



**human rights *first***

American ideals. Universal values.

SENT VIA USPS



**Request for Biometrics Appointment**

**Applicant:** [REDACTED]  
[REDACTED]

To whom it may concern:

I would like to request a biometrics appointment for the above-named client. A copy of the first three pages of the I-589, Application for Asylum and Withholding of removal, a signed G-28, and a copy of the instruction sheets are attached to this letter. Please feel free to contact me with any questions or concerns regarding the request.

Sincerely,



Supervising Senior Staff Attorney, Refugee Representation

Human Rights First

Licensed in Texas only (State Bar No. [REDACTED])

**INSTRUCTIONS FOR SUBMITTING CERTAIN APPLICATIONS IN  
IMMIGRATION COURT AND FOR PROVIDING BIOMETRIC AND BIOGRAPHIC  
INFORMATION TO U. S. CITIZENSHIP AND IMMIGRATION SERVICES**

**A. Instructions for Form I-589 (Asylum and for Withholding of Removal)\***

In addition to filing your application and supporting documents with the Immigration Court and serving a complete copy of your application on the appropriate Immigration and Customs Enforcement (ICE) Office of Chief Counsel, **you must also complete the following requirements** before the Immigration Judge can grant relief or protection in your case:

**SEND these 3 items to the address below:**

(1) A clear copy of the **first three pages** of your completed Form I-589 (Application for Asylum and for Withholding of Removal) that you will be filing or have filed with the Immigration Court, which must include your **full name, your current mailing address, and your alien number (A-number)**. (Do not submit any documents other than the first three pages of the completed I-589),

(2) A copy of Form G-28 (Notice of Entry of Appearance as Attorney or Accredited Representative) if you are represented,

**and**

(3) A copy of these instructions.

**USCIS Nebraska Service Center  
Defensive Asylum Application with Immigration Court  
P.O. Box 87589  
Lincoln, NE 68501-7589**

Please note that there is **no filing fee required** for your asylum application.

After the 3 items are received at the USCIS Nebraska Service Center, **you will receive:**

- A **USCIS receipt notice** in the mail indicating that USCIS has received your asylum application, and
- An **ASC notice** for you, and separate Application Support Center (ASC) notices for each dependent included in your application. Each ASC notice will indicate the individual's unique receipt number and **will provide instructions for each person to appear** for an appointment **at a nearby ASC for collection of biometrics** (such as your photograph, fingerprints, and signature). If you do not receive this notice in 3 weeks, call (800) 375-5283. If you also mail applications under Instructions B, you will receive 2 notices with different receipt numbers. You must wait for and take both scheduling notices to your ASC appointment.

**You (and your dependents) must then:**

- **Attend** the biometrics appointment at the ASC, and obtain a **biometrics confirmation** document before leaving the ASC,

**and**

- **Retain** your **ASC biometrics confirmation** as proof that your biometrics were taken and bring it to your future Immigration Court hearings.

**\* NOTE: IF YOU ARE FILING A FORM I-589 AND/OR ANOTHER APPLICATION, SEE THE REVERSE OF THIS FORM FOR ADDITIONAL INSTRUCTIONS.**

***Important: Failure to complete these actions and to follow any additional instructions that the Immigration Judge has given you could result in delay in deciding your application or in your application being deemed abandoned and dismissed by the court.***

*Revised 8/5/20*

## **B. Instructions for Form(s) I-485, I-191, I-601, I-602, I-881, EOIR-40, EOIR-42A, or EOIR-42B**

In addition to filing your application(s) with the Immigration Court and serving a complete copy of any such application(s) on the appropriate Immigration and Customs Enforcement (ICE) Office of Chief Counsel, **you must also complete the following requirements** before the Immigration Judge can grant relief in your case:

**SEND these 5 items to the address below:**

- (1) A clear copy of the entire application form(s) that you will be filing or have filed with the Immigration Court. (Do not submit any documents such as attachments – send only the completed form itself),
- (2) The appropriate application fee(s) or the Immigration Judge's order granting your fee waiver. (The fee can be found in the instructions with the application, the regulations, and at [www.uscis.gov](http://www.uscis.gov) or for the EOIR forms, at [www.usdoj.gov/eoir](http://www.usdoj.gov/eoir)),
- (3) The mandatory \$85 USCIS biometrics fee,
- (4) A copy of Form G-28 (Notice of Entry of Appearance as Attorney or Accredited Representative) if you are represented, and
- (5) A copy of these instructions.

**USCIS Texas Service Center  
Attn: EOIR  
6046 N Belt Line Rd. STE 485  
Irving, TX 75038-0017**

All fees must be submitted in the form of a check or a money order (or separate checks/money orders) and be made out to: "Department of Homeland Security."

After the 5 items are received at the USCIS Texas Service Center, **you will receive:**

- A **USCIS fee receipt notice** showing that you have paid the application fee (unless waived) and the mandatory biometrics fee. **Keep a copy for yourself.**
- A **USCIS notice with instructions to appear** for an appointment at a nearby **Application Support Center (ASC) for collection of your biometrics** (such as your photographs, fingerprints, and signature). This notice contains your important USCIS application receipt number which must be presented to the ASC. Your dependents will receive separate ASC notices if they are required to provide biometrics. If you do not receive this notice in 3 weeks, call (800) 375-5283. If you also apply for asylum, take **both** scheduling notices to your ASC appointment (*see side A*). **Keep copies of all ASC scheduling notices for your records.**

**You (and your dependents) must then:**

- **Attend** this ASC biometrics appointment and obtain a **biometrics confirmation** document from the ASC,
- **File** the following with the Immigration Court within the time period directed by the Immigration Judge: (1) the original **application Form**, (2) all **supporting documentation**, and (3) the **USCIS fee receipt notice** that serves as evidence that you paid the filing fees (unless the Immigration Judge granted you an application fee waiver), **and**
- **Retain** your **ASC biometrics confirmation** as proof that your biometrics were taken, and bring it to your future Immigration Court hearings.

**DO NOT SUBMIT THE ORIGINAL APPLICATION TO USCIS. DO NOT SUBMIT ANY APPLICATIONS TO THE TEXAS SERVICE CENTER (TSC) ADDRESS SHOWN ABOVE OTHER THAN THOSE APPLICATIONS LISTED. ALL OTHER APPLICATIONS, INCLUDING APPLICATIONS FOR EMPLOYMENT AUTHORIZATION AND IMMIGRANT PETITIONS, WILL BE RETURNED TO YOU IF SENT TO THE TSC ADDRESS SHOWN ABOVE. FOR SUBMITTING APPLICATIONS NOT LISTED ON SIDE A OR SIDE B OF THIS PAPER, PLEASE FOLLOW THE INSTRUCTIONS THAT ACCOMPANY THE APPLICATION.**

***Important: Failure to complete these actions and to follow any additional instructions that the Immigration Judge has given you could result in delay in deciding your application or in your application being deemed abandoned and dismissed by the court.***

*Revised 8/5/20*



Notice of Entry of Appearance
as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

Input field for USCIS Online Account Number

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)

Input field for Family Name

2.b. Given Name (First Name)

Input field for Given Name

2.c. Middle Name

Input field for Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name

Input field for Street Number and Name

3.b. [ ] Apt. [X] Ste. [ ] Flr.

Input field for Apartment/Street/Flr.

3.c. City or Town

Input field for City or Town

3.d. State

Input field for State

3.e. ZIP Code (USPS ZIP Code Lookup)

Input field for ZIP Code

3.f. Province

Input field for Province

3.g. Postal Code

Input field for Postal Code

3.h. Country

Input field for Country (USA)

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

Input field for Daytime Telephone Number

5. Mobile Telephone Number (if any)

Input field for Mobile Telephone Number

6. Email Address (if any)

Input field for Email Address

7. Fax Number (if any)

Input field for Fax Number

Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. [X] I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in Part 6. Additional Information.

Licensing Authority

Input field for Licensing Authority (State Bar of Texas)

1.b. Bar Number (if applicable)

Input field for Bar Number

1.c. I (select only one box) [X] am not [ ] am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in Part 6. Additional Information to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

Input field for Name of Law Firm or Organization (Human Rights First)

2.a. [ ] I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

Input field for Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

Input field for Date of Accreditation

3. [ ] I am associated with

Input field for Name of Associated Organization

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. [ ] I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

Input field for Name of Law Student or Law Graduate



**Part 3. Notice of Appearance as Attorney or Accredited Representative**

If you need extra space to complete this section, use the space provided in Part 6. Additional Information.

This appearance relates to immigration matters before (select only one box):

1.a.  U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-589

2.a.  U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

3.a.  U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

4. Receipt Number (if any)

5. I enter my appearance as an attorney or accredited representative at the request of the (select only one box):

- Applicant  Petitioner  Requestor  
 Beneficiary/Derivative  Respondent (ICE, CBP)

**Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)**

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

7.a. Name of Entity (if applicable)

7.b. Title of Authorized Signatory for Entity (if applicable)

8. Client's USCIS Online Account Number (if any)

9. Client's Alien Registration Number (A-Number) (if any)

A-

**Client's Contact Information**

10. Daytime Telephone Number

11. Mobile Telephone Number (if any)

12. Email Address (if any)

**Mailing Address of Client**

**NOTE:** Provide the client's mailing address. Do not provide the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name

13.b.  Apt.  Ste.  Flr.

13.c. City or Town

13.d. State

13.e. ZIP Code

13.f. Province

13.g. Postal Code

13.h. Country  
USA

**Part 4. Client's Consent to Representation and Signature**

**Consent to Representation and Release of Information**

I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



**Part 4. Client's Consent to Representation and Signature (continued)**

**Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a.  I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b.  I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

**NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c.  I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

**Signature of Client or Authorized Signatory for an Entity**

2.a. Signature of  Authorized Signatory for an Entity  
→

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

**Part 5. Signature of Attorney or Accredited Representative**

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

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

2.a. Signature of Law Student or Law Graduate

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



**Part 6. Additional Information**

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name 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.c. Middle Name

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

2.d. \_\_\_\_\_  
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3.a. Page Number  3.b. Part Number  3.c. Item Number

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

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

6.d. \_\_\_\_\_  
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# I-589, Application for Asylum and for Withholding of Removal

**START HERE - Type or print in black ink. See the instructions for information about eligibility and how to complete and file this application. There is no filing fee for this application.**

**NOTE:**  Check this box if you also want to apply for withholding of removal under the Convention Against Torture.

<b>Part A.I. Information About You</b>			
1. Alien Registration Number(s) (A-Number) (if any) 2. U.S. Social Security Number (if any) 3. USCIS Online Account Number (if any)			
[REDACTED]			
4. Complete Last Name		5. First Name	6. Middle Name
[REDACTED]		[REDACTED]	[REDACTED]
7. What other names have you used (include maiden name and aliases)?			
[REDACTED]			
8. Residence in the U.S. (where you physically reside)			
Street Number and Name			Apt. Number
[REDACTED]			[REDACTED]
City	State	Zip Code	Telephone Number
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
9. Mailing Address in the U.S. (if different than the address in Item Number 8)			
In Care Of (if applicable):			Telephone Number
[REDACTED]			( )
Street Number and Name			Apt. Number
[REDACTED]			[REDACTED]
City	State	Zip Code	
[REDACTED]	[REDACTED]	[REDACTED]	
10. Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	11. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
12. Date of Birth (mm/dd/yyyy)	13. City and Country of Birth		
[REDACTED]	[REDACTED]		
14. Present Nationality (Citizenship)	15. Nationality at Birth	16. Race, Ethnic, or Tribal Group	17. Religion
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
18. Check the box, a through c, that applies: a. <input type="checkbox"/> I have never been in Immigration Court proceedings.			
b. <input checked="" type="checkbox"/> I am now in Immigration Court proceedings. c. <input type="checkbox"/> I am not now in Immigration Court proceedings, but I have been in the past.			
19. Complete 19 a through c.			
a. When did you last leave your country? (mm/dd/yyyy)		b. What is your current I-94 Number, if any?	
[REDACTED]		[REDACTED]	
c. List each entry into the U.S. beginning with your most recent entry. List date (mm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.)			
Date	Place	Status	Date Status Expires
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Date	Place	Status	
[REDACTED]	[REDACTED]	[REDACTED]	
Date	Place	Status	
[REDACTED]	[REDACTED]	[REDACTED]	
20. What country issued your last passport or travel document?	21. Passport Number		22. Expiration Date (mm/dd/yyyy)
[REDACTED]	[REDACTED]		[REDACTED]
	Travel Document Number		
	[REDACTED]		
23. What is your native language (include dialect, if applicable)?	24. Are you fluent in English?	25. What other languages do you speak fluently?	
[REDACTED]	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None	
For EOIR use only.	For USCIS use only.	Action: Interview Date: _____ Asylum Officer ID No.: _____	Decision: Approval Date: _____ Denial Date: _____ Referral Date: _____



**Part A.II. Information About Your Spouse and Children**

Your spouse

I am not married. (Skip to Your Children below.)

1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Date of Birth (mm/dd/yyyy)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Other names used (include maiden name and aliases)
9. Date of Marriage (mm/dd/yyyy)	10. Place of Marriage	11. City and Country of Birth	
12. Nationality (Citizenship)		13. Race, Ethnic, or Tribal Group	14. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
15. Is this person in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 16 to 24.) <input type="checkbox"/> No (Specify location):			
16. Place of last entry into the U.S.	17. Date of last entry into the U.S. (mm/dd/yyyy)	18. I-94 Number (if any)	19. Status when last admitted (Visa type, if any)
20. What is your spouse's current status?	21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	22. Is your spouse in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	23. If previously in the U.S., date of previous arrival (mm/dd/yyyy)
24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

Your Children. List all of your children, regardless of age, location, or marital status.

I do not have any children. (Skip to Part A.III. Information about your background.)

I have children. Total number of children: [REDACTED]

(NOTE: Use Form I-589 Supplement A or attach additional sheets of paper and documentation if you have more than four children.)

1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
13. Is this child in the U.S. ? <input checked="" type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location):			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (if any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in Immigration Court proceedings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input checked="" type="checkbox"/> Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

**Part A.II. Information About Your Spouse and Children (Continued)**

1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input checked="" type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location):			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (if any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in Immigration Court proceedings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input checked="" type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location):			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (if any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location):			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (if any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			