

**START HERE - Please Type or Print**

**FOR INS USE ONLY**

**Part 1. Information about you.**

|   |  |                   |                |
|---|--|-------------------|----------------|
| Family Name   |  | Given Name        | Middle Initial |
| <b>Address - C/O:</b>                               |  |                   |                |
| Street Number and Name                              |  | Apt. #            |                |
| City  |  | State or Province |                |
| Country   |  | Zip/Postal Code   |                |
| Date of Birth (month/day/year)                      |  | Country of Birth  |                |
| Social Security #                                   |  | A #               |                |
| Conditional residence expires on (month/day/year)   |  |                   |                |
| Mailing address if different from residence in C/O: |  |                   |                |
| Street Number and Name                              |  | Apt. #            |                |
| City  |  | State or Province |                |
| Country   |  | Zip/Postal Code   |                |

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

**Remarks**

**Action**

**Part 2. Basis for Petition (check one).**

- a.  My conditional residence is based on my marriage to a U.S. citizen or permanent resident, and we are filing this petition together.
  - b.  I am a child who entered as conditional permanent resident and I am unable to be included in a Joint Petition to Remove the Conditional Basis of Alien's Permanent Residence (Form I-751) filed by my parents.
- My conditional residence is based on my marriage to a U.S. citizen or permanent resident, but I am unable to file a joint petition and I request a waiver because: (check one)
- c.  My spouse is deceased.
  - d.  I entered into the marriage in good faith, but the marriage was terminated through divorce/annulment.
  - e.  I am a conditional resident spouse who entered into the marriage in good faith, or I am a conditional resident child, who has been battered or subject to extreme mental cruelty by my citizen or permanent resident spouse or parent.
  - f.  The termination of my status and deportation from the United States would result in an extreme hardship.

**Part 3. Additional Information about you.**

|   |  |
|---|--|
| Other names used (including maiden name):   | Telephone #  |
| Date of Marriage  | Place of Marriage  |
| If your spouse is deceased, give the date of death (month/day/year)               |  |
| Are you in deportation or exclusion proceedings?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was a fee paid to anyone other than an attorney in connection with this petition? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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 #

### Part 3. Additional Information about you. (cont'd)

Since becoming a conditional resident, have you ever been arrested, cited, charged, indicted, convicted, fined or imprisoned for breaking or violating any law or ordinance (excluding traffic regulations), or committed any crime for which you were not arrested?

Yes  No

If you are married, is this a different marriage than the one through which conditional residence status was obtained?

Yes  No

Have you resided at any other address since you became a permanent resident?

Yes  No (If yes attach a list of all addresses and dates.)

Is your spouse currently serving or employed by the U.S. government and serving outside the U.S.?

Yes  No

### Part 4. Information about the spouse or parent through whom you gained your conditional residence.

|                                |                   |                |              |
|--------------------------------|-------------------|----------------|--------------|
| Family Name                    | Given Name        | Middle Initial | Phone Number |
| Address                        |                   |                |              |
| Date of Birth (month/day/year) | Social Security # | A#             |              |

### Part 5. Information about your children. *List all your children. Attach another sheet if necessary*

| Name | Date of Birth (month/day/year) | If in U.S., give A#, current immigration status and U.S. Address | Living with you?   |
|------|--------------------------------|--|--|
| 1    |                                |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2    |                                |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3    |                                |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4    |                                |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Part 6. Complete if you are requesting a waiver of the joint filing petition requirement based on extreme mental cruelty.

|   |                             |            |
|---|-----------------------------|------------|
| Evaluator's ID Number: State: <input type="text"/> <input type="text"/> Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Expires on (month/day/year) | Occupation |
| Last Name   | First Name                  | Address    |

### Part 7. Signature. *Read the information on penalties in the instructions before completing this section. If you checked block "a" in Part 2 your spouse must also sign below.*

I certify under penalty of perjury under the laws of the United States of America, that this petition, and the evidence submitted with it, is all true and correct. If conditional residence was based on a marriage, I further certify that the marriage was entered in accordance with the laws of the place where the marriage took place, and was not for the purpose of procuring an immigration benefit. I also authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit being sought.

|                     |            |      |
|---------------------|------------|------|
| Signature           | Print Name | Date |
| Signature of spouse | Print Name | Date |

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

### Part 8. Signature of person preparing form if other than above.

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

|                       |            |      |
|-----------------------|------------|------|
| Signature             | Print Name | Date |
| Firm Name and Address |            |      |