## Form I-363, Request to Enforce Affidavit of **Financial Support and Intent to Petition** for Custody for Pub. L. 97-359 Amerasian

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

Type or pi	rint in black ink S	See instructions of	n reverse side.			
1. Beneficiary's Family Name (Capital Letters	) First Name	Middle N	lame	2. Alien Registration Number A -		
<b>3.</b> Mailing Address in U.S. (Number, C/O:	Street, Apt.)	(City)	'	(State)	(Zip Code)	
Employer or School (Name and Address				5. Country of Citizenship		
<b>6.</b> Date of Birth (mm/dd/yyyy) 7. Place of Bir	th (City or Town) (I	Province or State)	• • •	Applicant's Phone clude Area Code)	e Number	
9. Initially Admitted to U.S. at (City and State)			10. Beneficiary's Relationship to Sponsor			
1. Destination in U.S. at Time of Initial Admission			12. Beneficiary's file is at USCIS office in (City and State)			
13. Sponsor's Family Name (Capital Letters)	First Name	Mic	idle Name	U.S. Citizen Lawful Perm	anent Resident	
<b>14.</b> Sponsor's Present Address						
5. Sponsor's Employer			Sponsor's Phone Number (Include Area Code)			
<b>16.</b> Does the beneficiary live with the sponsor	? Yes No	<b>17.</b> If not, with w	hom does the b	eneficiary live?		
<b>18.</b> How is the beneficiary supported? (Sponsor? Other Sources?)			How long has the beneficiary been supported by the sponsor			
19. Is the beneficiary in the legal custody of the	ne sponsor?  Ye					
<b>20.</b> Has the sponsor stopped all support?	☐ Ye		Since when? (mm/dd/yyyy)			
21. Has the sponsor give any reason for withdrawal of support?	Ye No		If "Yes," describe the circumstances under which the sponsor ceased his or her support.			
NOTE: Attach a copy of Form I-361, Affidav Amerasian, if available.	it of Financial Suppo	ort and Intent to F	Petition for Lega	al Custody for P. I	L. 97-359	
<ul><li>22. Relationship of Applicant</li><li>Self</li><li>Individual Having Legal Custody of the Be</li></ul>	= .	oresentative of the A	agency Having Le	egal Custody of the	Beneficiary	
<b>23.</b> Signature and Date of Person Preparing Fo	orm, If Other Than A	Applicant 24. S	ignature of App	olicant and Date		
ACTION DI OCK (E L. LICCIO M.		Below This Line.				
on at	cer) This applicant w	(Place)	y me in per	son by phone	,	
Remarks: Investigation Completed on	(Date)	(- 5550)	(Signature and Title)			
☐ Investigation Not Necessary ☐ Enforcement Recommended			Recommendation Forwarded to U.S. Attorney			
No Action Recommended (Regional Counsel and Region) Date:  Received Trans In Ret'd Trans In Ret'					Completed	