

# Form I-485, Application to Register Permanent Residence or Adjust Status

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

**START HERE - Type or Print (Use black ink)**

**For USCIS Use Only**

## Part 1. Information About You

|  |  |                       |
|--|--|-----------------------|
| Family Name ( <i>Last Name</i> )           | Given Name ( <i>First Name</i> )         | Middle Name           |
| <input type="text"/>                       | <input type="text"/>                     | <input type="text"/>  |
| Address - Street Number and Name           |  | Apt. #                |
| <input type="text"/>                       |  | <input type="text"/>  |
| C/O ( <i>in care of</i> )                  |  |                       |
| <input type="text"/>                       |  |                       |
| City                                       | State                                    | Zip Code              |
| <input type="text"/>                       | <input type="text"/>                     | <input type="text"/>  |
| Date of Birth ( <i>mm/dd/yyyy</i> )        | Country of Birth                         |                       |
| <input type="text"/>                       | <input type="text"/>                     |                       |
| Country of Citizenship/Nationality         | U.S. Social Security # ( <i>if any</i> ) | A # ( <i>if any</i> ) |
| <input type="text"/>                       | <input type="text"/>                     | <input type="text"/>  |
| Date of Last Arrival ( <i>mm/dd/yyyy</i> ) | I-94 #                                   |                       |
| <input type="text"/>                       | <input type="text"/>                     |                       |
| Current USCIS Status                       | Expires on ( <i>mm/dd/yyyy</i> )         |                       |
| <input type="text"/>                       | <input type="text"/>                     |                       |

|                       |                      |
|-----------------------|----------------------|
| Returned              | Receipt              |
| <input type="text"/>  | <input type="text"/> |
| Resubmitted           | <input type="text"/> |
| <input type="text"/>  | <input type="text"/> |
| Reloc Sent            | <input type="text"/> |
| <input type="text"/>  | <input type="text"/> |
| Reloc Rec'd           | <input type="text"/> |
| <input type="text"/>  | <input type="text"/> |
| Applicant Interviewed | <input type="text"/> |
| <input type="text"/>  | <input type="text"/> |

## Part 2. Application Type (Check one)

**I am applying for an adjustment to permanent resident status because:**

- a.  An immigrant petition giving me an immediately available immigrant visa number that has been approved. (Attach a copy of the approval notice, or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b.  My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
- c.  I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate.)
- d.  I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e.  I am a native or citizen of Cuba admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- f.  I am the husband, wife, or minor unmarried child of a Cuban described above in (e), and I am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- g.  I have continuously resided in the United States since before January 1, 1972.
- h.  Other basis of eligibility. Explain (for example, I was admitted as a refugee, my status has not been terminated, and I have been physically present in the United States for 1 year after admission). If additional space is needed, see **Page 2** of the instructions.

**I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and:** (Check one)

- i.  I am a native or citizen of Cuba and meet the description in (e) above.
- j.  I am the husband, wife, or minor unmarried child of a Cuban and meet the description in (f) above.

### Section of Law

- Sec. 209(a), INA
- Sec. 209(b), INA
- Sec. 13, Act of 9/11/57
- Sec. 245, INA
- Sec. 249, INA
- Sec. 1 Act of 11/2/66
- Sec. 2 Act of 11/2/66
- Other \_\_\_\_\_

### Country Chargeable

### Eligibility Under Sec. 245

- Approved Visa Petition
- Dependent of Principal Alien
- Special Immigrant
- Other \_\_\_\_\_

### Preference

### Action Block

**To be Completed by Attorney or Representative, if any**  
 Fill in box if Form G-28 is attached to represent the applicant.

VOLAG #

ATTY State License #

**Part 3. Processing Information**

A. City/Town/Village of Birth

Current Occupation

Your Mother's First Name

Your Father's First Name

Give your name exactly as it appears on your Form I-94, Arrival-Departure Record

Place of Last Entry Into the United States  
(City/State)

In what status did you last enter? (Visitor, student, exchange visitor, crewman, temporary worker, without inspection, etc.)

Were you inspected by a U.S. Immigration Officer? Yes

No

Nonimmigrant Visa Number

Consulate Where Visa Was Issued

Date Visa Issued (mm/dd/yyyy)

Gender

Male  Female

Marital Status

Married  Single  Divorced  Widowed

Have you ever applied for permanent resident status in the U.S.?

Yes (If "Yes" give date and place of filing and final disposition.)

No

B. List your present spouse and all of your children (include adult sons and daughters). (If you have none, write "None." If additional space is needed, see **Page 2** of the instructions.)

|                         |                         |                |  |
|-------------------------|-------------------------|----------------|--|
| Family Name (Last Name) | Given Name (First Name) | Middle Initial | Date of Birth (mm/dd/yyyy)   |
|                         |                         |                |  |
| Country of Birth        | Relationship            | A # (if any)   | Applying with you?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                         |                         |                |  |
| Family Name (Last Name) | Given Name (First Name) | Middle Initial | Date of Birth (mm/dd/yyyy)   |
|                         |                         |                |  |
| Country of Birth        | Relationship            | A # (if any)   | Applying with you?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                         |                         |                |  |
| Family Name (Last Name) | Given Name (First Name) | Middle Initial | Date of Birth (mm/dd/yyyy)   |
|                         |                         |                |  |
| Country of Birth        | Relationship            | A # (if any)   | Applying with you?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                         |                         |                |  |
| Family Name (Last Name) | Given Name (First Name) | Middle Initial | Date of Birth (mm/dd/yyyy)   |
|                         |                         |                |  |
| Country of Birth        | Relationship            | A # (if any)   | Applying with you?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                         |                         |                |  |
| Family Name (Last Name) | Given Name (First Name) | Middle Initial | Date of Birth (mm/dd/yyyy)   |
|                         |                         |                |  |
| Country of Birth        | Relationship            | A # (if any)   | Applying with you?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                         |                         |                |  |

**Part 3. Processing Information** (Continued)

C. List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society, or similar group in the United States or in other places since your 16th birthday. Include **any military service** in this part. If none, write "None." Include the name of each organization, location, nature, and dates of membership. If additional space is needed, attach a separate sheet of paper. Continuation pages must be submitted according to the guidelines provided on **Page 2** of the instructions under "What Are the General Filing Instructions?"

| Name of Organization | Location and Nature | Date of Membership From | Date of Membership To |
|----------------------|---------------------|-------------------------|-----------------------|
|                      |                     |                         |                       |
|                      |                     |                         |                       |
|                      |                     |                         |                       |
|                      |                     |                         |                       |
|                      |                     |                         |                       |
|                      |                     |                         |                       |

Answer the following questions. (If your answer is "Yes" to any question, explain on a separate piece of paper. Continuation pages must be submitted according to the guidelines provided on **Page 2** of the instructions under "What Are the General Filing Instructions?" Information about documentation that must be include with your application is also provide in this section.) Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for permanent residence.

1. Have you **EVER**, in or outside the United States:
  - a. Knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? Yes  No
  - b. Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? Yes  No
  - c. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action? Yes  No
  - d. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes  No
  
2. 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), or are you likely to receive public assistance in the future? Yes  No
  
3. Have you **EVER**:
  - a. Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? Yes  No
  - b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes  No
  - c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes  No
  - d. Illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes  No
  
4. Have you **EVER** engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity? Yes  No

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**Part 3. Processing Information** *(Continued)*

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5. Do you intend to engage in the United States in:
- a. Espionage? Yes  No
  - b. Any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means? Yes  No
  - c. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes  No
6. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? Yes  No
7. Did you, during the period from March 23, 1933, to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion? Yes  No
8. Have you **EVER** been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal, or rescission proceedings? Yes  No
9. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States, or any immigration benefit? Yes  No
10. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces? Yes  No
11. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? Yes  No
12. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? Yes  No
13. Do you plan to practice polygamy in the United States? Yes  No
14. Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- a. Acts involving torture or genocide? Yes  No
  - b. Killing any person? Yes  No
  - c. Intentionally and severely injuring any person? Yes  No
  - d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes  No
  - e. Limiting or denying any person's ability to exercise religious beliefs? Yes  No
15. Have you **EVER**:
- a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? Yes  No
  - b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes  No
16. Have you **EVER** been a member of, assisted in, 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  No

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**Part 3. Processing Information** *(Continued)*

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17. Have you **EVER** assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes  No

18. Have you **EVER** received any type of military, paramilitary, or weapons training? Yes  No

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**Part 4. Accommodations for Individuals With Disabilities and/or Impairments** *(See Page 10 of the instructions before completing this section.)*

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Are you requesting an accommodation because of your disability(ies) and/or impairment(s)? Yes  No

If you answered "Yes," check any applicable box:

- a. I am deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):

- b. I am blind or sight-impaired and request the following accommodation(s):

- c. I have another type of disability and/or impairment (describe the nature of your disability(ies) and/or impairment(s) and accommodation(s) you are requesting):

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**Part 5. Signature** *(Read the information on penalties on Page 10 of the instructions before completing this section. You must file this application while in the United States.)*

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### Your Registration With U.S. Citizenship and Immigration Services

"I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (INA), as an alien who has been or will be in the United States for more than 30 days, I am required to register with U.S. Citizenship and Immigration Services (USCIS). I understand and acknowledge that, under section 265 of the INA, I am required to provide USCIS with my current address and written notice of any change of address within **10** days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested, and removed from the United States."

### Selective Service Registration

**The following applies to you if you are a male at least 18 years of age, but not yet 26 years of age, who is required to register with the Selective Service System:** "I understand that my filing Form I-485 with U.S. Citizenship and Immigration Services (USCIS) authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth, and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached 26 years of age."

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**Part 5. Signature (Continued)**

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**Applicant's Statement (Check one)**

- I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question.
- Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the \_\_\_\_\_ language, a language in which I am fluent, by the person named in **Interpreter's Statement and Signature**. I understand each and every question and instruction on this form, as well as my answer to each question.

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this application is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this application.

I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

|                              |                             |                             |  |
|------------------------------|-----------------------------|-----------------------------|--|
| <b>Signature (Applicant)</b> | <b>Print Your Full Name</b> | <b>Date</b><br>(mm/dd/yyyy) | <b>Daytime Phone Number</b><br>(include area code) |
| <input type="text"/>         | <input type="text"/>        | <input type="text"/>        | <input type="text"/>                               |

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

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**Interpreter's Statement and Signature**

I certify that I am fluent in English and the below-mentioned language.

**Language Used** (language in which applicant is fluent)

I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.

|                                |                             |                             |  |
|--------------------------------|-----------------------------|-----------------------------|--|
| <b>Signature (Interpreter)</b> | <b>Print Your Full Name</b> | <b>Date</b><br>(mm/dd/yyyy) | <b>Phone Number</b><br>(include area code) |
| <input type="text"/>           | <input type="text"/>        | <input type="text"/>        | <input type="text"/>                       |

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**Part 6. Signature of Person Preparing Form, If Other Than Above**

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I declare that I prepared this application at the request of the above applicant, and it is based on all information of which I have knowledge.

|                      |                             |                             |  |
|----------------------|-----------------------------|-----------------------------|--|
| <b>Signature</b>     | <b>Print Your Full Name</b> | <b>Date</b><br>(mm/dd/yyyy) | <b>Phone Number</b><br>(include area code) |
| <input type="text"/> | <input type="text"/>        | <input type="text"/>        | <input type="text"/>                       |

Firm Name and Address

E-Mail Address (if any)