Application for Action on an Approved Application or Petition

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

USCIS
Form I-824
OMB No. 1615-0044
Expires 09/30/2015

For USCIS Use Only	Returned		Fee Stamp	Action Block
	Date	Date		
	Resubmitted			
	Date	Date		
	Relocated			
	Received	Sent		

Remarks

Priority Date: _____

Country of Chargeability: _____

Classification Code: _____

Date the Previously Approved Visa Petition Was Filed (Form I-130, I-140 or I-360): _____

Date the Previous Visa Petition Was Approved (Form I-130, I-140 or I-360): _____

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 License Number: _____

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

Part 1. Information About You *(Person filing this Application)*

1. I am the (select only one): ☐ Applicant ☐ Petitioner on the previously approved application or petition.

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

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

2.c. Middle Name

3. Company or Organization Name

Provide the following information about the petitioner or applicant for the previous petition or application.

4. Current/Recent Immigration Status

5. Certificate of Naturalization or Citizenship Number

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

7. Date of Birth *(mm/dd/yyyy)* ►

8. Country of Birth

9. IRS Tax Number (if any)

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

Physical Address

11.a. Street Number and Name

11.b. Apt. ☐ Ste. ☐ Flr. ☐

11.c. City or Town

11.d. State **11.e.** Zip Code

11.f. Postal Code

11.g. Province

11.h. Country

Mailing Address

12.a. In Care Of Name

12.b. Street Number and Name

12.c. Apt. ☐ Ste. ☐ Flr. ☐

12.d. City or Town

12.e. State **12.f.** Zip Code

12.g. Postal Code

12.h. Province

12.i. Country

Part 1. Information About You *(Person filing this Application) (continued)*

Contact Information

13. Daytime Phone Number (if any) Extension

( ) -

14. Mobile Phone Number (if any)

( ) -

15. E-mail Address *(if any)*

Part 2. Reason for Request

I am requesting *(select one)*:

a. ☐ A duplicate approval notice.

b. ☐ USCIS to notify a new U.S. Consulate, different from that originally requested, through the U.S. Department of State's National Visa Center or Kentucky Consular Center about the approval of a nonimmigrant visa petition or to notify a new Port-of-Entry, different from that originally requested, about the approval of a waiver application. Please notify the U.S. Consulate or Port-of-Entry at:

c. ☐ USCIS to notify a U.S. Consulate through the National Visa Center that I adjusted status to permanent resident in the U.S. Please notify the U.S. Consulate at:

so that my spouse and/or child(ren) may accompany or follow-to-join me.

d. ☐ USCIS to send my approved immigrant visa petition to the National Visa Center (NVC).

e. ☐ USCIS to notify the U.S. Department of State that I have become a U.S. Citizen through naturalization.

Part 3. Additional Information

Provide the following information about the previously approved application or petition.

1.a. Form Number of Application or Petition

1.b. Receipt Number *(On Form I-797, Notice of Action)*

►

1.c. Filing Date of Application or Petition *(mm/dd/yyyy)* ►

1.d. Approval Date *(mm/dd/yyyy)* ►

Provide the following information about the principal beneficiary of the previous application or petition.

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

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

2.c. Middle Name

2.d. Date of Birth *(mm/dd/yyyy)* ►

2.e. Country of Birth

2.f. Alien Registration Number (A-Number)

► **A-**

2.g. Daytime Phone Number (if any) Extension

( ) -

Physical Address

3.a. Street Number and Name

3.b. Apt. ☐ Ste. ☐ Flr. ☐

3.c. City or Town

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

Mailing Address

4.a. In Care Of Name

4.b. Street Number and Name

4.c. Apt. ☐ Ste. ☐ Flr. ☐

4.d. City or Town

4.e. State **4.f.** Zip Code

4.g. Postal Code

4.h. Province

4.i. Country

Part 3. Additional Information *(continued)*

Dependents

If you selected Box "**c**" in **Part 2**. **Reason for Request**, provide the following information about the dependent(s) for whom you are requesting follow-to-join. If you need additional space for your dependents, attach a separate sheet(s) of paper and include all the information collected in **Items Number 5.a. - 10.**

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

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

5.c. Middle Name

5.d. Date of Birth *(mm/dd/yyyy)* ►

5.e. Country of Birth

5.f. Country of Citizenship

5.g. Relationship to the Principal Alien

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

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

6.c. Middle Name

6.d. Date of Birth *(mm/dd/yyyy)* ►

6.e. Country of Birth

6.f. Country of Citizenship

6.g. Relationship to the Principal Alien

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

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

7.c. Middle Name

7.d. Date of Birth *(mm/dd/yyyy)* ►

7.e. Country of Birth

7.f. Country of Citizenship

7.g. Relationship to the Principal Alien

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

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

8.c. Middle Name

8.d. Date of Birth *(mm/dd/yyyy)* ►

8.e. Country of Birth

8.f. Country of Citizenship

8.g. Relationship to the Principal Alien

Foreign Address of Dependents

9.a. In Care Of Name

9.b. Street Number and Name

9.c. Apt. ☐ Ste. ☐ Flr. ☐

9.d. City or Town

9.e. Postal Code

9.f. Province

9.g. Country

Contact Information of Dependents

10. Foreign Telephone Number

(0 1 1) - Extension

Part 4. Signature of Applicant

(Read the information on penalties in the Form I-824 instructions before completing this part.)

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

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

1.a. Signature of Applicant

1.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, your application may be denied.

Part 5. Signature of Person Preparing This Form, 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.

Preparer's Information

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. Preparer's Daytime Phone Number Extension

( ) -

5. Preparer's E-mail Address *(if any)*

Declaration

I declare that this document was prepared by me at the request of the applicant or other individual authorized by the form instructions to sign this application (see the instructions), and it is based on all information of which I have knowledge and/or was provided to me by the above named person in response to the exact questions contained on this form. I have not knowingly withheld any information.

6.a. Signature of Preparer

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