



**PLEASE READ ADVICE AND INSTRUCTIONS  
BEFORE FILLING IN FORM**

**PLEASE TYPE OR PRINT**

Fee Stamp

**PART 1 - INFORMATION ABOUT YOURSELF**

1) My legal name is: <i>(Last, First, Middle)</i>		2) Alien Registration Number:		
3) My name given at birth was: <i>(Last, First, Middle)</i>		4) Birth Place: <i>(Place, Country)</i>		
5) Date of Birth: <i>(Month, Day, Year)</i>	6) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	7) Height:	8) Hair Color:	9) Eye Color:
10) Current Nationality & Citizenship:	11) Social Security Number:	12) Home Phone Number: (    )	13) Work Phone Number: (    )	
14) I currently reside at:  <i>Apt. number and/or in care of</i> _____ <i>Number and Street</i> _____ <i>City or Town</i> _____ <i>State</i> _____ <i>ZIP Code</i> _____		15) I have been known by these additional name(s): _____ _____ _____		

16) During the last 10 years, I resided in the following locations in the United States: (If less than 10 years, set forth the information for the period you have been in the United States.) List PRESENT ADDRESS FIRST, and work back in time.

Street and Number - Apt. or Room# - City or Town - State - ZIP Code	Resided From: <i>(Month, Day, Year)</i>	Resided To: <i>(Month, Day, Year)</i>
		PRESENT

**PART 2 - INFORMATION ABOUT THIS APPLICATION**

17) I, the undersigned, hereby request that my deportation be suspended under the provisions of section 244 of the Immigration and Nationality Act (INA). I believe that I am eligible for suspension of deportation because such deportation would result in extreme hardship (or exceptional and extremely unusual hardship if I am subject to deportation under section 241 (a) (2), (3), or (4) of the INA) to: *(Place a C in the box if the family member is a citizen of the United States, an L if the family member is a lawful permanent resident of the United States, an X if the family member is neither, and leave BLANK if not applicable.)*

Myself *(and/or my)*     Husband     Wife     Father     Mother     Child or Children.

Please state the basis for your claim that your deportation would result in extreme hardship to each of the individuals checked in the boxes above: \_\_\_\_\_  
\_\_\_\_\_

I, or my child, have been battered or subjected to extreme cruelty by a United States citizen or lawful permanent resident spouse or parent.

With the exception of absences described in question #25, I have been physically present in the United States since: *(Month, Day, Year)* \_\_\_\_\_ .

**PART 3 - INFORMATION ABOUT YOUR PRESENCE IN THE UNITED STATES**

18) I first entered the United States under the name of: *(Last, First, Middle)* \_\_\_\_\_ 19) I first entered the United States on: *(Month, Day, Year)* \_\_\_\_\_

20) Place or port of first entry: *(Place or Port, City, and State)* \_\_\_\_\_

21) I entered:  as a Visitor,  as a Student,  without inspection, or  Other *(Place an X in the correct box, if Other is selected please explain):* \_\_\_\_\_

22) Period for which admitted: *(Month, Day, Year)* \_\_\_\_\_ to \_\_\_\_\_ 23) My last extension of stay in the United States expired on: *(Month, Day, Year)* \_\_\_\_\_

24) If not inspected or if entry occurred at other than a regular port, describe the circumstances as accurately as possible: \_\_\_\_\_

25) Since the date of my first entry I departed from and returned to the United States at the following places and on the following dates:  
*(Please list all departures regardless of how briefly you were absent from the United States)*  
**If you have never departed from the United States since your original date of entry, please mark an X in the box:**

	Port of Departure <i>(Place or Port, City and State)</i>	Departure Date <i>(Month, Day, Year)</i>	Purpose of Travel	Destination
1	_____	_____	_____	_____
	Port of Return <i>(Place or Port, City and State)</i>	Return Date <i>(Month, Day, Year)</i>	Manner of Return	Inspected & Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	_____	_____	_____	_____
	Port of Return <i>(Place or Port, City and State)</i>	Return Date <i>(Month, Day, Year)</i>	Manner of Return	Inspected & Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No

26) Have you ever departed the United States: a) under an order of deportation? -----  Yes  No  
 b) pursuant to a grant of voluntary departure? -----  Yes  No

**PART 4 - INFORMATION ABOUT YOUR MARITAL STATUS AND SPOUSE *(Continued on page 3)***

27) I am not married:  I am married:  28) If married, the name of my spouse is: *(Last, First, Middle)* \_\_\_\_\_ 29) Date of marriage: *(Month, Day, Year)* \_\_\_\_\_

30) The marriage took place in: *(Place and Country)* \_\_\_\_\_ 31) Birth place of spouse: *(Place and Country)* \_\_\_\_\_

32) My spouse currently resides at: \_\_\_\_\_ 33) Birth date of spouse: *(Month, Day, Year)* \_\_\_\_\_

\_\_\_\_\_ *Apt. number and/or in care of*  
 \_\_\_\_\_ *Number and Street*  
 \_\_\_\_\_ *City or Town* \_\_\_\_\_ *State/Country* \_\_\_\_\_ *ZIP Code*

34) My spouse is a citizen of: *(Country)* \_\_\_\_\_

35) If your spouse is other than a native born United States citizen, answer the following:  
 He/she arrived in the United States at: *(Place, City, and State)* \_\_\_\_\_  
 He/she arrived in the United States on: *(Month, Day, Year)* \_\_\_\_\_  
 His/her alien registration number is: A# \_\_\_\_\_  
 He/she was naturalized on *(Month, Day, Year)* \_\_\_\_\_ at \_\_\_\_\_  
*(Place, City, and State)*

36) My spouse  - is  - is not employed. If employed, please give salary and the name and address of the place(s) of employment.

Full Name and Address of Employer	Earnings Per Week <i>( Approximate)</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____

37) I  - have  - have not been previously married: (If previously married, list the name of each prior spouse, the dates on which each marriage began and ended, the place where the marriage terminated, and describe how each marriage ended.)

Name of prior spouse: (Last, First, Middle)	Date marriage began: Date marriage ended:	Place marriage ended: (Place and Country)	Description or manner of how marriage was terminated or ended:
_____	_____	_____	_____

38) My present spouse  - has  - has not been previously married: (If previously married, list the name of each prior spouse, the dates on which the marriage began and ended, the place where the marriage terminated, and describe how each marriage ended.)

Name of prior spouse: (Last, First, Middle)	Date marriage began: Date marriage ended:	Place marriage ended: (Place and Country)	Description or manner of how marriage was terminated or ended:
_____	_____	_____	_____

39) Have you been ordered by any court, or are otherwise under any legal obligation, to provide child support and/or spousal maintenance as a result of a separation and/or divorce?  - Yes  - No

40) Since my entry into the United States, I have been employed by the following - named persons or firms: (Please begin with present employment and work back in time. Any periods of unemployment or school attendance should be specified.)

Full Name and Address of Employer	Earnings Per Week (Approximate)	Type of Work Performed	Employed From: (Month, Day, Year)	Employed To: (Month, Day, Year)
_____	\$ _____	_____	_____	PRESENT
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

41) If self-employed, describe the nature of the business, the name of the business, its address, and net income derived therefrom:

\_\_\_\_\_

\_\_\_\_\_

42) My assets (and if married, my spouse's assets) in the United States and other countries, not including clothing and household necessities, are:

<u>Self</u>	<u>Jointly Owned with Spouse</u>
Cash, Stocks, and Bonds — — — — — \$ _____	Cash, Stocks, and Bonds — — — — — \$ _____
Real Estate — — — — — \$ _____	Real Estate — — — — — \$ _____
Automobile (dollar value - amount owed) — \$ _____	Automobile (dollar value - amount owed) — \$ _____
Other (describe on line below) — — — — — \$ _____	Other (describe on line below) — — — — — \$ _____
_____ <b>TOTAL \$ _____</b>	_____ <b>TOTAL \$ _____</b>

43) I  - have  - have not received public or private relief or assistance (e.g. Welfare, Unemployment Benefits, Medicaid, ADC, etc.). If you have, please give full details including the type of relief or assistance received, date for which relief or assistance was received, place, and amount received during this time: \_\_\_\_\_

\_\_\_\_\_

44) Please list each of the years in which you have filed an income tax return with the Internal Revenue Service: \_\_\_\_\_

\_\_\_\_\_

**PART 6 - INFORMATION ABOUT YOUR FAMILY** (Continued on page 5)

45) I have \_\_\_\_\_ (Number of) children. Please list information for each child below, include assets and earnings information for children over the age of sixteen who have separate incomes:

Name of Child: (Last, First, Middle) Child's Alien Registration Number:	Citizen of What Country: Birth Date: (Month, Day, Year)	Now Residing At: (Place and Country) Birth Place: (Place and Country)	Immigration Status of Child?
_____ A#:	_____ _____/_____/_____	_____ _____/_____/_____	
Estimated Total of Assets: \$ _____ Estimated Average Weekly Earnings: \$ _____			
_____ A#:	_____ _____/_____/_____	_____ _____/_____/_____	
Estimated Total of Assets: \$ _____ Estimated Average Weekly Earnings: \$ _____			
_____ A#:	_____ _____/_____/_____	_____ _____/_____/_____	
Estimated Total of Assets: \$ _____ Estimated Average Weekly Earnings: \$ _____			

46) If your application is denied, would your spouse and all of your children accompany you to your:  
Country of Birth -  Yes  No, Country of Nationality -  Yes  No, and/or Country of Last Residence -  Yes  No.  
 If you answered "NO" to any of the responses, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

47) Members of my family, including my spouse and/or child(ren)  - have  - have not received public or private relief or assistance (e.g., Unemployment Benefits, Welfare, Medicaid, ADC, etc.). If any member of your immediate family has received such relief or assistance, please give full details including identity of person(s) receiving relief or assistance, dates for which relief or assistance was received, place, and amount received during this time: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

48) Please give the requested information about your parents, brothers, sisters, aunts, uncles, and grandparents. As to residence, show street address, city, and state, if in the United States; otherwise show only country:

Name: (Last, First, Middle) Alien Registration Number:	Citizen of What Country: Birth Date: (Month, Day, Year)	Relationship to Me: Birth Place: (Place and Country)	Immigration Status of Listed Relative
_____ A#:	_____ _____/_____/_____	_____ _____/_____/_____	
Complete Address of Current Residence: _____ _____			
_____ A#:	_____ _____/_____/_____	_____ _____/_____/_____	
Complete Address of Current Residence: _____ _____			