Application for Family Unity Benefits

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

USCIS
Form I-817
OMB No. 1615-0005
Expires 06/30/2015

For USCIS Use Only		Fee Stamp	Action Block
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Remarks:

☐ **Initial Application**
☐ Approved ☐ Denied
Valid From ___/___/_____
Valid To ___/___/_____

☐ **Request for Extension**
☐ Approved ☐ Denied
Valid From ___/___/_____
Valid To ___/___/_____

To Be Completed by an *Attorney or a BIA-Accredited Representative*, if any.

☐ Fill in box if G-28 is attached to represent the applicant.
Attorney State License Number: _____

►**START HERE - Type or print in black ink.**

Part 1. Information About You *(Person Requesting Family Unity Benefits)*

1. Alien Registration Number (A-Number)
► **A-**

2.a. Family Name *(Last Name)*
2.b. Given Name *(First Name)*
2.c. Full Middle Name

Other Names Used (Including maiden name)

3.a. Family Name *(Last Name)*
3.b. Given Name *(First Name)*
3.c. Full Middle Name

4.a. Family Name *(Last Name)*
4.b. Given Name *(First Name)*
4.c. Full Middle Name

Other Information

5. Date of Birth *(mm/dd/yyyy)* ►

6. U.S. Social Security Number (if any)
►

7. Gender (Check the appropriate box) ☐ Male ☐ Female

8. Country of Birth

9. Country of Citizenship

Physical Address

10.a. Street Number and Name
10.b. Apt. ☐ Ste. ☐ Flr. ☐
10.c. City or Town
10.d. State **10.e.** Zip Code

Mailing Address

11.a. In Care of Name
11.b. Street Number and Name
11.c. Apt. ☐ Ste. ☐ Flr. ☐
11.d City or Town
11.e. State **11.f.** Zip Code

Part 1. Information About You *(Person Requesting Family Unity Benefits)(continued)*

Contact Information

12. Daytime Phone Number *(if any)* Extension

( ) -

13. E-Mail Address *(If any)*

Part 2. Basis For Application

1. I am applying for Family Unity benefits because: *(Select only one box)*

a. ☐ **On May 5, 1988,** I was the spouse of an alien who was legalized under section 245A of the INA;

b. ☐ **On December 1, 1988,** I was the spouse of an alien who was legalized as a Special Agricultural Worker under section 210 of the INA;

c. ☐ **On May 5, 1988,** I was the unmarried child under age 21 of an alien who was legalized under section 245A of the INA;

d. ☐ **On December 1, 1988,** I was the unmarried child under age 21 of an alien who was legalized as a Special Agricultural Worker under section 210 of the INA;

e. ☐ **On May 5, 1988,** I was the spouse of a legalized alien who adjusted status under section 202 of the Immigration Reform and Control Act of 1986 (Cuban/ Haitian Adjustment);

f. ☐ **On May 5, 1988,** I was the unmarried child under age 21 and the following apply:

(1) On May 5, 1988, I was the child of an alien who adjusted status under section 202 of the Immigration Reform and Control Act of 1986 (Cuban/Haitian Adjustment);

(2) That parent is either a legalized alien or a naturalized U.S. citizen who was legalized on or before May 5, 1988 and he or she maintained that status until his or her naturalization; **OR**

(3) That parent has died, but he or she was either a legalized alien or a naturalized citizen who was legalized on or before May 5, 1988 and he or she maintained that status until his or her death.

g. ☐ I am the spouse of an alien who is eligible for and has filed or adjusted status under section 1504 of P. L. 106-554, the LIFE Act Amendments. I entered the United States on or before December 1, 1988, and resided in the United States on that date;

NOTE: To be eligible for IMMACT 90 Family Unity Program benefits, your qualifying spouse or parent must have maintained his or her status as a legalized alien or as a U.S. citizen, if he or she naturalized. If deceased, status must have been maintained until his or her death. For LIFE Act Family Unity, your spouse or parent must be eligible for adjustment or adjusted status under section 1504 of the LIFE Act Amendments. If you previously qualified for LIFE Act Family Unity, you may be eligible to apply for IMMACT 90 Family Unity Program Benefits.

2. I am requesting: *(Select only one box)*

a. ☐ Initial Family Unity benefits under section 301 of IMMACT 90.

b. ☐ An extension of Family Unity benefits under section 301 of IMMACT 90.

c. ☐ Initial Family Unity benefits under section 1504 of P.L. 106-554, the LIFE Act Amendments.

d. ☐ An extension of Family Unity benefits under section 1504 of P.L. 106-554, the LIFE Act Amendments.

3. I am claiming relationship to: *(Select only one box)*

a. ☐ A legalized alien under section 301 of IMMACT 90.

b. ☐ An alien who is eligible for and has filed for adjustment, or adjusted status under section 1504 of P.L. 106-554, the LIFE Act Amendments.

Part 3. Information About Relationship

A. Information About Your Spouse or Parent

Provide the following information about the alien through whom you are claiming your eligibility.

Spouse or Parent Information

1.a. Family Name *(Last Name)*

1.b. Given Name *(First Name)*

1.c. Full Middle Name

1.d. Date of Birth *(mm/dd/yyyy)* ►

1.e. A-Number *(if any)*

► **A-**

1.f. U.S. Social Security Number (if any)

►

1.g. Gender ☐ Male ☐ Female

1.h. Class of Admission *(visitor, student, EWI, etc.)*

Part 3. Information About Relationship *(continued)*

Spouse or Parent Information (continued)

Physical Address in U.S.

2.a. Street Number and Name

2.b. Apt. ☐ Ste. ☐ Flr. ☐

2.c. City or Town

2.d. State **2.e.** Zip Code

Contact Information

3. Daytime Phone Number *(if any)* Extension

( ) -

4. E-Mail Address *(If any)*

Other Names Used (Including maiden name)

5.a. Family Name *(Last Name)*

5.b. Given Name *(First Name)*

5.c. Full Middle Name

6.a. Family Name *(Last Name)*

6.b. Given Name *(First Name)*

6.c. Full Middle Name

B. Complete If You Are Applying Based on a Marital Relationship or You Were Previously Married

Provide the following information about **your marital status**.

1. Marital Status

☐ Single *(never married)* ☐ Married ☐ Divorced

☐ Widowed ☐ Separated

Provide the following information about **you and your spouse**.

2.a. Number of times you have been married *(including current marriage)* ►

2.b. Number of times your spouse has been married *(including spouse current marriage)* ►

Provide the following information about your **current marriage** *(if married)*.

3.a. Date of Marriage *(mm/dd/yyyy)* ►

3.b. Place of Marriage (City or Town)

3.c. State

3.d. Province

3.e. Country

3.f. Type of ceremony: ☐ Religious ☐ Civil ☐ None

3.g. We are: ☐ Living together ☐ Not living together

3.h. If you checked "Not living together," (select one):

☐ My spouse has died ☐ We are divorced

☐ We are separated

Provide the following information about your **prior marriages** *(if any)*.

Prior Marriage Information

4.a. Family Name *(Last Name)*

4.b. Given Name *(First Name)*

4.c. Full Middle Name

5.a. Date of Marriage (if married) *(mm/dd/yyyy)* ►

5.b. Place of Prior Marriage (City or Town)

5.c. State

5.d. Province

5.e. Country

5.f. Date of Termination *(mm/dd/yyyy)* ►

5.g. Place of Termination (City or Town)

5.h. State

Part 3. Information About Relationship *(continued)*

Prior Marriage Information (continued)

5.i. Province

5.j. Country

5.k. Reason for Termination

☐ Divorce ☐ Death ☐ Annulment

☐ Other *(Provide an explanation if there are any other reasons for termination)*:

Provide the following information about **YOUR SPOUSE'S prior marriages** *(if any)*.

Your Spouse's Prior Spouse's Information

6.a. Family Name *(Last Name)*

6.b. Given Name *(First Name)*

6.c. Full Middle Name

7.a. Date of Marriage (if any) *(mm/dd/yyyy)* ►

7.b. Place of Marriage (City or Town)

7.c. State

7.d. Province

7.e. Country

7.f. Date of Termination *(mm/dd/yyyy)* ►

7.g. Place of Termination (City or Town)

7.h. State

7.i. Province

7.j. Country

7.k. Reason for Termination

☐ Divorce ☐ Death ☐ Annulment

☐ Other *(Provide an explanation if there are any other reasons for termination)*:

C. Complete Only If You Are Applying Based on a Child/Parent Relationship

1. Indicate how your parent is related to you:

☐ Biological mother

☐ Biological father who was married to my mother when I was born

☐ Biological father who was not married to my mother when I was born

☐ Stepparent - based on marriage to my parent which occurred before my 18th birthday

☐ Adoptive parent (select one):

a. The adoption occurred before my 16th birthday; ☐ Yes ☐ No

b. My adoptive parent had legal custody of me on May 5, 1988, or December 1, 1988, (as appropriate), and I resided with him or her for 2 years prior to that date. ☐ Yes ☐ No

☐ Parent based on circumstances not described above *(Explain in detail on a separate sheet of paper).*

Provide the following information about **your marital status**.

2. Marital Status

☐ Single *(never married)* ☐ Married ☐ Divorced

☐ Widowed ☐ Separated

Provide the following information.

3.a. Date of Marriage *(mm/dd/yyyy)* ►

3.b. Place of Marriage (City or Town)

3.c. State

3.d. Province

3.e. Country

3.f. Type of ceremony: ☐ Religious ☐ Civil ☐ None

3.g. We are: ☐ Living together ☐ Not living together

Part 3. Information About Relationship *(continued)*

C. Complete Only If You Are Applying Based on a Child/Parent Relationship *(continued)*

3.h. If you checked "Not living together," (select one):

☐ My spouse has died ☐ We are divorced

☐ We are separated

Provide the following information if divorced or widowed:

3.i. Date Marriage Ended *(mm/dd/yyyy)* ►

3.j. Place Marriage Ended (City or Town)

3.k. State

3.l. Province

3.m. Country

NOTE: If you were previously married, you must complete **Part 3** section **B.,** entitled **"Complete If You Are Applying Based on a Marital Relationship or You Were Previously Married"**, **Item Numbers 1. - 7.k.** of this form and complete all requested information about your prior marriage(s) and check the box it has been completed.

4. ☐ I have completed **Part 3., Section B., Item Numbers 1. - 7.k.**, information about my prior marriage(s) (if any).

Part 4. Additional Information

1. Have you ever applied before for the Family Unity Program? *(If "Yes," provide the following information)*

☐ Yes ☐ No

Name Under Which You Applied

2.a. Family Name *(Last Name)*

2.b. Given Name *(First Name)*

2.c. Full Middle Name

2.d. City or Town Where Application Was Filed

2.e. State

2.f. Date Filed *(mm/dd/yyyy)* ►

2.g. USCIS (or former INS) action taken on case

☐ Approved ☐ Denied

3.a. At the time of your last entry into the United States, you:

☐ Were inspected and admitted

☐ Were inspected and paroled

☐ Entered without inspection

3.b. Date of Last Arrival *(mm/dd/yyyy)* ►

3.c. Form I-94, Arrival-Departure Record Number ►

3.d. Passport Number

3.e. Travel Document Number

3.f. Country of Issuance for Passport or Travel Document

3.g. Expiration Date for Passport or Travel Document *(mm/dd/yyyy)* ►

3.h. Current or Most Recent Immigration Status

3.i. Date Status Expires *(mm/dd/yyyy)* ►

3.j. Date Continuous U.S. Residence Began *(mm/dd/yyyy)* ►

Provide the U.S. address where you lived on May 5, 1988 (245A or Cuban Haitian Adjustment) or December 1, 1988 (section 210 or LIFE Act).

4.a. Street Number and Name

4.b. Apt. ☐ Ste. ☐ Flr. ☐

4.c. City or Town

4.d. State **4.e.** Zip Code

If separate applications for Family Unity benefits are being submitted at this time for other relatives, provide the following information:

5.a. Family Name *(Last Name)*

5.b. Given Name *(First Name)*

5.c. Full Middle Name

5.d. A-Number *(if any)* ► **A-**

5.e. Relationship to Applicant

Part 4. Additional Information *(continued)*

6.a. Family Name *(Last Name)*

6.b. Given Name *(First Name)*

6.c. Full Middle Name

6.d. A-Number *(if any)*

► **A-**

6.e. Relationship to Applicant

7.a. Family Name *(Last Name)*

7.b. Given Name *(First Name)*

7.c. Full Middle Name

7.d. A-Number *(if any)*

► **A-**

7.e. Relationship to Applicant

8.a. Family Name *(Last Name)*

8.b. Given Name *(First Name)*

8.c. Full Middle Name

8.d. A-Number *(if any)*

► **A-**

8.e. Relationship to Applicant

9.a. Family Name *(Last Name)*

9.b. Given Name *(First Name)*

9.c. Full Middle Name

9.d. A-Number *(if any)*

► **A-**

9.e. Relationship to Applicant

10.a. Family Name *(Last Name)*

10.b. Given Name *(First Name)*

10.c. Full Middle Name

10.d. A-Number *(if any)*

► **A-**

10.e. Relationship to Applicant

List all absences from the United States since May 5, 1988 or December 1, 1988, as appropriate, or since the approval of your last Family Unity application (Form I-817), whichever date is later.

11.a. Departure Date *(mm/dd/yyyy)* ►

11.b. Return Date *(mm/dd/yyyy)* ►

12.a. Departure Date *(mm/dd/yyyy)* ►

12.b. Return Date *(mm/dd/yyyy)* ►

13.a. Departure Date *(mm/dd/yyyy)* ►

13.b. Return Date *(mm/dd/yyyy)* ►

14.a. Departure Date *(mm/dd/yyyy)* ►

14.b. Return Date *(mm/dd/yyyy)* ►

15.a. Departure Date *(mm/dd/yyyy)* ►

15.b. Return Date *(mm/dd/yyyy)* ►

16.a. Departure Date *(mm/dd/yyyy)* ►

16.b. Return Date *(mm/dd/yyyy)* ►

17.a. Departure Date *(mm/dd/yyyy)* ►

17.b. Return Date *(mm/dd/yyyy)* ►

Part 4. Additional Information *(continued)*

List all residences in the United States since May 5, 1988 or December 1, 1988, as appropriate, or since the approval of your last Family Unity application (Form I-817), whichever date is later.

Current Residence

18.a. Street Number and Name

18.b. Apt. ☐ Ste. ☐ Flr. ☐

18.c. City or Town

18.d. State **18.e.** Zip Code

18.f. Dates of Residence *(mm/dd/yyyy)*

From ► To ► **PRESENT**

Previous Residence 1

19.a. Street Number and Name

19.b. Apt. ☐ Ste. ☐ Flr. ☐

19.c. City or Town

19.d. State **19.e.** Zip Code

19.f. Dates of Residence *(mm/dd/yyyy)*

From ► To ►

Previous Residence 2

20.a. Street Number and Name

20.b. Apt. ☐ Ste. ☐ Flr. ☐

20.c. City or Town

20.d. State **20.e.** Zip Code

20.f. Dates of Residence *(mm/dd/yyyy)*

From ► To ►

Previous Residence 3

21.a. Street Number and Name

21.b. Apt. ☐ Ste. ☐ Flr. ☐

21.c. City or Town

21.d. State **21.e.** Zip Code

21.f. Dates of Residence *(mm/dd/yyyy)*

From ► To ►

Previous Residence 4

22.a. Street Number and Name

22.b. Apt. ☐ Ste. ☐ Flr. ☐

22.c. City or Town

22.d. State **22.e.** Zip Code

22.f. Dates of Residence *(mm/dd/yyyy)*

From ► To ►

Previous Residence 5

23.a. Street Number and Name

23.b. Apt. ☐ Ste. ☐ Flr. ☐

23.c. City or Town

23.d. State **23.e.** Zip Code

23.f. Dates of Residence *(mm/dd/yyyy)*

From ► To ►

Previous Residence 6

24.a. Street Number and Name

24.b. Apt. ☐ Ste. ☐ Flr. ☐

24.c. City or Town

24.d. State **24.e.** Zip Code

24.f. Dates of Residence *(mm/dd/yyyy)*

From ► To ►

NOTE: If you need more space to complete an answer in **Item Numbers 5.a. - 24.f.**, use a separate sheet of paper. Write your name and A-Number, if you have one, at the top of each sheet and indicate the Part Number and Item Number of the item to which your answer refers, and sign and date each sheet.

Part 4. Additional Information *(continued)*

Answer the following questions:

Have you ever ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

25.a. Acts involving torture or genocide? ☐ Yes ☐ No

25.b. Killing any person? ☐ Yes ☐ No

25.c. Intentionally and severely injuring any person? ☐ Yes ☐ No

25.d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? ☐ Yes ☐ No

25.e. Limiting or denying any person's ability to exercise religious beliefs? ☐ Yes ☐ No

Have you ever:

26.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, guerilla group, militia, or insurgent organization? ☐ Yes ☐ No

26.b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? ☐ Yes ☐ No

27. Been a member of, assisted in, or participated in any group, unit or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☐ No

28. Assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? ☐ Yes ☐ No

29. Received any type of military, paramilitary, or weapons training? ☐ Yes ☐ No

Have you ever:

30.a. Engaged in, conspired to engage in, or intended to engage in a terrorist activity with intent to cause death or serious bodily harm? ☐ Yes ☐ No

30.b. Been a representative of a terrorist organization or a member of an organization which you knew or should have known is a terrorist organization? ☐ Yes ☐ No

Have you ever:

31. Been engaged any activity to violate any law of the United States related to espionage or sabotage or to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☐ No

32. Been convicted by a final judgment of a particularly serious crime or participated in any other criminal activity which endangers public safety or national security of the United States? ☐ Yes ☐ No

33. Been convicted of any offenses for which the aggregate sentences were 5 or more years of confinement? ☐ Yes ☐ No

34. Been ordered deported, excluded, or removed from the United States as you were inadmissible at time of entry or of adjustment of status, or violates status? ☐ Yes ☐ No

35. Convicted a felony crime of violence that has an element the use or attempted use of physical force against another individual or may be used in the course of committing the offense? ☐ Yes ☐ No

36. Engaged in genocide, or ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion? ☐ Yes ☐ No

37. Committed a serious nonpolitical crime outside the United States before you arrived in the United States? ☐ Yes ☐ No

38. Been convicted of a felony or 3 or more misdemeanors in the United States? ☐ Yes ☐ No

NOTE: If you answer "Yes" to any of the questions above (**25.a. - 38.**), provide a complete explanation on a separate sheet of paper. Write your name and A-Number, if you have one, at the top of each sheet, indicate the number of the question to which your answer refers, sign, and date on each sheet.

Part 5. Signature of Applicant *(Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)*

Applicant's Statement *(Choose one of the following)*:

1.a. ☐ I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question.

1.b. ☐ Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the:

1.b.1. _____ language, a language in which I am fluent, by the person named in **Part 7, Interpreter's Statement and Signature**. I understand each and every question and instruction on this form, as well as my answer to each question.

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

2.a. Signature of Applicant

2.b. Date of Signature *(mm/dd/yyyy)* ►

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit and this application may be denied.

Part 6. Signature of Person Preparing This Application, If Other Than the Applicant

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

Provide the following information concerning the preparer:

1.a. Preparer's Family Name *(Last Name)*

1.b. Preparer's Given Name *(First Name)*

2. Preparer's Business or Organization Name

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. ☐ Ste. ☐ Flr. ☐

3.c. City or Town

3.d. State **3.e.** Zip Code

3.f. Postal Code

3.g. Province

3.h. Country

Preparer's Contact Information

4. Daytime Phone Number *(if any)* Extension

( ) -

5. E-Mail Address *(If any)*

Declaration

To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this benefit request at the request of the applicant, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.

6.a. Signature of Preparer

6.b. Date of Signature *(mm/dd/yyyy)* ►

Part 7. Interpreter's Statement and Signature

1. Language Used

I certify that I am fluent in English and the above-mentioned language. I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.

2.a. Signature of Interpreter

2.b. Date of Signature *(mm/dd/yyyy)* ►

Part 7. Interpreter's Statement and Signature *(continued)*

Provide the following information concerning the interpreter:

3.a. Interpreter's Family Name *(Last Name)*

3.b. Interpreter's Given Name *(First Name)*

4. Interpreter's Business or Organization Name

Interpreter's Mailing Address

5.a. Street Number and Name

5.b. Apt. ☐ Ste. ☐ Flr. ☐

5.c. City or Town

5.d. State **5.e.** Zip Code

5.f. Postal Code

5.g. Province

5.h. Country

Interpreter's Contact Information

6. Daytime Phone Number *(if any)* Extension

( ) -

7. E-Mail Address *(If any)*

Part 8. Signature for Placement On Employment Authorization Document

Provide your signature below. This signature will be scanned and duplicated for placement on your Employment Authorization Document. **When signing, make sure that no part of your signature goes outside the lines of the box.**

Signature