA

Other Address and Contact Information

Provide the address in the United States where the beneficiary intends to live, if different from Item Numbers 11.a. - 11.b. If the address is the same, type or print "SAME" in Item Number 12.a.

- 12.a. Street Number and Name

SAME

- 12.b. ☐ Apt. ☐ Ste. ☐ Flr.

- 12.c. City or Town

- 12.d. State

- 12.e. ZIP Code

Provide the beneficiary's address outside the United States, if different from Item Numbers 11.a. - 11.b. If the address is the same, type or print "SAME" in Item Number 13.a.

- 13.a. Street Number and Name

- 13.b. ☐ Apt. ☐ Ste. ☐ Flr.

- 13.c. City or Town

- 13.d. Province

- 13.e. Postal Code

- 13.f. Country

Mexico

14. Daytime Telephone Number (if any)

Part 4. Information About Beneficiary
(continued)

15. Mobile Telephone Number (if any)

[REDACTED]

16. Email Address (if any)

jNone

Beneficiary's JdariJal Information

17. How many times has the beneficiary been married? —

1 2 3

18. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced
☐ Widowed ☐ Separated ☐ Annulled

19. Date of Current Marriage (if currently married)
(mm/dd/yyyy)

[REDACTED]

Place of Beneficiary's Current Marriage
(if married)

20.a. City or Town

[REDACTED]

20.b. State

[REDACTED]

20.c. Province

[REDACTED]

20.d. Country

USA

Names of Beneficiary's Spouses (if any)

Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).

Spouse 1

21.a. Family Name
(Last Name)

[REDACTED]

21.b. Given Name
(First Name)

[REDACTED]

21.c. Middle Name

[REDACTED]

22. Date Marriage Ended (mm/dd/yyyy)

[REDACTED]

Spouse 2

23.a. Family Name;
(Last Name)

[REDACTED]

23.b. Given Name
(First Name)

[REDACTED]

23.c. Middle Name

[REDACTED]

24. Date Marriage Ended (mm/dd/yyyy)

[REDACTED]

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 1

25.a. Family Name
(Last Name)

[REDACTED]

25.b. Given Name
(First Name)

[REDACTED]

25.c. Middle Name

[REDACTED]

26. Relationship

[REDACTED]

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

[REDACTED]

28. Country of Birth

[REDACTED]

Person 2

29.a. Family Name
(Last Name)

[REDACTED]

29.b. Given Name
(First Name)

[REDACTED]

29.c. Middle Name

[REDACTED]

30. Relationship

[REDACTED]

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

[REDACTED]

32. Country of Birth

[REDACTED]

Person 3

33.a. Family Name
(Last Name)

[REDACTED]

33.b. Given Name
(First Name)

[REDACTED]

33.c. Middle Name

[REDACTED]

34. Relationship

[REDACTED]

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

[REDACTED]

36. Country of Birth

[REDACTED]

**Part 4. Information About Beneficiary
(continued)**

Person 4

37.a. Family Name (Last Name)
37.b. Given Name (First Name)
37.c. Middle Name
38. Relationship
39. Date of Birth (mm/dd/yyyy)
40. Country of Birth

Person 5

41.a. Family Name (Last Name)
41.b. Given Name (First Name)
41.c. Middle Name
42. Relationship
43. Date of Birth (mm/dd/yyyy)
44. Country of Birth

Beneficiary's Entry Information

45. Was the beneficiary EVER in the United States?
☒ Yes ☐ No

If the beneficiary is currently in the United States, complete Items Numbers 46.s. - 46.d.

46.a. He or she arrived as a (Class of Admission):

46.b. Form 1-94 Arrival-Departure Record Number

46.c. Date of Arrival (mm/dd/yyyy)
46.d. Date authorized stay expired, or will expire, as shown on Form J-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status

47. Passport Number

48. Travel Document Number

49. Country of Issuance for Passport or Travel Document

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

Beneficiary's Employment Information

Provide the beneficiary's current employment information (if applicable), even if they are employed outside of the United States. If the beneficiary is currently unemployed, type or print "Unemployed" in Item Number 51.a.

51.a. Name of Current Employer (if applicable)

51.b. Street Number and Name
51.c. ☒ Apt. ☐ Ste. ☐ Fir.
51.d. City or Town
51.e. State
51.f. ZIP Code
51.g. Province
51.h. Postal Code
51.i. Country
52. Date Employment Began (mm/dd/yyyy)

Additional Information About Beneficiary

53. Was the beneficiary EVER in immigration proceedings?
☐ Yes ☒ No
54. If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings.
☒ Removal ☐ Exclusion/Deportation
☐ Rescission ☐ Other Judicial Proceeding
55.a. City or Town
55.b. State
56. Date (mm/dd/yyyy)

Part 4. Information About Beneficiary
(continued)

If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign address in their native written language.

57.a. Family Name (Last Name) IN/A
57.b. Given Name (First Name)
57.c. Middle Name
58.a. Street Number and Name
58.b. ☐ Apt. ☐ Ste. ☐ Fir.
58.c. City or Town
58.d. Province
58.e. Postal Code
58.f. County

If filing for your spouse, provide the last address at which you physically lived together. If you never lived together, type or print, "Never lived together" in Item Number S9.11.

59.a. Street Number and Name
59.b. ☐ Apt. ☐ Sw. ☐ Fir.
59.c. City or Town
59.d. State 59.e. ZIP Code
59.f. Province
59.g. Postal Code
59.h. Country USA

60.a. Date From (mm/dd/yyyy)
60.b. Date To (mm/dd/yyyy) Present

The beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS) office in:

61.a. City or Town Chicago
61.b. State IL

The beneficiary will not apply for adjustment of status in the United States, but he or she will apply for an immigrant visa abroad at the U.S. Embassy or U.S. Consulate in:

62.a. City or Town
62.h. Province
62.c. Country

NOTE: Choosing a U.S. Embassy or U.S. Consulate outside the country of the beneficiary's last residence does not guarantee that it will accept the beneficiary's case for processing. In these situations, the designated U.S. Embassy or U.S. Consulate has discretion over whether or not to accept the beneficiary's case.

Part 5. Other Information

1. Have you EVER previously filed a petition for this beneficiary or any other alien? ☐ Yes ☒ No

If you answered "Yes," provide the name, place, date of filing, and the result.

2.a. Family Name (Last Name)
2.b. Given Name (First Name)
2.c. Middle Name
3.a. City or Town
3.b. State
4. Date Filed (mm/dd/yyyy)
5. Result (for example, approved, denied, withdrawn)

If you are also submitting separate petitions for other relatives, provide the names of and your relationship to each relative.

Relative 1

6.a. Family Name (Last Name) None
6.b. Given Name (First Name)
6.c. Middle Name
7. Relationship

Part 5. Other Information (continued)

Relative2

8.a. Family Name
(Last Name)8.b. Given Name
(First Name)

8.c. Middle Name

9. Relationship

WARNING: USCIS investigates the claimed relationships and verifies the validity of documents you submit. If you falsify a family relationship to obtain a visa, USCIS may seek to have you criminally prosecuted.

PENALTIES: By law, you may be imprisoned for up to 5 years or fined \$250,000, or both, for entering into a marriage contract in order to evade any U.S. immigration law. In addition, you may be fined up to \$10,000 and imprisoned for up to 5 years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

Part 6. Petitioner's Statement Contact Information, Declaration, and Signature

NOTE: Read the **Instructions** section of the Form I-130 before completing this part.

Petitioner's Statement

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

1.a. ☒ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.

1.b. ☐ The interpreter named in Part 7. read to me every question and instruction on this petition and my answer to every question in

a language in which I am fluent I understood all of this information as interpreted.

2. ☐ At my request, the preparer named in Part 8,

William McLean, prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

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

5. Petitioner's Email Address (if any)

Petitioner's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

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

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I provided or authorized all of the information contained in, and submitted with, my petition;
- 2) I reviewed and understood all of the information in, and submitted with, my petition; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink)

6.b. Date of Signature (mm/dd/yyyy)

11/25/2018

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter if you used one.

Interpreter's Full Name

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

None

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

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

Interpreter's Mailing Address

3.a. Street Number and Name

None

3.b. ☐ Apt. ☐ Box (C. ☐ Office (Fir.

3.c. City or Town

3.d. State **CJ** 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and

which is the same language provided in Part 6, Item Number 1.b., and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the Petitioner's Declaration and Certification, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

7.b. Date of Signature (mm/dd/yyyy)

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

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

McLean

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

William

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

Law Office of William G McLean

Preparer's Mailing Address

3.a. Street Number and Name

1401 S LaSalle St

3.b. ☐ Apt. ☐ Box ☐ Ste. ☐ Office (Fir. ☐ Other

3.c. City or Town

Chicago

3.d. State **IL** 3.e. ZIP Code

60605

3.f. Province

3.g. Postal Code

3.h. Country

USA

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
13127145603
5. Preparer's Mobile Telephone Number (if any)
13127145603
6. Preparer's Email Address (if any)
fmcicanlaw.chicago@gmail.com

Preparer's Statement


- 7.a. ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent
- 7.b. (8) I am an attorney or accredited representative and my representation of the petitioner in this case ☒ extends ☐ does not extend beyond the preparation of this petition.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner. The petitioner then reviewed this completed petition and informed me that he or she understands all of the information contained in, and submitted with, his or her petition, including the Petitioner's Declaration and Certification, and that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner provided to me or authorized me to obtain or use.

Preparer's Signature

- 8.a. Preparer's Signature (sign in ink)

- 8.b. Date of Signature (mm/dd/yyyy)
11/25/2018

Part 9. Additional Information

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

L.a. Family Name

(Last Name)

I.b. Given Name
(First Name)

I.e. Middle Name

2 A-Number (if any)

A-

3.a. Page Number

7

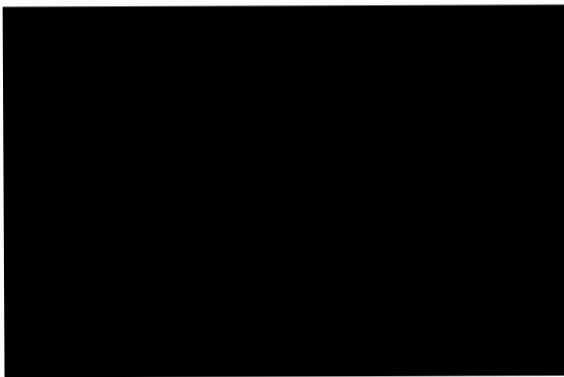
3.b. Part Number

4

3.c. Item Number

Various

3.d.



4.a. Page Number

7

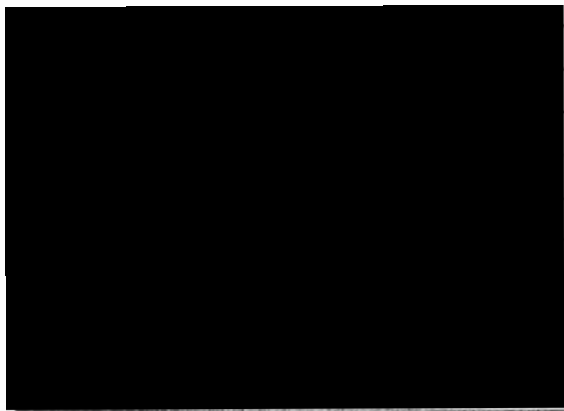
4.b. Part Number

4

4.c. Item Number

Various

4.d.



S.a. Page Number

5.b. Part Number

5.c. Item Number

S.d.

6.a. Page Number

6.b. Part Number

6.c. Item Number

6.d.

7. Page Number

7.b. Part Number

7.c. Item Number

7.d.



Supplemental Information for Spouse Beneficiary

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-130A
UMB No. 16150012
Expires 07/31/2018

To be completed by an attorney or accredited representative (if any).

☒ Select this box if Form C-28 is attached.

Volag Number
(if any)

Attorney State Bar Number
(if applicable)
16306574

Attorney or Accredited Representative
USCIS Online Account Number (if any)

START HERE - Type or print in black ink.

The purpose of this form is to provide additional information for a spouse beneficiary of Form I-130, Petition for Alien Relative. If your spouse is a U.S. citizen, lawful permanent resident, or non-citizen U.S. national who is filing Form I-130 on your behalf, you must complete and sign form I-130A, Supplemental Information for Spouse Beneficiary, and submit it with the Form I-130 filed by your spouse. If you reside overseas, you still must complete Form I-130A, but you do not need to sign the form.

Part J. Information About You (Spouse Beneficiary)

1. Alien Registration Number (A-Number) (if any)

▶ A-

2. USCIS Online Account Number (if any)

▶

Your Full Name

3.a. Family Name
(Last Name)

3.b. Given Name
(First Name)

3.c. Middle Name

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in Part 7. Additional Information.

Physical Address 1

4.a. Street Number
and Name

4.b. ☒ Apt. ☐ Ste. ☐ Flr. • Unit: • J

4.c. City or Town

4.d. State

4.e. ZIP Code

4.f. Province

4.g. Postal Code

4.h. Country

USA

5.a. Date From (mm/dd/yyyy)

5.b. Date To (mm/dd/yyyy)

PRESENT

Physical Address 2

6.a. Street Number
and Name

6.b. ☐ Apt. ☐ Ste. ☐ Flr.

6.c. City or Town

6.d. State

ZIP Code

6.f. Province

6.g. Postal Code

6.h. Country

7.a. Date From (mm/dd/yyyy)

7.b. Date To (mm/dd/yyyy)

Last Physical Address Outside the United States

Provide your last address outside the United States of more than one year (even if listed above).

8.a. Street Number
and Name

8.b. ☐ Apt. ☐ Ste. ☐ Flr.

8.c. City or Town

8.d. Province

8.e. Postal Code

8.f. Country

Mexico

Part 1. Information About You (The Spouse Beneficiary)

9.a. Date From (mm/dd/yyyy) [REDACTED]

9.b. Date To (mm/dd/yyyy) [REDACTED]

Information About Parent I

Full Name of Parent I

10.a. Family Name (Maiden Name) [REDACTED]

10.b. Given Name (First Name) [REDACTED]

10.c. Middle Name [REDACTED]

11. Date of Birth (mm/dd/yyyy) [REDACTED]

12. Sex ☒ Male ☐ Female

13. City/Town/Village of Birth [REDACTED]

14. Country of Birth [REDACTED]

15. City/Town/Village of Residence [REDACTED]

16. Country of Residence [REDACTED]

Information About Parent Z

Full Name of Parent Z

17.a. Family Name (Last Name) [REDACTED]

17.b. Given Name (First Name) [REDACTED]

17.c. Middle Name [REDACTED]

18. Date of Birth (mm/dd/yyyy) [REDACTED]

19. Sex ☐ Male ☒ Female

20. City/Town/Village of Birth [REDACTED]

21. Country of Birth [REDACTED]

22. City/Town/Village of Residence [REDACTED]

23. Country of Residence [REDACTED]

Part 2. Information About Your Employment

Provide your employment history for the 11 five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in Item Number 1. below. If you need extra space to complete this section, use the space provided in Part 7. Additional Information.

Employment History

Employer 1

1. Name of Employer/Company

Self employed

2.a. Street Number and Name [REDACTED]

2.b. ☒ Apt. ☐ Ste. ☐ Flr. [REDACTED]

2.c. City or Town [REDACTED]

2.d. State [REDACTED] 2.e. ZIP Code [REDACTED]

2.f. Province [REDACTED]

2.g. Postal Code [REDACTED]

2.h. Country

USA

3. Your Occupation

4.a. Date From (mm/dd/yyyy) [REDACTED]

4.b. Date To (mm/dd/yyyy)

PRESENT

Employer 2

5. Name of Employer/Company

6.a. Street Number and Name [REDACTED]

6.b. ☐ Apt. ☐ Ste. ☐ Flr. [REDACTED]

6.c. City or Town [REDACTED]

6.d. State [REDACTED] 6.e. ZIP Code, ... [REDACTED]

6.f. Province [REDACTED]

6.g. Postal Code [REDACTED]

6.h. Country

USA

Part 2. Information About Your Employment (continued)

7. Your Occupation

Various

8.a. Date From (mm/dd/yyyy)

8.b. Date To (mm/dd/yyyy)

iiiiiaJ

Part 3. Information About Your Employment Outside the United States

Provide your ~~last~~ occupation outside the United States if not shown above. If you never worked outside the United States, provide this information in the space provided in Part 7.

Additional Information.

1. Name of Employer/Company

None

2.a. Street Number and Name

2.b. Q Apt. ☐ Ste. ☐ Fir.

2.c. City or Town

2.d. State **CJ** 2.e. ZIP Code

2.f. Province

2.g. Postal Code

2.h. Country

3. Your Occupation

4.1. Date From (mm/dd/yyyy)

4.b. Date To (mm/dd/yyyy)

Part 4. Spouse Beneficiary's Statement, Contact Information, Certification, and Signature

NOTE: Read the Penalties section of the Form I-130 and form I-JOA instructions before completing this part.

Spouse Beneficiary's Statement

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

1.a. ☒ I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.

1.b. ☐ The interpreter named in Part 5 read to me every question and instruction on this form and my answer to every question in

a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in Part 6,

William McLean

prepared this form for me based only upon information provided or authorized.

Spouse Beneficiary's Contact Information

J. Spouse Beneficiary's Daytime Telephone Number

4. Spouse Beneficiary's Mobile Telephone Number (if any)

5. Spouse Beneficiary's Email Address (if any)

Spouse Beneficiary's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

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

I certify, under penalty of perjury, that I provided or authorized all of the information in this form, I understand all of the information contained in, and submitted with, my form, and that all of this information is complete, true, and correct.

Spouse Beneficiary's Signature

6.a. Spouse Beneficiary's Signature (sign in ink)



6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL SPOUSE BENEFICIARIES: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the Form I-130 filed on your behalf.

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

Provide the following information about the interpreter you used to complete Form J-130A if he or she is different from the interpreter used to complete the Form I-130 filed on your behalf.

Interpreter's Full Name

1.a. Interpreter's family Name (Last Name)

JNone

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

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

Interpreter's Mailing Address

3.a. Street Number and Name

None

3.b. Q Apt. Q Stc. Q Fir.

3.c. City or Town

3.d. State L J 3.c. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and I

which is the same language provided in Part 4., Item Number J.b., and I have read to this spouse beneficiary in the identified language every question and instruction on this form and his or her answer to every question. The spouse beneficiary informed me that he or she understands every instruction, question, and answer on the form, including the Spouse Beneficiary's Certification, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

7.b. Date of Signature (mm/dd/yyyy)

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary

Provide the following information about the preparer you used to complete Form I-130A if he or she is different from the preparer used to complete the Form I-130 filed on your behalf.

Preparer's Full Name

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

McLean

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

William

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

Law Office of William G McLean

Preparer's Mailing Address

3.a. Street Number and Name

401 S LaSalle St

3.b. Apt Ste. Fir. 1801R

3.c. City or Town

Chicago

3.d. State

IL

3.f. Province

3.g. Postal Code

3.h. Country

USA

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary (continued)

Preparer's Contact information

4. Preparer's Daytime Telephone Number
13127145603
5. Preparer's Mobile Telephone Number (if any)
1312145603
6. Preparer's Email Address (if any)
lmcleanlaw.chicago@gmail.com

Preparer's Statement

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this form on behalf of the spouse beneficiary and with the spouse beneficiary's consent.
- 7.b. (gj) ☐ I am an attorney or accredited representative and my representation of the spouse beneficiary in this case (gj extends ☐ does not extend beyond the preparation of this form.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this form, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the spouse beneficiary. The spouse beneficiary then reviewed (his completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her form, including: the Spouse Beneficiary's Certification, and that all of this information is complete, true, and correct. I completed this form based only on information that the spouse beneficiary provided to me or authorized me to obtain or use.

Preparer Signature

- 8.a. Signature
s. rli/J:nl1Jr !;: _____
- 8.b. Date of Signature (mm/dd/yyyy) 11/11/11 11/11/11

!Part 7. Additional Joformation

If you need extra space to provide any additional information within this form, use the space below. If you need more space than 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 Address Number (if any) 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.

I.a. family Name - _____
N° _____

1.b. Given Name

I.e. Middle Name

2 A-Number (if any) A-j. _____

3.a. Page Number	3.b. Part Number	3.c. Item Number
2	2	Various

3.d

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

4.d.

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

[illegible]

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

6.d.

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

7.d.



Application to Register Permanent Residence or Adjust Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-485
OMB No. 1615-0027
Expires 06/30/2019

For USCIS Use Only		
Preferred Country:	Receipt	Action Book
Country of Birth:		
Priority Date:		
Date Form I-485 Received:		
<input type="checkbox"/> Application Interviewed <input type="checkbox"/> Interview Waived	<input type="checkbox"/> INA 201(a) <input type="checkbox"/> INA 249 <input type="checkbox"/> INA 209(h) <input type="checkbox"/> Sec. 13, Act of 9/11 JS <input type="checkbox"/> INA 245(a) <input type="checkbox"/> Cuban Adjustment Act <input type="checkbox"/> INA 250 <input type="checkbox"/> Other _____ <input type="checkbox"/> INA 245(n)	
Officer Initial Interview: _____		
Lawful Permanent Resident: _____		

To be completed by an attorney or accredited representative (if any).			
129 Select this box if Form G-28 is attached.	Volag Number (if any) _____	Attorney State Bar Number (if applicable) 6306574	Attorney or Accredited Representative USCIS Online Account Number (if any) _____

START HERE • Type or print in black ink. A-Number A- _____

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may deny your application.

Part I. Information About You (Person applying for lawful permanent residence)

Your Current Legal Name (do not provide a nickname)

1.a. Family Name (Last Name)	_____
1.b. Given Name (First Name)	_____
1.c. Middle Name	_____

3.a. Family Name (Last Name)	_____
3.b. Given Name (First Name)	_____
3.c. Middle Name	_____
4.a. Family Name (Last Name)	_____
4.b. Given Name (First Name)	_____
4.c. Middle Name	_____

Other Names You Have Used Since Birth (if applicable)

NOTE: Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names. If you need extra space to complete this section, use the space provided in Part 14. Additional Information.

2.a. Family Name (Last Name)	_____
2.b. Given Name (First Name)	_____
2.c. Middle Name	_____

Other Information About You

5. Date of Birth (mm/dd/yyyy)	_____
-------------------------------	-------

NOTE: In addition to providing your actual date of birth, include any other dates of birth you have used in connection with any legal names or non-legal names in the space provided in Part 14. Additional Information.

6. Sex <input checked="" type="radio"/> Male <input type="radio"/> Female	7. City or Town of Birth _____
---	--------------------------------

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

8. Country of Birth
Mexico
9. Country of Citizenship or Nationality
Mexico
10. Alien Registration Number (A-Number) (if any)
▶ A- [redacted]
- NOTE:** If you have EVER used other A-Numbers, include the additional A-Numbers in the space provided in Part 14. Additional Information.
11. USCIS Online Account Number (if any)
[redacted]
12. U.S. Social Security Number (if any) [redacted]

U.S. Mailing Address

- 13.a. In Care Of Name (if any)
[redacted]
- 13.b. Street Number and Name
[redacted]
- 13.c. [8] Apt. 0 Ste. 0 Fir. [redacted]
- 13.d. City or Town
[redacted]
- 13.e. State [redacted] 13.f. ZIP Code [redacted]

Alternate and/or Safe Mailing Address

If you are applying based on the Violence Against Women Act (VAWA) or as a special immigrant juvenile, human trafficking victim (T nonimmigrant), or victim of a qualifying crime (U nonimmigrant) and you do not want USCIS to send notices about this application to your home, you may provide an alternative and/or safe mailing address.

- 14.a. In Care Of Name (if any)
[redacted]
- 14.b. Street Number and Name
[redacted]
- 14.c. 0 Apt. 0 Ste. 0 Fir. [redacted]
- 14.d. City or Town
[redacted]
- 14.e. State [redacted] 14.f. ZIP Code [redacted]

Recent Immigration History

Provide the information for Item Numbers 15. - 19. if you last entered the United States using a passport or travel document.

15. Passport Number Used at Last Arrival
[redacted]
16. Travel Document Number Used at Last Arrival
[redacted]
17. Expiration Date of this Passport or Travel Document (mm/dd/yyyy)
[redacted]
18. Country that Issued this Passport or Travel Document
Mexico
19. Nonimmigrant Visa Number from this Passport (if any)
[redacted]

Place of Last Arrival into the United States

- 20.a. City or Town
[redacted]
- 20.b. State [redacted]
21. Date of Last Arrival (mm/dd/yyyy) [redacted]

When I last arrived in the United States, I:

- 22.a. [8] Was inspected at a port of entry and admitted as (for example, exchange visitor; visitor, waived ineligibility; temporary worker; student):
visitor
- 22.b. D Was inspected at a port of entry and paroled as (for example, humanitarian parole, Cuban parole):
[redacted]
- 22.c. 0 Came into the United States without admission or parole.
- 22.d. D Other: [redacted]

If you were issued a Form 1-94 Arrival-Departure Record Number:

- 23.a. Form 1-94 Arrival-Departure Record Number
▶ [redacted]
- 23.b. Expiration Date of Authorized Stay Shown on Form 1-94 (mm/dd/yyyy)
Unknown
- 23.c. Status on Form 1-94 (for example, class of admission, or paroled, if paroled)
Unknown

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

24. What is your current immigration status (if it has changed since your arrival)?

Out of status

Provide your name exactly as it appears on your Form I-94 (if any)

25.a. Family Name (Last Name)

25.b. Given Name (First Name)

25.c. Middle Name

Part 2. Application Type or Filing Category

NOTE: Attach a copy of the Form I-797 receipt or approval notice for the underlying petition or application, as appropriate.

I am applying to register lawful permanent residence or adjust status to that of a lawful permanent resident based on the following immigrant category (select only one box). (See the Form I-485 Instructions for more information, including any Additional Instructions that relate to the immigrant category you select.):

I.e. Family-based

☒ Immediate relative of a U.S. citizen, Form I-130

☐ Other relative of a U.S. citizen or relative of a lawful permanent resident under the family-based preference categories, Form I-130

☐ Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen, Form I-129F (K-1/K-2 Nonimmigrant)

☐ Widow or widower of a U.S. citizen, Form I-360

☐ VAWAs (Form I-360)

1.b. Employment-based

☐ Alien worker, Form I-140

☐ Alien entrepreneur, Form I-526

I.e. Special Immigrant

☐ Religious worker, Form I-360

☐ Special immigrant juvenile, Form I-360

☐ Certain Afghan or Iraqi national, Form I-360

☐ Certain international broadcaster, Form I-360

☐ Certain C-4 international organization or family member or NATO-6 employee or family member, Form I-360

1.d. Asylee or Refugee

☐ Asylum status (INA section 208), Form I-589 or Form I-730

☐ Refugee status (INA section 207), Form I-590 or Form I-730

1.e. Human Trafficking Victim or Crime Victim

☐ Human trafficking victim (T Nonimmigrant), Form I-914 or derivative family member, Form I-914A

☐ Crime victim (U Nonimmigrant), Form I-918, derivative family member, Form I-918A, or qualifying family member, Form I-929

1.f. Special Programs Based on Certain Public Laws

☐ The Cuban Adjustment Act

☐ The Cuban Adjustment Act for battered spouses and children

☐ Dependent status under the Haitian Refugee Immigrant Fairness Act

☐ Dependent status under the Haitian Refugee Immigrant Fairness Act for battered spouses and children

☐ Lautenberg Parolees

☐ Diplomats or high ranking officials unable to return home (Section 13 of the Act of September 11, 1957)

☐ Indochinese Parole Adjustment Act of 2000

1.g. Additional Options

☐ Diversity Visa program

☐ Continuous residence in the United States since before January 1, 1972 ("Registry")

☐ Individual born in the United States under diplomatic status

☐ Other eligibility

2. Are you applying for adjustment based on the Immigration and Nationality Act (INA) section 245(i)?

☐ Yes ☐ No

NOTE: If you answered "Yes" to Item Number 2, you must have selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in Item Numbers 1.a. - 1.g. as the basis for your application for adjustment of status. Fill out the rest of this application and Supplement A to Form I-485, Adjustment of Status Under Section 245(i) (Supplement A). For detailed filing instructions, read the Form I-485 Instructions (including any Additional Instructions that relate to the immigrant category that you selected in Item Numbers 1.a. - 1.g.) and Supplement A Instructions.

Part 2. Application Type or Filing Category
(continued)**Information About Your Immigrant Category**

If you are the principal applicant, provide the following information.

3. Receipt Number of Underlying Petition (if any)

4. Priority Date from Underlying Petition (if any)
(mm/dd/yyyy)

If you are a derivative applicant (the spouse or unmarried child under 21 years of age of a principal applicant), provide the following information for the principal applicant.

Principal Applicant's Name

- 5.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name

6. Principal Applicant's A-Number (if any)

A-1

7. Principal Applicant's Date of Birth
(mm/dd/yyyy)

8. Receipt Number of Principal's Underlying Petition (if any)

9. Priority Date of Principal Applicant's Underlying Petition
(if any) (mm/dd/yyyy)

Part 3. Additional Information About You

1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? ☐ Yes ☒ No

If you answered "Yes" to Item Number 1., complete Item Number 2.a. - 4. below. If you need extra space to complete this section, use the space provided in Part 14. Additional Information.

Location of U.S. Embassy or U.S. Consulate

- 2.a. City
- 2.b. Country

3. Decision (for example, approved, refused, denied, withdrawn)

4. Date of Decision (mm/dd/yyyy)

Address History

Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in Part 14. Additional Information.

Physical Address 1 (Current address)

- 5.a. Street Number and Name
- 5.b. Apt. ☐ Ste. ☐ Fir. ☐
- 5.c. City or Town
- 5.d. State (iii) S.E. ZIP Code
- 5.f. Province
- 5.g. Postal Code
- 5.h. Country
USA

Dates of Residence

- 6.a. From (mm/dd/yyyy)
- 6.b. To (mm/dd/yyyy) Present

Physical Address 2

- 7.a. Street Number and Name
- 7.b. Apt. ☐ Ste. ☐ Flr. ☐
- 7.c. City or Town
- 7.d. State (a) 7.e. ZIP Code
- 7.f. Province
- 7.g. Postal Code
- 7.h. Country
USA

**Part 3. Additional information About You
(continued)****Dates of Residence**

8.a. From (mm/dd/yyyy)

8.b. To (mm/dd/yyyy)

Provide your most recent address outside the United States where you lived for more than one year (if not already listed above).

9.a. Street Number and Name

9.b. Apt. Ste. Fir.

9.c. City or Town

9.d. State

9.e. ZIP Code

9.f. Province

9.g. Postal Code

9.h. Country

Mexico

Dates of Residence:

10.a. From (mm/dd/yyyy)

10.b. To (mm/dd/yyyy)

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in Part 14. Additional Information.

Employer 1 (current or most recent)

11. Name of Employer or Company

Self employed

Address of Employer or Company

12.a. Street Number and Name

12.b. ☒ Apt. ☐ Ste. ☐ Flr.

12.c. City or Town

12.d. State

12.e. ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

USA

13. Your Occupation

Dates of Employment

14.a. From (mm/dd/yyyy)

14.b. To (mm/dd/yyyy)

Present

Employer 2

15. Name of Employer or Company

Address of Employer or Company

16.a. Street Number and Name

16.b. ☐ Apt. ☐ Ste. ☐ Flr.

16.c. City or Town

16.d. State

16.e. ZIP Code

16.f. Province

16.g. Postal Code

16.h. Country

USA

17. Your Occupation

Various

Dates of Employment

18.a. From (mm/dd/yyyy)

18.b. To (mm/dd/yyyy)

**Part 3. Additional Information About You
(continued)**

Provide your most recent employment outside of the United States (if not already listed above).

19. Name of Employer or Company

None

Address of Employer or Company

20.a. Street Number and Name

20.b. D Apt. 0 Ste. 0 Fir.

20.c. City or Town

20.d. State LJ 20.e. ZIP Code

20.f. Province

20.g. Postal Code

20.h. Country

21. Your Occupation

Dates of Employment

22.a. from (mm/dd/yyyy)

22.b. To (mm/dd/yyyy)

Part 4. Information About Your Parents**Information About Your Parent 1**

Parent 1's Legal Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Parent 1's Name at Birth (if different than above)

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

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

4. Sex ☒ Male ☐ Female

5. City or Town of Birth

6. Country of Birth

7. Current City or Town of Residence (if living)

8. Current Country of Residence (if living)

Information About Your Parent 2

Parent 2's Legal Name

9.a. Family Name (Last Name)

9.b. Given Name (First Name)

9.c. Middle Name

Parent 2's Name at Birth (if different than above)

10.a. Family Name (Last Name)

10.b. Given Name (First Name)

10.c. Middle Name

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

12. Sex ☐ Male ☒ Female

13. City or Town of Birth

14. Country of Birth

15. Current City or Town of Residence (if living)

16. Current Country of Residence (if living)

A-Number

A-

Part 5. Information About Your Marital History

1. What is your current marital status?
- ☐ Single, Never Married ☒ Married ☐ Divorced
- ☐ Widowed ☐ Marriage Annulled
- ☐ Legally Separated
2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard?
- ☐ N/A ☐ Yes [g] No
3. How many times have you been married (including annulled marriages and marriages to the same person)?

**Information About Your Current Marriage
(including if you are legally separated)**

If you are currently married, provide the following information about your current spouse.

Current Spouse's Legal Name

- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name
5. A-Number (if any)

6. Current Spouse's Date of Birth (mm/dd/yyyy)

7. Date of Marriage to Current Spouse (mm/dd/yyyy)

Current Spouse's Place of Birth

- 8.a. City or Town
- 8.b. State or Province
- 8.c. Country

Place of Marriage to Current Spouse

9.a. City or Town

9.b. State or Province

9.c. Country

10. Is your current spouse applying with you?

☐ Yes [g] No

Information About Prior Marriages (if any)

If you have ever been married before, whether in the United States or in any other country, provide the following information about your prior spouse. If you have had more than one previous marriage, use the space provided in Part 14. Additional information to provide the information below.

Prior Spouse's Legal Name (provide family name before marriage)

- 11.a. Family Name (Last Name)
- 11.b. Given Name (First Name)
- 11.c. Middle Name

12. Prior Spouse's Date of Birth (mm/dd/yyyy)

13. Date of Marriage to Prior Spouse (mm/dd/yyyy)

Place of Marriage to Prior Spouse

- 14.a. City or Town
- 14.b. State or Province
- 14.c. Country

15. Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)

Part S Information About Your Marital History (continued)

Place Where Marriage with Prior Spouse Legally Ended

16.a. City or Town

16.b. State or Province

16.c. County

Part 6. Information About Your Children

- I. Indicate the total number of ALL living children (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

j o

Provide the following information for each of your children. If you have more than three children, use the space provided in Part 14. Additional Information.

Child 1

Current Legal Name

2.a. Family Name (Last Name)

1.b. Given Name (First Name)

2.c. Middle Name

3. A-Number (if any)

► A-

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

5. Country of Birth

6. Is this child applying with you? ☐ Yes ☐ No

Child 2

Current Legal Name

7.a. Family Name (Last Name)

7.b. Given Name (First Name)

7.c. Middle Name

8. A-Number (if any)

A-

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

10. Country of Birth

11. Is this child applying with you? ☐ Yes ☐ No

Child 3

Current Legal Name

12.1. Family Name (Last Name)

12.b. Given Name (First Name)

12.c. Middle Name

13. A-Number (if any)

A-

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

15. Country of Birth

16. Is this child applying with you? ☐ Yes ☐ No

Part 7. Biographic Information

1. Ethnicity (Select only one box)

☐ Hispanic or Latino

☐ Not Hispanic or Latino

2. Race (Select all applicable boxes)

☐ White

☐ Asian

☐ Black or African American

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

Part 7. Biographic Information (continued)

3. Height Feet Inches
4. Weight Pounds
5. Eye Color (Select only one box)
- ☐ Black ☐ Blue ☐ Brown
- ☐ Gray ☐ Green ☐ Hazel
- ☐ Maroon ☐ Pink ☐ Unknown/Other
6. Hair Color (Select only one box)
- ☐ Bald (No hair) ☐ Black ☐ Blond
- ☐ Brown ☐ Gray ☐ Red
- ☐ Sandy ☐ White ☐ Unknown/Other

Part 8. General Eligibility and Inadmissibility Grounds

- I. Have you EVER been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world including any military service? ☐ Yes ☐ No

If you answered "Yes" to (item Number 1), complete Item Numbers 2 - 13.b. below. If you need extra space to complete this section, use the space provided in Part 14. Additional Information. If you answered "No," but are unsure of your answer, provide an explanation of the events and circumstances in the space provided in Part 14. Additional Information.

Organization 1

2. Name of Organization
- 3.a. City or Town
- 3.b. State or Province
- 3.c. Country
4. Nature of Group

Dates of Membership or Dates of Involvement

- 5.a. from (mm/dd/yy)
- 5.b. To (mm/dd/yyyy)

Organization 2

6. Name of Organization
- 7.a. City or Town
- 7.b. State or Province
- 7.c. Country
8. Nature of Group

Dates of Membership or Dates of Involvement

- 9.a. From (mm/dd/yyyy)
- 9.b. To (mm/dd/yyyy)

Organization 3

10. Name of Organization
- 11.a. City or Town
- 11.b. State or Province
- 11.c. Country
12. Nature of Group

Dates of Membership or Dates of Involvement

- 13.a. From (mm/dd/yyyy)
- 13.b. To (mm/dd/yyyy)

Part 8. General Eligibility and Inadmissibility Grounds (continued)

Answer Item Numbers 14. • 80.b. Choose the answer that you think is correct. If you answer "Yes" to any questions (or if you answer "No," but are unsure of your answer), provide an explanation of the events and circumstances in the space provided in Part 14. Additional Information.

14. Have you EVER been denied admission to the United States? ☐ Yes ☒ No
15. Have you EVER been denied a visa to the United States? ☐ Yes ☒ No
16. Have you EVER worked in the United States without authorization? ☐ Yes ☒ No
17. Have you EVER violated the terms or conditions of your nonimmigrant status? ☐ Yes ☒ No
18. Are you presently or have you EVER been in removal, exclusion, rescission, or deportation proceedings? ☐ Yes ☒ No
19. Have you EVER been issued a final order of exclusion, deportation, or removal? ☐ Yes ☒ No
20. Have you EVER had a prior final order of exclusion, deportation, or removal reinstated? ☐ Yes ☒ No
21. Have you EVER held lawful permanent resident status which was later rescinded? ☐ Yes ☒ No
22. Have you EVER been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allowed time? ☐ Yes ☒ No
23. Have you EVER applied for any kind of relief or protection from removal, exclusion, or deportation? ☐ Yes ☒ No
- 24.a. Have you EVER been a nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement? ☐ Yes ☒ No
- If you answered "Yes" to Item Number 24.a., complete Item Number 24.b. • 24.c. If you answered "No" to Item Number 24.a., skip to Item Number 25.
- 24.b. Have you complied with the foreign residence requirement? ☐ Yes ☒ No
- 24.c. Have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you? ☐ Yes ☒ No

Criminal Acts and Violations

For Item Number 25. • 45., you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to Item Numbers 25. • 45., use the space provided in Part 14. Additional Information to provide an explanation that includes why you were arrested, cited, detained, or charged; where you were arrested, cited, detained, or charged; when (date) the event occurred; and the outcome or disposition (for example, no charges filed, charges dismissed, jail, probation, community service).

25. Have you EVER been arrested, cited, charged, or detained for any reason by any law enforcement official (including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard)? ☐ Yes ☒ No
26. Have you EVER committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime)? ☐ Yes ☒ No
27. Have you EVER pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? ☐ Yes ☒ No
- NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.
28. Have you EVER been ordered punished by a judge or bad conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? ☐ Yes ☒ No

29. Have you EVER been a defendant or the accused in a criminal proceeding (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication)? ☐ Yes ☒ No
30. Have you EVER violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? ☐ Yes ☒ No

Part 8 General Eligibility and Inadmissibility Grounds (continued)

31. Have you EVER been convicted of two or more offenses (other than purely political offenses) for which the combined sentences to confinement were five years or more? ☐ Yes ☒ No
32. Have you EVER illicitly (illegally) trafficked or benefited from the trafficking of any controlled substances, such as chemicals, illegal drugs, narcotics? ☒ Yes ☐ No
33. Have you EVER knowingly aided, abetted, assisted, conspired, or colluded in the illicit trafficking of any illegal narcotic or other controlled substances? ☒ Yes ☐ No
34. Are you the spouse, son, or daughter of a foreign national who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last five years, any financial or other benefit from the illegal activity of your spouse or parent, although you knew or reasonably should have known that the financial or other benefit resulted from the illicit activity of your spouse or parent? ☒ Yes ☐ No
35. Have you EVER engaged in prostitution or are you coming to the United States to engage in prostitution? ☒ Yes ☐ No
36. Have you EVER directly or indirectly procured (or attempted to procure) or imported prostitutes or persons for the purpose of prostitution? ☐ Yes ☒ No
37. Have you EVER received any proceeds or money from prostitution? ☐ Yes ☒ No
38. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? ☐ Yes ☒ No
39. Have you EVER exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? ☐ Yes ☒ No
40. Have you EVER while serving as a foreign government official, been responsible for or directly carried out violations of religious freedoms? ☐ Yes ☒ No
41. Have you EVER induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of persons for commercial sex acts? ☐ Yes ☒ No
42. Have you EVER trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion. ☐ Yes ☒ No
43. Have you EVER knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? ☐ Yes ☒ No
44. Are you the spouse, son or daughter of a foreign national who engaged in the trafficking of persons and have received or obtained, within the last five years, any financial or other benefits from the illicit activity of your spouse or your parent, although you knew or reasonably should have known that this benefit resulted from the illicit activity of your spouse or parent? ☒ Yes ☐ No
45. Have you EVER engaged in money laundering or have you EVER knowingly aided, assisted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? ☒ Yes ☐ No

Security and Related

Do you intend to:

- 4.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? ☐ Yes ☒ No
- 46.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☒ No
- 46.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? ☐ Yes ☒ No
- 46.d. Engage in any activity that could endanger the welfare, safety, or security of the United States? ☐ Yes ☒ No
- 46.e. Engage in any other unlawful activity? ☐ Yes ☒ No
47. Are you engaged in or, upon your entry into the United States, do you intend to engage in any activity that could have potentially serious adverse foreign policy consequences for the United States? ☐ Yes ☒ No

Part 8. General Eligibility and Inadmissibility Grounds (continued)

Have you EVER:

- 48.a. Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated, planned, or prepared any of the following: hijacking, sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property? ☐ Yes [8] No
- 48.b. Participated in, or been a member of: a group or organization that did any of the activities described in Item Number 48.a.? ☐ Yes [8] No
- 48.c. Recruited members or asked for money or thing; of value for a group or organization that did any of the activities described in Item Number 48.a.? ☐ Yes [8] No
- 48.d. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in Item Number 48.a.? ☐ Yes [8] No
- 48.e. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in Item Number 48.a.? ☐ Yes [125] No
49. Have you EVER received any type of military, paramilitary, or weapons training? ☐ Yes [125] No
50. Do you intend to engage in any of the activities listed in any part of Item Numbers 48.a. - 49.? ☐ Yes No

NOTE: If you answered "Yes" to any part of Item Numbers 48.a. - 50., explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in Part 14. Additional Information.

Are you the spouse or child of an individual who EVER:

- 51.a. Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated, planned, or prepared any of the following: hijacking, sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property? ☐ Yes No
- 51.b. Participated in, or been a member or a representative of a group or organization that did any of the activities described in Item Number 51.a.? ☐ Yes No
- 51.c. Recruited members, or asked for money or things of value, for a group or organization that did any of the activities described in Item Number 51.a.? ☐ Yes No

- 51.d. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in Item Number 51.a.? ☐ Yes [125] No

- 51.e. Provided money, a thing of value, services or labor, or any other assistance or support to an individual, group, or organization who did any of the activities described in Item Number 51.a.? ☐ Yes [125] No

- 51.f. Received any type of military, paramilitary, or weapons training from a group or organization that did any of the activities described in Item Number 51.a.? ☐ Yes [125] No

NOTE: If you answered "Yes" to any part of Item Number 51., explain the relationship and what occurred, including the dates and location of the circumstances, in the space provided in Part 14. Additional Information.

52. Have you EVER assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person? ☐ Yes [125] No
53. Have you EVER worked, volunteered, or otherwise served in any prison, jail, military, detention facility, labor camp, or any other situation that involved detaining persons? ☐ Yes [125] No
54. Have you EVER been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes [125] No
55. Have you EVER served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, insurgent organization, or any other armed group? ☐ Yes [125] No
56. Have you EVER been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party (in the United States or abroad)? ☐ Yes [125] No
57. During the period from March 23, 1933 to May 8, 1945, did you ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion, in association with either the Nazi government of Germany or any organization or government associated or allied with the Nazi government of Germany? ☐ Yes [125] No

Part 8. General Eligibility and Inadmissibility Grounds (continued)

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

58.a. Acts involving torture or genocide? ☒ Yes ☒ No

58.b. Killing any person? ☐ Yes ☒ No

58.c. Intentionally and severely injuring any person?
☐ Yes ☒ No

58.d. Engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened? ☐ Yes ☒ No

58.e. Limiting or denying any person's ability to exercise religious beliefs? ☐ Yes ☒ No

59. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? ☐ Yes ☒ No

60. Have you **EVER** used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of Item Numbers 52. - 60., explain what occurred, including the dates and location of the circumstances, in the space provided in Part 14. Additional Information.

Public Assistance

61. Have you received public assistance in the United States from any source, including the U.S. Government or any state, county, city, or municipality (other than emergency medical treatment)? ☐ Yes ☒ No

62. Are you likely to receive public assistance in the future in the United States from any source, including the U.S. Government or any state, county, city, or municipality (other than emergency medical treatment)? ☐ Yes ☒ No

Illegal Entries and Other Immigration Violations

63.a. Have you **EVER** failed or refused to appear or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? ☐ Yes ☒ No

63.b. If your answer to Item Number 63.a. is "Yes," do you believe you had reasonable cause? ☐ Yes ☒ No

63.c. If your answer to Item Number 63.b. is "Yes," attach a written statement explaining why you had reasonable cause.

64. Have you **EVER** submitted fraudulent or false documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? ☐ Yes ☒ No

65. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? ☐ Yes ☒ No

66. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☒ No

67. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? ☐ Yes ☒ No

68. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any foreign national to enter or to try to enter the United States illegally (alien smuggling)? ☐ Yes ☒ No

69. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? ☐ Yes ☒ No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

70. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? ☐ Yes ☒ No

71. Have you **EVER** entered the United States without being inspected and admitted or paroled? ☐ Yes ☒ No

Since April 1, 1997, have you been unlawfully present in the United States:

72.a. For more than 180 days but less than a year, and then departed the United States? ☐ Yes ☒ No

72.b. For one year or more and then departed the United States? ☐ Yes ☒ No

NOTE: You were unlawfully present in the United States if you entered the United States without being inspected and admitted or inspected and paroled, or if you legally entered the United States but you stayed longer than permitted.

Part 8. General Eligibility and Inadmissibility Grounds (continued)

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled **after**:

73.a. Having been unlawfully present in the United States for more than one year in the aggregate? ☐ Yes ☒ No

73.b. Having been deported, excluded, or removed from the United States? ☐ Yes ☒ No

Miscellaneous Conduct

74. Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

75. Are you accompanying another foreign national who **requires your protection or guardianship but who is inadmissible after being certified by a medical officer as being helpless from sickness, physical or mental disability, or infancy, as described in INA section 212(c)?** ☐ Yes ☒ No

76. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the **United States from a U.S. citizen who has been granted custody of the child?** ☐ Yes ☒ No

77. Have you **EVER** voted in violation of any federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? ☐ Yes ☒ No

78. Have you **EVER** renounced U.S. citizenship to avoid **being** taxed by the United States? ☐ Yes ☒ No

Have you **EVER**:

79.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are a foreign national? ☐ Yes ☒ No

79.b. Been relieved or discharged from such training or service on the ground that you are a foreign national? ☐ Yes ☒ No

79.c. Been convicted of desertion from the U.S. armed forces? ☐ Yes ☒ No

80.a. Have you **EVER** left or remained outside the United States to avoid or evade **training** or service in the U.S. armed **forces** in time of war or a period declared by the President to be a national emergency? ☐ Yes ☒ No

80.b. If your answer to Item Number 80.a. is "Yes," what was **your nationality or immigration status immediately before** you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present **without admission or parole, or any other status**)?

Part 9. Accommodations for Individuals With Disabilities and/or Impairments

NOTE: Read the information in the Form I-485 Instructions before completing this part.

1. Are you requesting an accommodation because of your disabilities and/or impairments? ☐ Yes ☒ No

If you answered "Yes" to Item Number 1, select any applicable box in Item Numbers 2.a. - 2.c. and provide an answer.

2.a. ☐ I am deaf or hard of hearing and request the following accommodation. (If you are requesting a **sign-language interpreter**, indicate for which language (for example, American Sign Language).):

2.b. ☐ I am blind or have low vision and request the following accommodation:

2.c. ☐ I have another type of disability and/or impairment. (Describe the nature of **your** disability and/or **impairment and the accommodation you are** requesting.)

Part 10. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the Penalties section of the Form I-485 Instructions before completing this part. You must file Form I-485 while in the United States.

Applicant's Statement

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

- 1.a. ☒ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. ☐ The interpreter named in Part 11 read to me every question and instruction on this application and my answer to every question in
a language in which I am fluent, and I understand everything.
2. ☒ At my request, the preparer named in Part 12., William McLean prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
4. Applicant's Mobile Telephone Number (if any)
5. Applicant's Email Address (if any)

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I understand that if I am a male who is 18 to 26 years of age, submitting this application will automatically register me with the Selective Service System as required by the Military Selective Service Act.

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

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature6.a. 6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the instructions, USCIS may deny your application.

Part 11. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

A-Number

A-

Part 11. Interpreter's Contact Information, Certification, and Signature (continued)
Interpreter's Mailing Address

3.a. Street Number and Name None

3.b. ☐ Apt. ☐ Ste. ☐ Fir.

3.c. City or Town

3.d. State IL 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and IL, which is the same language specified in Part 10, Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on this application, including the Applicant's Declaration and Certification, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

7.b. Date of Signature (mm/dd/yyyy)

Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

J.a. Preparer's Family Name (Last Name) McLean

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

2. Preparer's Business or Organization Name (if any) Law Office of William G McLean

Preparer's Mailing Address

3.a. Street Number and Name 1401 s LaSalle St

3.b. ☐ Apt. ☐ Ste. ☐ Fir. 101R

3.c. City or Town Chicago

3.d. State IL 3.e. ZIP Code 60605

3.f. Province

3.g. Postal Code

3.h. Country USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number 13127145603

5. Preparer's Mobile Telephone Number (if any) 13127145603

6. Preparer's Email Address (if any) mcleanlaw.chicago@gmail.com

Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant
(continued)

Preparer's Statement

7.a. **O** I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

7.b. **(S)** I am an attorney or accredited representative and my representation of the applicant in this case **(S)** extends **O** does not extend beyond the preparation of this application.

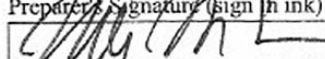
NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

I, by my signature, certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant's Declaration and Certification, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature (sign in ink)



8.b. Date of Signature (mm/dd/yyyy)

11/25/2018

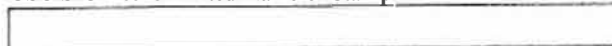
NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, submitted by me, including the corrections made to this application, numbered **D** through **D**, are complete, true, and correct. All additional pages submitted by me with this Form I-485, on numbered pages **D** through **D** are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

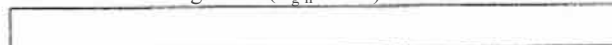


Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)



USCIS Officer's Signature (sign in ink)



Part 14. Additional Information

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

1.e. Middle Name

2. A-Number (if any) A

3.a. Page Number 5 3.b. Part Number 3 3.c. Item Number Various

3.d.

4.a. Page Number 10 4.b. Part Number S 4.c. Item Number 16 11

4.d.

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

5.d.

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

6.d.

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

7.d.



Application For Employment Authori-ization

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-765
OMB No. 1615-0040
Expires 05/31/2020

For USCIS Use Only	<input type="radio"/> Authorization/Extension Valid From _____	Fee Stamp	Action Block
	<input type="radio"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A-I <input type="text"/>		
	Remark\$ <input type="text"/>		

To be completed by an attorney or Board of Immigration Appeals (BIA)- accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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\$T;\RT H!;RE-Type or print in black ink.

Part 1. Reason for Applying

I am applying for (select only one box):

- 1.a. ☒ [8] Initial permission to accept employment.
- 1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.
- NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to Replacement for Card Error in the What is the Filing Fee section of the Form I-765 instructions for further details.
- 1.e. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.e. Middle Name

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 6.

Additional Information

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
- 4.a. Family Name (Last Name)
- 4.b. Given Name (first Name)
- 4.c. Middle Name

Part 2. Information About You (continued)

Your U.S. Mailing Address

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

5.b. Street Number and Name

5.c. ☒ Apt. ☐ Ste. ☐ Fir.

5.d. City or Town

5.e. State

5.f. ZIP Code

6. Is your current mailing address the same as your physical address?

Yes ☐ No ☐

NOTE: If you answered "No" to Item Number 6., provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name

7.b. ☐ Apt. ☐ Ste. ☐ Fir.

7.c. City or Town

7.d. State

7.e. ZIP Code

Other Information

8. Alien Registration Number (A-Number) (if any)

9. USCIS Online Account Number (if any)

10. Gender

☒ Male ☐ Female

11. Marital Status

☐ Single ☒ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form J-765?

☐ Yes ☐ No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?

☐ Yes ☒ No

NOTE: If you answered "No" to Item Number 13.a., skip to Item Number 14. If you answered "Yes" to Item Number 13.a., provide the information requested in Item Number 13.b.

13.b. Provide your Social Security number (SSN) (if known).

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 13., Consent for Disclosure, to receive a card.)

☒ Yes ☐ No

NOTE: If you answered "No" to Item Number 14., skip to Part 2, Item Number 18.a. If you answered "Yes" to Item Number 14., you must also answer "Yes" to Item Number 15.

15. Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.

☒ Yes ☐ No

NOTE: If you answered "Yes" to Item Numbers 14. - 15., provide the information requested in Item Numbers 16.a. - 17.b.

Father's Name

Provide your father's birth name.

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name)

17.b. Given Name (First Name)

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

18.i. Country

Mexico

18.b. Country

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

19.b. State/Province of Birth

19.c. Country of Birth

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

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)

UNKNOWN

21.b. Passport Number of Your Most Recently Issued Passport

21.c. Travel Document Number (if any)

21.d. Country That Issued Your Passport or Travel Document

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

23. Place of Your Last Arrival Into the United States

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

Out of status

26. Student and Exchange Visitor Information System (SEVIS) Number (if any), -----,

► N-

Information About Your Eligibility Category

27. Eligibility Category. Refer to the Who May File Form I-765 section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(1)(iii)).

(I) < G > D

28. (c)(J)(C) STEM OPT Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 27, provide the information requested in Item Numbers 28.a-28.c.

28.a. Degree

28.b. Employer's Name as Listed in E-Verify

28.c. Employee's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

29. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 27, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

30. (c)(8) Eligibility Category. If you entered the eligibility category (c)(8) in Item Number 27, have you EVER been arrested for and/or convicted of any crime?

Yes No

NOTE: If you answered "Yes" to Item Number 30, refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(8) in the Required Documentation section of the Form I-765 Instructions for information about providing court dispositions.

31.a. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) in Item Number 27, please provide the receipt number of your Form I-797 Notice for Form J-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in Item Number 27, please provide the receipt number of your Spouse's or parent's Form J-797 Notice for Form I-140.

31.b. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27, have you EVER been arrested for and/or convicted of any crime?

Yes No

NOTE: If you answered "Yes" to Item Number 31.b, refer to Employment-Based Nonimmigrant Categories, Items 8 - 9, in the Who May File Form I-765 section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement Contact Information, Declaration, Certification, and Signature

NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either Item Number J.a. or 1.b. If applicable, select the box for Item Number 2.

- 1.a. ☒ I can read and understand English, and I have read and understood every question and instruction on this application and my answer to every question.
- 1.b. ☐ The interpreter named in Part 4. read to me every question and instruction on this application and my answer to every question in a language in which I am fluent, and I understood everything,
2. ☒ At my request, the preparer named in Part 5., William McLean, prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
4. Applicant's Mobile Telephone Number (if any)
5. Applicant's Email Address (if any)
6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the AAC settlement agreement.

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

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

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

- 7.a. ☒
- 7.b. Date of Signature (mm/dd/yyyy) 11/25/2018

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. 0 Apt. 0 Sto. 0 Flr.

3.c. City/Town

3.d. State 3.c. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

Interpreter's Certification

I solemnly swear that I am qualified to interpret and that I will interpret faithfully and accurately, without bias or prejudice, the testimony of the parties and the proceedings of the court.

I am fluent in English and , which is the same language specified in Part 3, Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Declaration and Certification, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

Part 5. Contact information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

3.a. Street Number and Name

3.b. 0 Apt. 0 Rm. 0 Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, Other Than the Applicant
(continued)

Preparer's Statement

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. ☐ I am an attorney or accredited representative and my representation of the applicant in this case extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you need to submit a completed Form C-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant has reviewed this completed application and informed me that he or she understands all useful information contained in, and submitted with, his or her application, including the Applicant's Declaration and Certification, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8. ft1/tfdt _____ I
8.b. Date of Signature (mm/dd/yyyy) 11/1/JSM, i

Part 6. Additional Information

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

I.a. Family Name (Last Name) [REDACTED]

1.b. Given Name

I.e. Middle Nune	
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2 A-Number (if any) 

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

3.d.

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

4.d.

S.a. Page Number 5.b. Pan Number 5.c. Item Number

5.d.

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

6.d.

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

7.d



Application for Travel Document

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-131
OMB No. 1615-0015
Expires 12/31/018

For USCIS Use Only	Receipt	Action Block	To Be Completed by an Attorney/Representative, if any. <input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.
	D Document Hand Delivered By: _____ Date: ____/____/____		
	Document Issued D Re-entry Permit (Update "Mail To" Section) D Refugee Travel Document (Update "Mail To" Section) 0 Single Advance Parole 0 Multiple Advance Parole Valid Until: ____/____/____		
		Mail To (R-111ry & R-111ry & R-111ry & R-111ry) 0 Address in Part J D US Consulate at: _____ D Ind DHS Office at: _____	Attorney State License Number: 6306574

Start Here. Type or Print in Black Ink

Part 1. Information About You

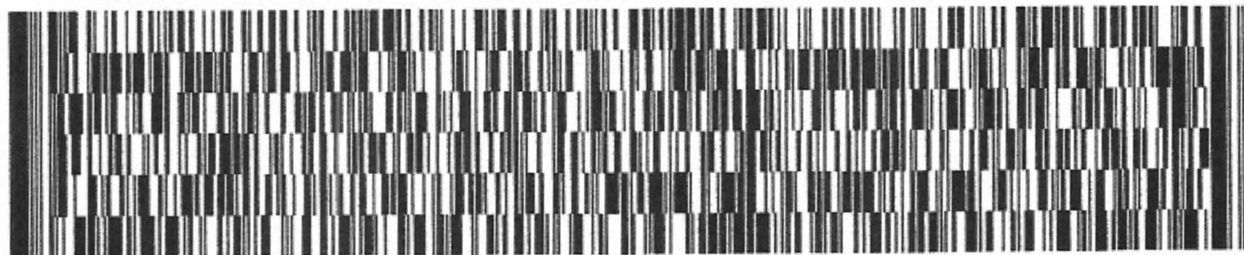
1.a. Family Name (Last Name) _____
1.b. Given Name (First Name) _____
1.c. Middle Name _____

Physical Address

2.a. In Care of Name _____
2.b. Street Number and Name _____
2.c. Apt. IE) Ste. ☐ Flr. ☐ _____
2.d. City or Town _____
2.e. State _____ 2.f. ZIP Code _____
2.g. Postal Code _____
2.h. Province _____
2.i. Country USA

Other Information

3. Alien Registration Number (A-Number) ▶ A- _____
4. Country of Birth _____
5. Country of Citizenship _____
6. Class of Admission _____
7. Gender ☒ Male ☐ Female
8. Date of Birth {mm/dd/yyyy} - _____ 7
9. U.S. Social Security Number (if any) ▶ (_____)



Part 2. Application Type

- 1.a. ☒ I am a permanent resident or conditional resident of the United States, and I am applying for a reentry permit.
- 1.b. ☐ I now hold U.S. refugee or asylum status, and I am applying for a Refugee Travel Document.
- 1.c. ☐ I am a permanent resident as a direct result of refugee or asylum status, and I am applying for a Refugee Travel Document.
- 1.d. ☐ I am applying for an Advance Parole Document to allow me to return to the United States after temporary foreign travel.
- 1.e. ☐ I am outside the United States, and I am applying for an Advance Parole Document.
- 1.f. ☐ I am applying for an Advance Parole Document for a person who is outside the United States.

If you checked box "1.f." provide the following information about that person in 2.i. through 2.p.

- 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.c. Country of Birth

2.f. Country of Citizenship

2.g. Daytime Phone Number ()

Physical Address (If you checked box 1.f.)

2.b. In Care of Name

2.i. Street Number

2.j. Apt. Ste. ☐ Fir. ☐

2.k. City or Town

2.l. State 2.m. ZIP Code!

2.n. Postal Code

2.o. Province

2.p. Country

Part 3. Processing information

1. Date of Intended Departure (mm/dd/yyyy) ▶
2. Expected length of Trip (in days)
- 3.a. Are you, or any person included in this application, now in exclusion, deportation, removal, or rescission? ☐ Yes ☒ No
- 3.b. If Yes, Name of DHS office:

4.a. Have you ever before been issued a reentry permit or Refugee Travel Document? (if Yes, give the following information for the last document issued to you):

☐ Yes ☒ No

4.b. Date Issued (mm/dd/yyyy) ▶

4.c. Disposition (attached, lost, etc.):

If you are applying for a non-DACA related Advance Parole Document, skip to Part 7; DACA recipients must complete Part 4 before skipping to Part 7.

Part 3. Processing Information (continued)

Where do you want this travel document sent? (Check one)

5. ☐ To the U.S. address shown in Part 1 (2.a through 2.l) of this form.

6. ☐ To a U.S. Embassy or consulate at:

6.a. City or Town

6.b. Country

7. ☐ To a DHS office or V, at:

7.a. City or Town

7.b. Country

If you checked "6" or "7", where should the notice to pick up the travel document be sent?

8. ☐ To the address shown in Part 2 (2.h. through 2.p.) of this form.

9. ☒ To the address shown in Part 3 (10.a. through 10.i.) of this form.

10.a. In Care of Name

10.b. Street Number and Name

10.c. Apt. ☐ Ste. ☒ Fir. ☐

10.d. City or Town

10.e. State 10.f. ZIP Code

10.g. Postal Code

10.h. Province

10.i. Country

10.j. Daytime Phone Number ()

Part 4. Information About Your Proposed Travel

1.a. Purpose of trip. (If you need more space, continue on a separate sheet of paper.)

1.b. List the countries you intend to visit. (If you need more space, continue on a separate sheet of paper.)

Part 5. Complete Only If Applying for a Re-entry Permit

Since becoming a permanent resident of the United States (or during the past 5 years, whichever is less) how much total time have you spent outside the United States?

1.a. ☐ less than 6 months 1.d. ☐ 2 to 3 years
1.b. ☒ 6 months to 1 year 1.e. ☐ 3 to 4 years
1.c. ☐ 1 to 2 years 1.f. ☐ more than 4 years

2. Since you became a permanent resident of the United States, have you ever filed a Federal income tax return as a nonresident, or failed to file a Federal income tax return because you considered yourself to be a nonresident? (If "Yes" give details on a separate sheet of paper.)

Yes ☐ No ☐



Part 6. Complete Only If Applying for a Refugee Travel Document

1. Country from which you are a refugee or asylee:

If you answer "Yes" to any of the following questions, you must explain on a separate sheet or paper. Include your name and A-Number on the top or back sheet.

2. Do you plan to travel to the country named above? ☐ Yes ☐ No

Since you were accorded refugee/asylee status, have you ever:

- 3.a. Returned to the country named above? ☐ Yes ☐ No

- 3.b. Applied for and/or obtained a national passport, passport renewal, or entry permit for that country?

☐ Yes ☐ No

- 3.c. Applied for and/or received any benefit from such country (for example, health insurance benefits)?

☐ Yes ☐ No

Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act:

- 4.a. Reacquired the nationality of the country named above? ☐ Yes ☐ No

- 4.b. Acquired a new nationality? ☐ Yes ☐ No

- 4.c. Been granted refugee or asylee status in any other country? ☐ Yes ☐ No

Part 7. Complete Only If Applying for Advance Parole

On a separate sheet of paper, explain how you qualify for an Advance Parole Document, and what circumstances warrant issuance of advance parole. Include copies of any documents you wish considered. (See instructions.)

- t. How many trips do you intend to use this document?
☐ One Trip ☐ More than one trip

If the person intended to receive an Advance Parole Document is outside the United States, provide the location (City or Town and Country) of the U.S. Embassy or consulate or the nearest overseas office that you want us to notify.

- 2.a. City or Town

Johnson in the us

- 2.b. Country

If the travel document will be delivered to..., overseas office, where should the notice to pick up the document be sent?:

3. ☐ To the address shown in Part 2 (2.h. through 2.p.) of this form.
4. ☐ To the address shown in Part 7 (4.a. through 4.i.) of this form.

4. Last Name

- 4.b. Street Number and Name

- 4.c. Apt. ☐ Ste. ☐ Fir. ☐

- 4.d. City or Town

- 4.e. State

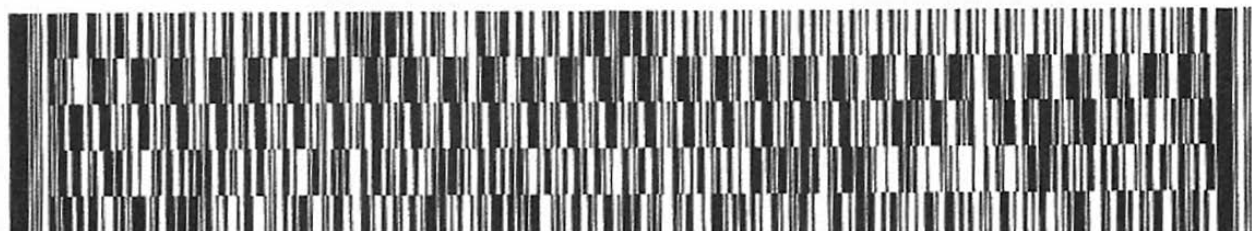
- 4.f. ZIP Code

- 4.g. Postal Code

- 4.h. Province

- 4.i. Country

- 4.j. Daytime Phone Number ()



Part 8. Signature of Applicant (Read the information on penalties in the Form instructions before completing this Part.) If you are filing for a Re-entry Permit or Refugee Travel Document, you must be in the United States to file this application.

1.a. I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

1.b. Date of Signature: (mm/dd/yyyy) 11/25/2018

2. Daytime Phone Number

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 9. Information About Person Who Prepared This Application, If Other Than the Applicant

NOTE: If you are an attorney or 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 Full Name

Provide the following information concerning the preparer:

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

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

2. Preparer's Business or Organization Name
Law Office of William G McLean

Preparer's Mailing Address

3.a. Street Number and Name
1401 S La Salle St

3.b. Apt D Ste. [8] Fir. 0

3.c. City or Town
Chicago

3.d. State
3.c. ZIP Code 60605

3.f. Postal Code

3.g. Province

3.h. Country USA

Preparer's Contact Information

4. Preparer's Daytime Phone Number Extension
(B) 8 - 1 5 6 0 3 1

5. Preparer's E-mail Address (if any)
mcleanlaw.chicago@gmail.com

Declaration

To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this benefit request at the request of the applicant, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.

6.1. Signature of Preparer

6.b. Date of Signature (mm/dd/yyyy) 11/25/2018

NOTE: If you require more space to provide any additional information, use a separate sheet of paper. You must include your Name and A-Number on the top of each sheet.





Affidavit of Support Under Section 213A of the INA
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-864
OMB No. 1615-0075
Expires 03/31/2020

For USCIS Use Only	Affidavit of Support Submitter	Section 213A Review	Number of Support Affidavits in File
	<input type="checkbox"/> Petitioner <input type="checkbox"/> 1st Joint Sponsor <input type="checkbox"/> 2nd Joint Sponsor <input type="checkbox"/> Substitute Sponsor <input type="checkbox"/> 5% owner	<input type="checkbox"/> MEETS requirements <input type="checkbox"/> DOES NOT MEET requirements Reviewed By: _____ Office: _____ Date (mm/dd/yyyy): _____	DI 02 Remarks
To be completed by an attorney or accredited representative (if any).		<input checked="" type="checkbox"/> Select this box if Form G-28 or G-1SI is attached.	Attorney State Bar Number (if applicable) 16306574
			Attorney or Accredited Representative USCIS Online Account Number (if any) _____

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

Part 1. Basis For Filing Affidavit of Support

I, _____, am the sponsor submitting this affidavit of support because (Select only one box):

1.a. ☒ I am the petitioner. I filed or am filing for the immigration of my relative.

1.b. ☐ I filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____

1.c. ☐ I have an ownership interest of at least 5 percent in _____ which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____

1.d. ☐ I am the only joint sponsor.

1.e. ☐ I am the ☐ first ☐ second of two joint sponsors.

1.f. ☐ The original petitioner is deceased. I am the substitute sponsor. I am the intending immigrant's _____

NOTE: If you are filing this form as a sponsor, you must include proof of your U.S. citizenship, U.S. national status, or lawful permanent resident status.

Part 2. Information About the Principal Immigrant

1.a. Family Name (last Name) _____

1.b. Given Name (First Name) _____

1.c. Middle Name _____

Mailing Address

2.a. In Care Of Name _____

2.b. _____

2.c. ☐ Apt. 0 Ste. 0 Fl., ...

2.d. City or Town _____

2.e. State _____ ZIP Code _____

2.g. Province _____

2.h. Postal Code _____

2.i. Country _____

Other Information

3. Country of Citizenship or Nationality _____

4. Date of Birth (mm/dd/yyyy) _____

5. Alien Registration Number (A-Number) (if any) _____

6. USCIS Online Account Number (if any) _____

7. Daytime Telephone Number _____

Part 3. Information About the Immigrants You Are Sponsoring

1. ☐ I am sponsoring the principal immigrant named in Part 2.
- 18) Yes ☐ No (Applicable only if you are sponsoring family members in Part 3, as the second joint sponsor or if you are sponsoring family members who are immigrating, or within six months after the principal immigrant)
2. ☐ I am sponsoring the following family members immigrating at the same time or within six months of the principal immigrant named in Part 2. (Do not include any relative listed on a separate visa petition.)
3. ☐ I am sponsoring the following family members who are immigrating more than six months after the principal immigrant.

Family Member 1

- 4.a. Family Name (Last Name) _____
- 4.b. Given Name (First Name) _____
- 4.c. Middle Name _____
5. Relationship to Principal Immigrant _____
6. Date of Birth (mm/dd/yyyy) _____
7. Alien Registration Number (A-Number) (if any) _____
▶ A-1- - - - -
8. USCIS Online Account Number (if any) _____
▶ _____

Family Member 2

- 9.2. Family Name (Last Name) _____
- 9.b. Given Name (First Name) _____
- 9.c. Middle Name _____
10. Relationship to Principal Immigrant _____
11. Date of Birth (mm/dd/yyyy) _____
12. Alien Registration Number (A-Number) (if any) _____
▶ A-1- - - - -
13. USCIS Online Account Number (if any) _____
▶ _____

Family Member 3

- 14.a. Family Name (Last Name) _____
- 14.b. Given Name (First Name) _____
- 14.c. Middle Name _____
15. Relationship to Principal Immigrant _____
16. Date of Birth (mm/dd/yyyy) _____
17. Alien Registration Number (A-Number) (if any) _____
▶ A-1- - - - -
18. USCIS Online Account Number (if any) _____
▶ _____

Family Member 4

- 19.a. Family Name (Last Name) _____
- 19.b. Given Name (First Name) _____
- 19.c. Middle Name _____
20. Relationship to Principal Immigrant _____
21. Date of Birth (mm/dd/yyyy) _____, 1
22. Alien Registration Number (A-Number) (if any) _____
▶ A-1- - - - -
23. USCIS Online Account Number (if any) _____
▶ _____

Family Member 5

- 24.a. Family Name (Last Name) _____
- 24.b. Given Name (First Name) _____
- 24.c. Middle Name _____
25. Relationship to Principal Immigrant _____
26. Date of Birth (mm/dd/yyyy) _____
27. Alien Registration Number (A-Number) (if any) _____
▶ A-1- - - - -
28. USCIS Online Account Number (if any) _____
▶ _____

Part 3. Information About the Immigrants You Are Sponsoring (continued)

29. Enter the total number of immigrants you are sponsoring on this affidavit which includes the principal immigrant listed in Part 2, any immigrants listed in Part 3, Item Numbers 1. - 28, and (if applicable), any immigrants listed for these questions in Part 11. Additional Information. Do not count the principal immigrant if you are only sponsoring family members entering more than 6 months after the principal immigrant.

1

Part 4. Information About You (Sponsor)

Sponsor's Full Name

- 1.a. Family Name (Last Name) [REDACTED]
1.b. Given Name (First Name) [REDACTED]
1.c. Middle Name [REDACTED]

Sponsor's Mailing Address

- 2.a. In Care Of Name [REDACTED]
2.b. Street Number and Name [REDACTED]
2.c. [8] Apt. ☐ Ste. ☐ Fir. [REDACTED]
2.d. City or Town [REDACTED]
2.e. State [REDACTED] 2.f. ZIP Code [REDACTED]
2.g. Province [REDACTED]
2.h. Postal Code [REDACTED]
2.i. Country [USA]
3. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

If you answered "NO" to Item Number 3, provide your physical address in Item Numbers 4.a. - 4.h.

Sponsor's Physical Address

- 4.a. Street Number and Name [REDACTED]
4.b. ☐ Apt. ☐ Ste. ☒ Fir. [REDACTED]
4.c. City or Town [REDACTED]
4.d. State [REDACTED] 4.e. ZIP Code [REDACTED]
4.f. Province [REDACTED]
4.g. Postal Code [REDACTED]
4.h. Country [REDACTED]

Other Information

5. Country of Domicile [USA]
6. Date of Birth (mm/dd/yyyy) [REDACTED]
7. City or Town of Birth [REDACTED]
8. State or Province of Birth [REDACTED]
9. Country of Birth [REDACTED]
10. U.S. Social Security Number (Required) [REDACTED]

Citizenship or Residency

- 11.a. ☒ I am a U.S. citizen.
11.b. ☐ I am a U.S. national.
11.c. ☐ I am a lawful permanent resident.
12. Sponsor's A-Number (if any) [REDACTED]
13. Sponsor's USCIS Online Account Number (if any) [REDACTED]

Military Service (To be completed by petitioner sponsors only.)

14. I am currently on active duty in the U.S. Armed Forces or U.S. Coast Guard. ☐ Yes ☒ No

For
USCIS
Use
Only

Part S. Sponsor's Household Size

NOTE: Do not count any member of your household more than once.

Persons you are sponsoring in this affidavit:

1. Provide the number you entered in Part 3., Item Number 29.

Persons NOT sponsored in this affidavit:

2. Yourself.
3. If you are currently married, enter "1" for your spouse.
4. If you have dependent children, enter the number here.
5. If you have any other dependents, enter the number here.
6. If you have sponsored any other persons on Form J-864 or Form I-864EZ who are now lawful permanent residents, enter the number here.
7. OPTIONAL: If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here.
8. Add together Part 5., Item Numbers 1. - 7. and enter the number here.

Household Size;

Part 6. Sponsor's Employment and Income

I am currently:

1. ☒ Employed as a/an

2. Name of Employer 1

3. Name of Employer 2 (if applicable)

4. ☐ Self-Employed as a/an (Occupation)

5. ☐ Retired Since (mm/dd/yyyy)

6. ☐ Unemployed Since (mm/dd/yyyy)

7. My current individual annual income is:

Income you are using from any other person who lives counted in your household size, including, in certain conditions, the intending immigrant. (See Form I-864 Instructions.) Please indicate name, relationship, and income.

Person 1

8. Name

9. Relationship

10. Current Income

Person 2

11. Name

12. Relationship

13. Current Income

Person 3

14. Name

15. Relationship

16. Current Income

Person 4

17. Name

18. Relationship

19. Current Income

For USCIS Use Only	Household Size	Poverty Guideline	Remarks
	01 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Year: 20	
	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> Other	Poverty Line: \$	

Part 6. Sponsor's Employment and Income (continued)

20. My Current Annual Household Income (Total all lines from Part 6, Item Numbers 7, 10, 13, 16, and 19; the total will be compared to Federal Poverty Guidelines on Form I-864P.) \$

21. ☐ The people listed in Item Number 5 8., 11., 14., and 17. have completed Form I-864A. I am filing along with this affidavit all necessary Form I-864As completed by these people.

22. ☐ One or more of the people listed in Item Numbers 8., 11., 14., and 17. do not need to complete Form I-864A because he or she is the incoming immigrant and has no accompanying dependents.

Name

Federal Income Tax Return Information

23. Have you filed a federal income tax return for each of the three most recent tax years? ☒ Yes ☐ No

NOTE: You **MUST** attach a photocopy or transcript of your Federal income tax return for only the most recent tax year.

23.b. ☐ (Optional) I have attached photocopies or transcripts of my Federal income tax returns for my second and third most recent tax years.

My total income (adjusted gross income on Internal Revenue Service (IRS) Form 1040EZ) as reported on my Federal income tax returns for the most recent three years was:

	Tax Year	Total Income
24.a. Most Recent	2017	\$
24.b. 2nd Most Recent	2016	\$
24.c. 3rd Most Recent	2015	\$

25. ☐ I was not required to file a Federal income tax return as my income was below the IRS required level and I have attached evidence to support this.

Part 7. Use of Assets to Supplement Income (Optional)

If your income, or the total income for you and your household, from Part 6, Item Numbers 20. or 24.1. - 24.c., exceeds the Federal Poverty Guidelines for your household size, YOU ARE NOT REQUIRED to complete this Part 7. Skip to Part 8.

Your Assets (Optional)

1. Enter the balance of all savings and checking accounts.

\$

2. Enter the net cash value of real-estate holdings. (Net value means current assessed value minus mortgage debt)

\$

3. Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in Item Number 1. or Item Number 2.

\$

4. Add together Item Numbers 1. - 3. and enter the number here.

TOTAL: \$

Assets from Form I-864A, Part 4, Item Number 3.d., for:

S.a. Name of Relative

S.b. Your household member's assets from Form I-864A (optional).

\$

Assets of the principal sponsored immigrant (optional).

The principal sponsored immigrant is the person listed in Part 2., Item Numbers 1.a. - 1.c. Only include the assets if the principal immigrant is being sponsored by this affidavit of support.

6. Enter the balance of the principal immigrant's savings and checking accounts.

\$

7. Enter the net cash value of all the principal immigrant's real estate holdings. (Net value means investment value minus mortgage debt)

\$

8. Enter the current cash value of the principal immigrant's stocks, bonds, certificates of deposit, and other assets not included in Item Number 6. or Item Number 7.

\$

For USCIS Use Only	Household Size			Poverty Guideline	Sponsor's Household Income (1991-1992)	Remarks
	01	02	03	Year: 20	\$	
	04	05	06	Poverty Line:		
	07	08	09	\$		
	0 Other					

Part 7. Use of Assets to Supplement Income (Optional) (continued)

9. Add together Item Numbers 6, 7, and 8, and enter the number here.

\$

Total Value of Assets

10. Add together Item Numbers 4, 5.b, and 9, and enter the number here.

TOTAL: \$

Part 8. Sponsor's Contract, Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the Penalties section of the Form 1-364 Instructions before completing this part.

Sponsor's Contract

Please note that, by signing this Form 1-864, you agree to assume certain specific obligations under the Immigration and Nationality Act (INA) and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign Form 1-864. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.

What is the Legal Effect of My Signing Form 1-864?

If you sign Form 1-864 on behalf of any person (called the intending immigrant) who is applying for an immigrant visa or for adjustment of status to a lawful permanent resident, and that intending immigrant submits Form 1-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under INA section 213A, these actions create a contract between you and the U.S. Government. The intending immigrant becoming a lawful permanent resident is the consideration for the contract.

Under this contract, you agree that, in deciding whether the intending immigrant can establish that he or she is not inadmissible to the United States as a person likely to become a public charge, the U.S. Government can consider your income and assets as available for the support of the intending immigrant.

What If I Choose Not to Sign Form 1-864?

The U.S. Government cannot make you sign Form 1-864 if you do not want to do so. But if you do not sign Form 1-864, the intending immigrant may not become a lawful permanent resident in the United States.

What Does Signing Form 1-864 Require Me To Do?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form 1-364 that you have signed, then, until your obligations under Form 1-864 terminate, you must:

- Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the Federal Poverty Guidelines for his or her household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces or U.S. Coast Guard, and the person is your husband, wife, or unmarried child under 21 years of age); and
- Notify U.S. Citizenship and Immigration Services (USCIS) of any change in your address, within 30 days of the change, by filing Form 1-865.

What Other Consequences Are There?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form 1-364 that you have signed, then, until your obligations under Form 1-864 terminate, the U.S. Government may consider your income and assets as available to that person, in determining whether he or she is eligible for certain federal means-tested public benefits and also for state or local means-tested public benefits, if the state or local government's rules provide for consideration (deeming) of your income and assets as available to the person.

This provision does not apply to public benefits specified in section 403(c) of the Welfare Reform Act such as emergency Medicaid, short-term, non-cash emergency medical services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; and means-tested programs under the Elementary and Secondary Education Act.

What If I Do Not Fulfill My Obligations?

If you do not provide sufficient support to the person who becomes a lawful permanent resident based on a Form 1-864 that you signed, that person may sue you for his support.

Part 8. Sponsor's Contract, Statement, Contact Information, Declaration, Certification, and Signature (continued)

If a Federal, state, local, or private agency provided any covered means-tested public benefit to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, the agency may ask you to reimburse them for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe.

If you are sued, and the court enters a judgment against you, the person or agency that sued you may use any legally permitted procedures for enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees.

If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for your failure to do so.

When Will These Obligations End?

Your obligations under a Form I-864 that you signed will end if the person who becomes a lawful permanent resident based on that affidavit:

- A. Becomes a U.S. citizen;
- B. Has worked, or can receive credit for, 40 quarters of coverage under the Social Security Act;
- C. No longer has lawful permanent resident status and has departed the United States;
- D. Is subject to removal, but applies for and obtains, in removal proceedings, a new grant of adjustment of status based on a new affidavit of support, if one is required; or
- E. Dies.

NOTE: Divorce does not terminate your obligation under Form I-864.

Your obligations under a Form I-864 that you signed also end if you die. Therefore, if you die, your estate is not required to take responsibility for the person's support after your death. However, your estate may owe any support that you accumulated before you died.

Sponsor's Statement

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

- 1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this affidavit and my answer to every question.

- 1.b. ☐ The interpreter named in Part 9. read to me every question and instruction on this affidavit and my answer to every question in

a language in which I am fluent, and I understood everything.

2. (8) At my request, the preparer named in Part 10,

William McLean

prepared this affidavit for me based only upon information I provided or authorized.

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number

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

5. Sponsor's Email Address (if any)

Sponsor's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the U.S. Department of State (DOS) may require that I submit original documents to USCIS or DOS at a later date. Furthermore, I authorize the release of any information from me and all of my records that USCIS or DOS may need to determine my eligibility for the benefit that I seek.

I further authorize release of information contained in this affidavit, in supporting documents, and in my USCIS or DOS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I certify, under penalty of perjury, that all of the information in my affidavit and any document submitted with it were provided or authorized by me, that I reviewed and understood all of the information contained in, and submitted with, my affidavit and that all of this information is complete, true, and correct.

- A. I know the contents of this affidavit of support that I signed;
- B. I have read and I understand each of the obligations described in Part 8., and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrants indicated in Part 3. to become lawful permanent residents of the United States;
- C. I agree to submit to the personal jurisdiction of any Federal or state court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864;

Part 8. Sponsor's Contract, Statement, Contact Information, Declaration, Certification, and Signature (continued)

- D. Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the IRS;
- E. I understand that, if I am related to the sponsored immigrant by marriage, the termination of the marriage (by divorce, dissolution, annulment, or other legal process) will not relieve me of my obligations under this Form I-864; and
- F. I authorize the Social Security Administration to release information about me in its records to USCIS and DOS.

Sponsor's Signature

6.a. Sponsor's Signature

[Redacted Signature]

6.b. Date of Signature (mm/dd/yyyy)

11/25/2018

NOTE: TO ALL SPONSORS: If you do not completely fill out this affidavit or fail to submit required documents listed in the Instructions, USCIS or DOS may deny your affidavit.

Part 9. Interpreter's Contact Information, Certification and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

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

None

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

[Redacted]

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

[Redacted]

Interpreter's Mailing Address

3.a. Street Number and Name

None

3.b. ☐ Apt. ☐ Ste. ☐ Fir.

3.c. City or Town

3.d. State

CJ

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

[Redacted]

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

[Redacted]

6. Interpreter's Email Address (if any)

[Redacted]

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and

which is the same language specified in Part 8, Item Number 1.b., and I have read to this sponsor in the identified language every question and instruction on this affidavit and his or her answer to every question. The sponsor informed me that he or she understands every instruction, question, and answer on the affidavit, including the Sponsor's Declaration and Certification, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

[Redacted]

7.b. Date of Signature (mm/dd/yyyy)

[Redacted]

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor

Provide the following information about the preparer.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
McLean
- 1.b. Preparer's Given Name (First Name)
William
2. Preparer's Business or Organization Name (if any)
Law Office of William G McLean

Preparer's Mailing Address

- 3.a. Street Number and Name
1401 S LaSalle St
- 3.b. ☐ Apt. ☐ Ste. ☐ Fir.
181R
- 3.c. City or Town
Chicago
- 3.d. State
IL
- 3.e. ZIP Code
60605
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country
USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
13127145603
5. Preparer's Mobile Telephone Number (if any)
3127145603
6. Preparer's Email Address (if any)
mcleanlaw.chicago@gmail.com

Preparer's Statement


- 7.a. ☐ I am not an attorney or accredited representative but have prepared this affidavit on behalf of the sponsor and with the sponsor's consent.
- 7.b. ☒ I am an attorney or accredited representative and my representation of the sponsor in this case (a) extends ☐ does not extend beyond the (b) of this affidavit.

NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form 0-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or 0-281, Notice of Entry of Appearance as Attorney in Matters Outside the Geographical Confines of the United States, with this affidavit.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this affidavit at the request of the sponsor. The sponsor then reviewed this completed affidavit and informed me that he or she understands all of the information contained in, and submitted with, his or her affidavit, including the Statement of Preparer and Certification, and that all of this information is complete, true, and correct. I completed this affidavit based only on information that the sponsor provided to me or authorized me to obtain or use.

Preparer's Signature

- 8.a. Preparer's Signature

- 8.b. Date of Signature (mm/dd/yyyy)
11/15/18

Part 11. Additional Information

If you need extra space to provide any additional information within this affidavit, 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 affidavit or attach "separate sheet of paper. Type or print your name and A-Number (if any) 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) jRaminz

1.b. Given Name (First Name) IRosseli

1.c. Middle Name

2. A-Number (if any) ▶ A.

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

3.d.

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

4.d.

S.a. r • N u m i S.b. Part Number S.c. Item Number

S.d.

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

6.d.

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

7.d.

400 N. La Salle St.
Ste. 801R
Chicago, IL 60605



William McLean
Attorney at Law

Ph: (312) 714-5603
Fax: (312) 268-7427
Web: mclean-law.com

December 3, 2018

UCB
PO Box 805887
Chicago, IL 60680-4120

Re: 1-130/1-425

Re: Whom I May Concern

I am writing this letter on behalf of my clients, [redacted] ("Petitioner") and [redacted] ("Applicant"). Petitioner, a United States Citizen, is petitioning for lawful permanent residence for her husband, Applicant. Applicant is currently out of lawful immigration status but entered the United States lawfully on a [redacted] visa. Applicant is now applying to adjust status for work authorization and for a travel document. Please find the following necessary forms and evidence:

Form:

- CG-228 Notice of Entry of Appearance as Attorney for Petitioner;
- CG-228 Notice of Entry of Appearance as Attorney for Applicant;
- I-1470 Petition for Alien Relative;
- I-130A Supplemental Information for Spouse Beneficiary;
- I-485 Application to Adjust Status;
- I-765 Application for Employment Authorization;
- I-131 Application for Travel Document;
- I-864 Affidavit of Support of Petitioner;

Exhibit 1: Petitioner's proof of United States Citizenship:

- United States Naturalization certificate

Exhibit 2: Applicant's proof of identity and eligibility to adjust status:

- Mexico birth certificate (with translation);
- Current Mexico passport;
- Expired Mexico passport;
- [redacted];
- Statement regarding admission;

Exhibit 3: Petitioner's proof of valid marriage ~~to~~ Applicant:

- Certificate of marriage and evidence of financial commingling;

Exhibit 4: Petitioner's evidence of employment and income:

- 2017 1040 Individual U.S. Income Tax Return with W-2s;
- Pay stubs from last six months of employment;

Applicant is eligible to adjust under INA § 245(a) as the spouse of a United States Citizen who was lawfully inspected and admitted into the United States. The grounds of inadmissibility described in INA § 245(c), namely unlawful presence and unlawful employment, do not apply to him due to his status as an immediate relative of a United States citizen. Thank you for your consideration of this case. Applicant, Petitioner, and I look forward to a timely and favorable adjudication

Sincerely,

William G. McLean III
Attorney for Petitioner and Applicant