

START HERE - Please Type or Print

Part 1. Information about you.

Family Name	Given Name	Middle Initial
Address - In care of		
Street Number and Name	Apt. #	
City	State	Zip Code
Date of Birth (Month/Day/Year)	Country of Birth	
Social Security #	A #	
Date of Last Admission into U.S. (Month/Day/Year)	I-94 #	
Current Nonimmigrant Status	Expires on (Month/Day/Year)	

Part 2. Application type. (check one)

- a. I am applying to replace my lost or stolen Form I-94.
- b. I am applying to replace my lost or stolen Form I-95.
- c. I am applying to replace Form I-94 it because it is mutilated. I have attached my original.
- d. I am applying to replace Form I-95 it because it is mutilated. I have attached my original.
- e. I was not issued a Form I-94 when I entered as a nonimmigrant, and am filing this application with an application for an extension of stay/change of status.

Part 3. Processing Information.

Are you filing this application with any other petition or application?
 No Yes - Form # _____

Are you now in exclusion or deportation proceedings?
 No Yes (Attach an explanation)

If you are unable to provide your original or a copy of your I-94, give the following information about your last entry to the U.S.

Class of Admission	Place of Admission
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Part 4. Signature. *Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.*

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 which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Signature _____ **Date** _____

Part 5. Signature of person preparing form if other than above. (sign below)

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

Signature _____ **Print Your Name** _____ **Date** _____

Firm Name and Address

FOR INS USE ONLY

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	
<input type="checkbox"/> Applicant Interviewed	
New I-94 Number	
Action Block	
To Be Completed by Attorney or Representative, if any Fill in box if G-28 is attached to represent the applicant	
VOLAG#	
ATTY State License #	

Purpose Of This Form.

This form is for a nonimmigrant to apply for a new or replacement Form I-94 or Form I-95 Nonimmigrant Arrival-Departure Document.

Who May File.

If you are a nonimmigrant in the U.S., file this application:

- to replace your lost or stolen Form I-94 or Form I-95;
- to replace your mutilated Form I-94 or Form I-95; or
- if you were not issued a Form I-94 when you entered as a nonimmigrant, and are filing this application with an application for extension of stay or change of status.

General Filing Instructions.

Please answer all questions by typing or clearly printing in black ink. Indicate that an item is not applicable with "N/A". If an answer is "none," write "none". If you need extra space to answer any item, attach a sheet of paper with your name and your alien registration number (A#), if any, and indicate the number of the item to which the answer refers. You must file your application with the required Initial Evidence. Every application must be properly signed and filed with the correct fee. If you are under 14 years of age, your parent or guardian may sign the application.

Initial Evidence.

Lost or Stolen Form. If you are applying to replace a lost or stolen Form I-94 or Form I-95, submit a copy of the original Form I-94 or submit a copy of the biographic page from your passport and a copy of the page indicating admission as claimed, or other evidence of your admission. If you are unable to submit this evidence, submit a full explanation of why you cannot provide any of the above evidence along with a copy of evidence of your identity and copies of any evidence in your possession to substantiate your claim.

Mutilated Form. If you are applying to replace a mutilated Form I-94 or Form I-95, attach the original form.

First Form I-94. If you were not issued a Form I-94 at admission, have not since been issued a Form I-94, and now require a Form I-94 for another application you are filing, submit a copy of any evidence in your possession to substantiate your claimed admission.

Translations. Any foreign language document must be accompanied by a full English translation which the translator has certified as complete and correct, and by the translator's certification that he or she is competent to translate from the foreign language into English.

Copies. If these instructions state that a copy of a document may be filed with this application, and you choose to send us the original, we may keep that original for our records.

Where To File.

If you are filing to replace a Form I-95, file this application at the local INS office having jurisdiction over where you are temporarily located.

If you were not issued a Form I-94 at admission, or are filing this application with an application for extension of stay or change of status, file this application where you are filing the accompanying extension of stay or change of status application.

In all other instances, file your application as follows:

If you are in Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont, the Virgin Islands, Virginia, or West Virginia, mail this application to: USINS Eastern Service Center, 75 Lower Welden Street, St. Albans, VT 05479-0001.

If you are in Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, or Texas, mail this application to: USINS Southern Service Center, P.O. Box 152122, Department A, Irving, TX 75015-2122.

If you are in Arizona, California, Guam, Hawaii, or Nevada, mail this application to: USINS Western Service Center, P.O. Box 30040, Laguna Niguel, CA 92607-0040.

If you are elsewhere in the U.S., mail this application to: USINS Northern Service Center, 100 Centennial Mall North, Room B-26, Lincoln, NE 68508.

Fee.

The fee for this application is \$65.00. The fee must be submitted in the exact amount. It cannot be refunded. DO NOT MAIL CASH.

All checks and money orders must be drawn on a bank or other institution located in the United States and must be payable in United States currency. The check or money order should be made payable to the Immigration and Naturalization Service, except that:

- If you are in Guam, and are filing this application in Guam, make your check or money order payable to the "Treasurer, Guam."
- If you are in the Virgin Islands, and are filing this application in the Virgin Islands, make your check or money order payable to the "Commissioner of Finance of the Virgin Islands."

Checks are accepted subject to collection. An uncollected check will render the application and any document issued invalid. A charge of \$5.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn.

Processing Information.

Acceptance. Any application that is not signed or is not accompanied by the proper fee will be rejected with a notice that the application is deficient. You may correct the deficiency and resubmit the application. However, an application is not considered properly filed until it is accepted by the Service.

Initial processing. Once the application has been accepted, it will be checked for completeness, including submission of the required initial evidence. If you do not completely fill out the form, or file it without required initial evidence, you will not establish a basis for eligibility, and we may deny your application.

Decision. You will be notified in writing of the decision on your application. If the application is approved, a new Form I-94, or Form I-95 will be sent to you.

Penalties.

If you knowingly and willfully falsify or conceal a material fact or submit a false document with this request, we will deny the benefit you are filing for, and may deny any other immigration benefit. In addition, you will face severe penalties provided by law, and may be subject to criminal prosecution.

Privacy Act Notice.

We ask for the information on this form, and associated evidence, to determine if you have established eligibility for the immigration benefit you are filing for. Our legal right to ask for this information is in 8 USC 1304. We may provide this information to other government agencies. Failure to provide this information, and any requested evidence, may delay a final decision or result in denial of your request.

Paperwork Reduction Act Notice.

We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is as follows: (1) 5 minutes to learn about the law and form; (2) 5 minutes to complete the form; and (3) 15 minutes to assemble and file the application; for a total estimated average of 25 minutes per application. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to both the Immigration and Naturalization Service, 425 I Street, N.W., Room 5304, Washington, D.C. 20536; and the Office of Management and Budget, Paperwork Reduction Project, OMB No. 1115-0079, Washington, D.C. 20503.