

Application to Adjust Status From Temporary to Permanent Resident (Under Section 245A of the INA)

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-698 OMB No. 1615-0035 Expires: 03/31/2017

	Applicant Interviewed	Receipt	Action Block
For	Date:		
USCIS Use	Date of Adjustment		
Only	Date:	Remarks	

START HERE - Type or print in black ink.

Part 1. I	nformation About You		
1. Full Leg	gal Name		
Family	Name (Last Name)	Given Name (First Name)	Middle Name
2. Name a	s it Appears on Your Employment Au	thorization Document (Form I-766)]
A. Far	nily Name (Last Name)	Given Name (First Name)	Middle Name
B. Pro	vide the reason for a difference in the	names, if any (marriage, divorce, etc.)	
3. Any Oth	her Names Used		
A. Far	nily Name (Last Name)	Given Name (First Name)	Middle Name
B. Far	nily Name (Last Name)	Given Name (First Name)	Middle Name
•		an letters, type or print your name in your native	
Far	nily Name (Last Name)	Given Name (First Name)	Middle Name
B. Lat	nguage of Your Native Alphabet		
5. U.S. Ma	ailing Address		
	Of Name		
Street N	lumber and Name		Apt. Ste. Flr. Number
City or	Town		State ZIP Code
6. Is your	current U.S. mailing address the same	as your U.S. physical address?	Yes No
•	nswered "No," provide your U.S. phys		

Pa	nrt 1. Information About Yo	ou (continued)		A-	
7.	U.S. Physical Address				
	Street Number and Name			Apt. Ste. Flr	. Number
]
	City or Town			State ZIP	P Code
8.	Alien Registration Number (A-Nu ► A-	mber) (if any) 9. U.S. Social Security	Number (if any)		
10.	Date of Birth (<i>mm/dd/yyyy</i>) 11.	Gender			
		Male Female			
12.	Place of Birth				
	City or Town	Province or Foreign State	Country		
13.	Country of Citizenship or National	ity 14. Mother's First Name	15.	Father's First Name	
16.	Marital Status Single (Neve	r Married) Married Divorced	or Separated	Widowed	
17.	absence that exceeded 30 days or a Additional Information or attach	es since becoming a temporary resident. f the total of all of your absences exceeds a separate sheet of paper. Type or print Part Number, and Item Number to whi	s 90 days , explain u your name and A-N	using the space prov umber (if any) at th	rided in Part 8 . he top of the
	Country	Purpose of Trip	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Total Days Absent
	Country	Purpose of Trip	-		Total Days
	Country	Purpose of Trip	-		Total Days
	Country	Purpose of Trip	-		Total Days
	Country	Purpose of Trip	-		Total Days
	Country	Purpose of Trip	-		Total Days
	Country	Purpose of Trip	-		Total Days
Ρε	Country Country		-		Total Days
Р <i>а</i> 1.)n	-		Total Days
	art 2. Biographic Informatio	Image: Second	(mm/dd/yyyy)		Total Days
1.	art 2. Biographic Information Ethnicity (Select only one box) Race (Select all applicable boxes) White Asian Bla	Image: Second	(mm/dd/yyyy)	(mm/dd/yyyy)	Total Days
1.	art 2. Biographic Information Ethnicity (Select only one box) Race (Select all applicable boxes) White Asian Bla	Image: Second state of the second s	(mm/dd/yyyy)	(mm/dd/yyyy)	Total Days
1. 2.	art 2. Biographic Information Ethnicity (Select only one box) Race (Select all applicable boxes) White Asian	Image: Second Structure Image: Second Structure	(mm/dd/yyyy)	(mm/dd/yyyy)	Total Days
1. 2. 3.	art 2. Biographic Informatic Ethnicity (Select only one box) Race (Select all applicable boxes) White Asian Bla An Height Feet Inches	Image: Second state of the second s	(mm/dd/yyyy)	(mm/dd/yyyy)	Total Days
1. 2. 3.	art 2. Biographic Information Ethnicity (Select only one box) Race (Select all applicable boxes) White Asian Bla Ann Height Feet Inches Eye Color (Select only one box)	Image: Second state Image: Second state Image: Second state Image: Second state <th>(mm/dd/yyyy) anic or Latino Image: Construction of the construction</th> <th>(mm/dd/yyyy)</th> <th>Total Days Absent</th>	(mm/dd/yyyy) anic or Latino Image: Construction of the construction	(mm/dd/yyyy)	Total Days Absent

Part 3. Eligibility Standards

1.	You are required to have a minimal understanding of standard English and a knowledge and understanding of the history and
	Government of the United States. Select the appropriate box in Item A. or B. below.

A.	I will	satisfy	these	requirements	through:
	1 ** 111	Sutisty	unose	requirements	unougn.

	An examination	at the tim	e of intervie	w for lawful	l permanent residenc	e: or
						•, •.

- Satisfactory pursuit of a course of study recognized by the Secretary of Homeland Security (Secretary).
- **B.** I have satisfied these requirements by:

Satisfactory pursuit of a course of study recognized by the Secretary (attach appropriate documentation); or

An exemption because I am 65 years of age or older, under 16 years of age, or I am physically unable to comply. (If you are physically unable to comply, explain and attach relevant documentation.)

A-

Answer Item Numbers 2. - 29. If you answer "Yes" to any of the questions, provide a complete explanation using the space provided in **Part 8. Additional Information** or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet. Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for lawful permanent residence.

2.	Have you EVER assisted in the persecution of any person or persons on account of race, religion, political opinion, nationality, or membership in a particular social group?	Yes	No
3.	Have you EVER been treated for a mental disorder, drug addiction, or alcoholism?	Yes	No No
4.	Have you EVER committed a crime or offense for which you were not arrested?	Yes	No No
5.	Have you EVER been arrested, cited, or detained by any law enforcement officer (including Immigration and Customs Enforcement (ICE), Customs and Border Protection (CBP), former Immigration and Naturalization Service (INS), and/or military officers) for any reason?	Yes	🗌 No
6.	Have you EVER been charged with committing any crime or offense?	Yes	No No
7.	Have you EVER been convicted of a crime or offense?	Yes	No No
8.	Have you EVER been in jail or prison?	Yes	No No
9.	Have you EVER been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)?	Yes	No No
10.	Have you EVER received a suspended sentence, been placed on probation, or been paroled?	Yes	No No
11.	A. Have you, or a dependent member of your immediate family, EVER received public assistance from any source, including, but not limited to, the U.S. Government, any state, county, city, or municipality?	Yes	No No

B. If "Yes," provide the names of the recipients and their U.S. Social Security Numbers below.

Full Name of Recipient (Family Name, Given Name, Middle Name)	U.S. Social Security Number						

12. Have you **EVER**:

A.	Within the past 10 years been a prostitute, procured anyone for prostitution, or intend to engage in such activities in the future?	Yes No
B.	Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?	Yes No
C.	Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally?	Yes No
D.	Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance?	Yes No

Pa	rt 3	B. Eligibility Standards (continued)					
13.	soli mat	re you EVER engaged in, conspired to engage in, do you intend to engage in, or have you EVER cited membership or funds for, or have you EVER through any means assisted or provided any type of erial support to any person or organization that has EVER engaged or conspired to engage in sabotage, happing, political assassination, hijacking, or any other form of terrorist activity?		Ye	s [1	No
14.	Do	you intend to engage in the United States in:					
	A.	Espionage?		Ye	s [<u> </u>	No
	B.	Any activity, a purpose of which, is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means?		Ye	s [<u> </u>	No
	C.	Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information?		Ye	s [<u> </u>	No
15.		ve you EVER been a member of, or in any way affiliated with, a Communist Party or any other litarian party?		Ye	s [<u> </u>	No
16.	Gov of C	you EVER , during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi vernment of Germany or any organization or government associated or allied with the Nazi Government Germany, order, incite, assist, or otherwise participate in the persecution of any person because of race, gion, national origin, or political opinion?		Ye	s [<u> </u>	No
17.	Hav	ye you EVER claimed to be a United States citizen in writing or any other way?		Ye	s	1	No
18.	exp	we you EVER been deported from the United States, removed from the United States at government ense, excluded within the past year, or are you NOW , or have you EVER been in exclusion, ortation, removal, or rescission proceedings?		Ye	s [<u> </u>	No
19.	Nat mis	you NOW under a final order of civil penalty for violating section 274C of the Immigration and ionality Act (INA) for use of fraudulent documents or have you EVER , by fraud or willful representation of a material fact, sought to procure or procured a visa, other documentation, entry into United States, or any immigration benefit?		Ye	s [<u> </u>	No
20.	Hav	e you EVER left the United States to avoid being drafted into the U.S. Armed Forces?		Ye	:s [<u> </u>	No
21.		ve you EVER been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence irrement and have not yet complied with that requirement or obtained a waiver?		Ye	s [<u> </u>	No
22.		you NOW withholding custody of a U.S. citizen child outside the United States from a person granted gody of the child?		Ye	s [<u> </u>	No
23.	Do	you plan to practice polygamy in the United States?		Ye	:s [<u> </u>	No
24.	Hav	ve you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in ar	ıy of	the	foll	owin	ıg:
	A.	Acts involving torture or genocide?		Ye	s [<u> </u>	No
	B.	Killing any person?		Ye	:s [<u> </u>	No
	C.	Intentionally and severely injuring any person?		Ye	:s [<u> </u>	No
	D.	Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?		Ye	s [<u> </u>	No
	E.	Limiting or denying any person's ability to exercise religious beliefs?		Ye	s [No
25.	Hav	ye you EVER:					
	A.	Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization?		Ye	s [<u> </u>	No
	B.	Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?		Ye	s [<u> </u>	No

Pa	rt .	3. E	ligibility Standards (continued) A-		
26.			u EVER been a member of, assisted in, or participated in any group, unit, or organization of any which you or other persons used any type of weapon against any person or threatened to do so?	Yes	🗌 No
27.			u EVER assisted or participated in selling, providing, or transporting weapons to any person who, enowledge, used them against another person?	Yes	🗌 No
28.	Ha	ve yo	u EVER received any type of military, paramilitary or weapons training?	Yes	🗌 No
29.	Ha	ve yo	u EVER:		
	A.		ruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed e or group?	Yes	🗌 No
	B.		d any person under 15 years of age to take part in hostilities, or to help or provide services to ble in combat?	Yes	No No
			ccommodations for Individuals With Disabilities and Impairments (Read the in 8 instructions before completing this part.)	formatio	n in the
1.	Are	e you	requesting an accommodation because of your disabilities and/or impairments?	Yes	🗌 No
	If y	ou ai	swered "Yes," select all applicable boxes.		
	A.		I am deaf or hard of hearing and request the following accommodations (if you are requesting a sign indicate for which language (e.g., American Sign Language)):	1-language	interpreter
	B.		I am blind or have low vision and request the following accommodations:		
	C.		I have another type of disability and/or impairment (describe the nature of your disabilities and/or in accommodations you are requesting):	npairments	and the
			pplicant's Statement, Contact Information, Acknowledgement of Appointment on Support Center, Certification, and Signature	t at USC	IS
NO	TE:	Sele	ect the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number	er 2.	

- 1. Applicant's Statement Regarding the Interpreter
 - A. I can read and understand English, and have read and understand every question and instruction on this application, as well as my answer to every question. I have read and understand the Acknowledgement of Appointment at USCIS Application Support Center.
 - B. The interpreter named in Part 6. has read to me every question and instruction on this application, as well as my answer to every question, in , a language in which I

am fluent. I understand every question and instruction on this application as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named **Part 6.** has also read the **Acknowledgement of Appointment at USCIS Application Support Center** to me, in the language in which I am fluent, and I understand this ASC Acknowledgement as read to me by my interpreter.

- 2. Applicant's Statement Regarding the Preparer
 - I have requested the services of and consented

who is is not an attorney or accredited representative, preparing this application for me. This person who assisted me in preparing my application has reviewed the Acknowledgement of Appointment at USCIS Application Support Center with me and I understand the ASC Acknowledgement.

Part 5. Applicant's Statement, Contact Information, ASC Acknowledgement,	A-	
Certification, and Signature (continued)	L	

Applicant's Contact Information

3. Applicant's Daytime Telephone Number 4. Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)

Acknowledgement of Appointment at USCIS Application Support Center

I.

understand that the purpose of a USCIS Application Support Center (ASC) appointment is for me to provide fingerprints, photograph, and/or signature and to re-affirm that all of the information in my application is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment:

By signing here, I declare under penalty of perjury that I have reviewed and understand my application, petition, or request as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-affirming that I willingly submit this application; I have reviewed the contents of this application; all of the information in my application and all supporting documents submitted with my application were provided by me and are complete, true, and correct; and if I was assisted in completing this application, the person assisting me also reviewed this Acknowledgement of Appointment at USCIS Application Support Center with me.

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.

I certify, under penalty of perjury, that the information in my application and any document submitted with my application were provided by me and are complete, true, and correct.

Applicant's Signature

6. Applicant's Signature Date of Signature (mm/dd/yyyy)

Part 6. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

Provide the following information concerning the interpreter.

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Part 6. Interpreter's Contact Information, Certification, and Signature A-(continued) Interpreter's Mailing Address Street Number and Name Apt. Ste. Flr. Number 3. ZIP Code City or Town State Postal Code Province Country **Interpreter's Contact Information** Interpreter's Daytime Telephone Number 5. Interpreter's Email Address (if any) 4. **Interpreter's Certification** I certify that: I am fluent in English and , which is the same language provided in Part 5., Item B. in Item Number 1.; I have read to this applicant every question and instruction on this application, as well as the answer to every question, in the language provided in Part 5., Item B. in Item Number 1.; and I have read the Acknowledgement of Appointment at USCIS Application Support Center to the applicant in the same language

provided in Part 5., Item B. in Item Number 1.

The applicant has informed me that he or she understands every instruction and question on the application, as well as the answer to every question, and the applicant verified the accuracy of every answer; and

The applicant has also informed me that he or she understands the ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photographs, and/or signature, he or she is re-affirming that the contents of this application and all supporting documentation are complete, true, and correct.

Interpreter's Signature Interpreter's Signature Date of Signature (mm/dd/yyyy) 6.

Part 7. Contact Information, Statement, Certification, and Signature of the Person Preparing This **Application, If Other Than the Applicant**

Preparer's Full Name

Provide the following information concerning the preparer.

Preparer's Family Name (Last Name) 1.

Preparer's Given Name (First Name)

2. Preparer's Business or Organization (if any)

· · · · · · · · · · · · · · · · · · ·	n, If Other Than the Applicant (continued)	
Preparer's Mailing Address		
3. Street Number and Name		Apt. Ste. Flr. Number
City or Town		State ZIP Code
Province	Postal Code Country	
Preparer's Contact Information		
4. Preparer's Daytime Telephone Number	5. Preparer's Fax Telephone N	Number
6. Preparer's Email Address (if any)		
Preparer's Statement		

- 7. A. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
 - **B.** I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this application on behalf of, at the request of, and with the express consent of, the applicant. I completed this application based only on responses the applicant provided to me. After completing the application, I reviewed it and all of the applicant's responses with the applicant, who agreed with every answer on the application. If the applicant supplied additional information concerning a question on the application, I recorded it on the application. I have also read the **Acknowledgement of Appointment at USCIS Application Support Center** to the applicant and the applicant has informed me that he or she understands the ASC Acknowledgement.

Preparer's Signature

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)

Part 8. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.	Fan	nily Name (Last Name)		Giv	ren Name (First Name)	Middle Name
2. 3.		Number (if any) ► A- Page Number B.	Part Number	C.	Item Number	
	D .					
4.	A.	Page Number B.	Part Number	C.	Item Number	
	D.					
5	Δ	Page Number B.	Part Number	C	Item Number	
0.	1 1.			с.		
	D.					
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6.	А.	Page NumberB.	Part Number	C.	Item Number	
	Б					
	D.					