

Form G-845 Supplement, Verification Request

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

START HERE - Type or print in black ink.

Part 1. Information From the Registered Agency

NOTE: Only the Registered Agency should complete this information.

To: U.S. Citizenship and Immigration Services (USCIS)

Attn: USCIS SAVE Program Status Verification Office

Stamp, type, or print the name, address, and ZIP Code of the Registered Agency. (**Print clearly since USCIS may use agency address below with a No. 10 window envelope.**)

From:

NOTE: You may only submit a completed Form G-845 Supplement with a completed Form G-845 to request verification. **You may not submit Form G-845 Supplement alone**. The information on this request concerns eligibility for certain Federal, state, and local public benefits.

Applicant Information

Immigration Document Number

1.a.	a. Alien Registration Number (A-Number)		
		A-	Reg
1.b.	Form I-94 Numbe	er (Arrival-Departure Record)	Full N
	►		7.a.
1.c.	Other Immigration	n Number	
	7.b.		
			8.a.
1.d.			
	Other Immigration Number		
			8.b.
Applicant's Full Name as Shown on the Immigration Document			
2000			9.
2.a.	Last Name		
2.b.	First Name		

3.	Case Verification Number			
4.	Date of Birth	(mm/dd/yyyy)		

5. Social Security Number

Information Requested by the Registered Agency (Select all applicable boxes)

- **6.a.** Immigration Status
- **6.b.** Citizenship Status
- **6.c.** Special Benefit Provision for Certain Victims of Abuse
- 6.d. Affidavit of Support
- 6.e. USCIS to verify Cuban/Haitian entrants by filling out Part 3.
- 6.f. Form SSA-8510, Authorization for the Social Security Administration to Obtain Personal Information, or other agency's equivalent release form, attached. (Use only for applicants with proceedings pending with EOIR.)
- 6.g. For SSA only: Retirement, Survivors, and Disability Insurance (RSDI) Claim. (USCIS completes Item Numbers 4.a. - 4.d. in Part 2.)
- 6.h. Status of this applicant as of 8/22/1996 is required (USCIS completes Item Numbers 1.a. 1.b. in Part 3.)

Registered	Agency	Information

Full Name of Agency Official

a.	Last Name	
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- 7.b. First Name
- 8.a. Daytime Telephone Number (Include Area Code)
- 8.b. Extension Number (if applicable)
- 9. Date Request Completed

(mm/dd/yyyy)

2.c. Middle Name

NOTE: Only USCIS should complete this information,

Upon review of these documents, information submitted, and

Part 2. USCIS Responses

unless otherwise indicated.

Part 1. Information From the Registered Agency (continued)

Additional Information

Registered Agency Comments (if any)	our records, we find the following for the applicant:		
	Current Immigration Status (Select all applicable boxes)		
	1.a. Lawful Permanent Resident (LPR) of the United States. (The Registered Agency must select only one date necessary to make their benefit determination.)		
	Effective Date of LPR Status/Rollback		
	(mm/dd/yyyy)		
	Date Adjustment to LPR Approved (mm/dd/yyyy)		
	 PRIOR STATUS: If the applicant adjusted to LPR in the past 7 years from a status listed below in Item Numbers 1.b., 1.c., 1.d., 1.g., 1.h., 1.i., or 1.j., select the appropriate prior status and provide dates and class of admission where indicated. 		
	1.b. Refugee admitted to the United States under section 207 of the Immigration and Nationality Act (INA).		
	Date of Admission as a Refugee		
	(mm/dd/yyyy)		
	1.c. Asylee under section 208 of the INA.		
	Date Asylum Granted		
	(mm/dd/yyyy)		
	1.d. Applicant whose deportation has been withheld under INA 243(h) (as in effect prior to April 1, 1997) or whose removal has been withheld under INA 241(b)(3).		
	Date Deportation or Removal Ordered Withheld		
	(mm/dd/yyyy)		
	1.e. Applicant paroled into the United States under INA 212(d)(5) for a period of at least 1 year.		
	Date Parole Granted		
	(mm/dd/yyyy)		
	Date Parole Expires		
	(mm/dd/yyyy)		
	1.f. Conditional entrant under INA 203(a)(7) prior to April 1, 1980.		
	Date Status Granted		
	(mm/dd/yyyy)		

Part 2. USCIS Responses (continued)	Special Benefit Provision for Certain Victims of
1.g. American Indian born in Canada to whom the provisions of INA 289 apply.	 Abuse or Status as a Widow(er) 3.a. Applicant obtained lawful (or conditional) permanent
Date Status Recognized	resident status as the spouse, child, or widow(er) of a
(mm/dd/yyyy)	U.S. citizen.
1.h. Cuban/Haitian entrant as defined in section 501(e) of the Refugee Education Assistance Act of 1980.	Date Status Granted (mm/dd/yyyy)
1.i. Amerasian immigrant under section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act of 1988.	3.b. Applicant obtained lawful (or conditional) permanent resident status as the spouse, child, or unmarried son or daughter of a lawful permanent resident.
Date of Entry	Date Status Granted
(mm/dd/yyyy)	(mm/dd/yyyy)
1.j. Applicant classified as an Iraqi/Afghan special immigrant admitted under INA 101(a)(27).	3.c. Applicant did not obtain status described in Item Number 3.a. or 3.b.
Date of Entry	Affidavit of Support
(mm/dd/yyyy)	4.a. Applicant was not sponsored on Form I-864.
Date Status Granted	Receipt Date
(mm/dd/yyyy)	(mm/dd/yyyy)
Class of Admission (COA)	4.b. Applicant was sponsored on Form I-864, Affidavit of Support, under INA 213A.
1.k. Other (Indicate Status)	Receipt Date
	(mm/dd/yyyy)
Date Status Granted	4.c. Sponsor's Information
(mm/dd/yyyy)	Last Name
Class of Admission (COA) (if applicable)	First Name
Citizenship Status	Middle Name
_	Social Security Number
 2.a. U.S. Citizen 2.b. Not a U.S. Citizen 	Street Number and Name
2.c. For SSA only: Status Dates for RSDI Claims	Apt. Ste. Flr.
(Registered Agency representative provides dates)	
From (mm/dd/yyyy)	City or Town
To (mm/dd/yyyy)	State ZIP Code
Response	Province
	Postal Code
	Country

Par	t 2. USCIS Responses (continued)	2.b.	Applicant paroled into the United States as a Cuban/ Haitian entrant (status pending) as defined in section	
4.d.	Joint Sponsor's Information		501(e) of the Refugee Education Assistance Act of	
	Last Name		1980, on or after April 21, 1980 (Category 1A), or a Cuban/Haitian entrant paroled on or after October 10, 1980. (Category 1B).	
	First Name		Status Dates (Registered Agency representative	
	Middle Name		provides dates)	
	Social Security Number		From (mm/dd/yyyy)	
	Street Number and Name		To (mm/dd/yyyy)	
	Apt. Ste. Flr.		Response	
	City or Town	• □		
	State ZIP Code	2.c.	Applicant paroled into the United States who has not acquired any other status under the INA. (Category 2A)	
	Province		Status Dates (Registered Agency representative provides dates)	
	Postal Code		From (mm/dd/yyyy)	
	Country			
4.e.	Information on additional joint sponsors attached.		Response	
D		2.d.	Applicant paroled into the United States in the	
	t 3. USCIS Additional Responses	custody of Federal, state, or local enforcement		
	E: Only USCIS should complete this information, ss otherwise indicated. Please do not preselect		authorities for law enforcement purposes.	
	artment of Homeland Security (DHS) responses.		Date of Entry (mm/dd/yyyy)	
-	review of these documents, information submitted, and	• □		
	ecords, we find the following for the applicant:	2.e.	Applicant's asylum application was filed under INA 208 and is pending with DHS. (Category 2C)	
	igration status as of 8/22/1996 Type or print "N/A," as appropriate		Date Asylum Application Filed	
1			(mm/dd/yyyy)	
1.b.	Immigration status at initial entry	2.f.	Applicant's asylum application was filed under INA 208 and is pending with EOIR. (Category 2B)	
Ŧ			Registered Agency must attach Form SSA-8510, or	
	igration Status of Cuban/Haitian Nationals	other age	ncy's equivalent release form.	
2.a.	Is the applicant a Cuban or Haitian national as indicated by the document provided by the applicant?		Date Asylum Application Referred to EOIR (mm/dd/yyyy)	
If yo	u answered "NO," do not process form any further.			

Part 3	3. USCIS Additional Responses (continued)	Part 4. USCIS Comments
2.g.	Applicant who is in removal proceedings for whom a final, non-appealable, legally enforceable order of removal has NOT been entered. (Category 2B.)	NOTE: Only USCIS should complete this information.
	Date Placed Into Proceedings	
	(mm/dd/yyyy)	
2.h.	Applicant does not meet any of the categories described above.	
Remov	al Proceedings	
3.a.	Applicant is subject to an order of removal that is final, non-appealable, and legally enforceable.	
	Date Order Became Final	
	(mm/dd/yyyy)	
3.b.	Applicant is subject to an order of supervision after an order of removal.	
	Date of Order	
	(mm/dd/yyyy)	
3.c.	Applicant is NOT subject to an order of removal that is final, non-appealable, and legally enforceable.	
Adjust	ed to Lawful Permanent Resident Status	
4.a.	Cuban or Haitian national (or citizen) as indicated on the document provided by the applicant who adjusted status under:	
	Nicaraguan Adjustment and Central American Relief Act (NACARA)	
	Haitian Refugee Immigration Fairness Act (HRIFA)	
	Immigration Reform and Control Act of 1986 (IRCA)	
	Cuban Adjustment Act of 1966 (CAA)	
	Date Form I-485 Approved	USCIS Stamp
	(mm/dd/yyyy)	
	Class of Admission (COA)	
4.b.	Applicant is NOT an LPR or adjusted under a different section of law.	