

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

**Form I-929, Petition for Qualifying Family  
Member of a U-1 Nonimmigrant**

FOR USCIS USE ONLY		
Bene. A-file reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No U-1 A-file reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No Bene. filed I-485 <input type="checkbox"/> Yes <input type="checkbox"/> No U-1 adjusted <input type="checkbox"/> Yes <input type="checkbox"/> No U-1 I-485 pending <input type="checkbox"/> Yes <input type="checkbox"/> No	Action Block	Bar Code (USCIS Use only)   Remarks

**START HERE -- TYPE OR PRINT LEGIBLY USING BLACK INK**

**I am filing for my:** (Check one)

- |                                 |  |   |
|---------------------------------|--|---|
| <input type="checkbox"/> Spouse | Child: <input type="checkbox"/> Biological Child<br><input type="checkbox"/> Stepchild<br><input type="checkbox"/> Adopted Child | Parent: <input type="checkbox"/> Biological Parent<br><input type="checkbox"/> Stepparent<br><input type="checkbox"/> Parent who adopted me |
|---------------------------------|--|---|

Part 1. Information About You	
Last Name (Family Name) <input style="width: 100%;" type="text"/>	
First Name (Given Name) <input style="width: 100%;" type="text"/>	
Middle Name <input style="width: 100%;" type="text"/>	
Current Address	
Street Number and Name <input style="width: 100%;" type="text"/>	Apt. Number <input style="width: 100%;" type="text"/>
City <input style="width: 100%;" type="text"/>	State <input style="width: 100%;" type="text"/>
Zip Code <input style="width: 100%;" type="text"/>	
Safe Mailing Address If Other Than Above	
Street Number and Name <input style="width: 100%;" type="text"/>	Apt. Number <input style="width: 100%;" type="text"/>
City <input style="width: 100%;" type="text"/>	State <input style="width: 100%;" type="text"/>
Zip Code <input style="width: 100%;" type="text"/>	
Date of Birth <input style="width: 100%;" type="text"/>	A-Number <input style="width: 100%;" type="text"/>

Part 2. Information About Your Alien Relative	
Last Name (Family Name) <input style="width: 100%;" type="text"/>	
First Name (Given Name) <input style="width: 100%;" type="text"/>	
Middle Name <input style="width: 100%;" type="text"/>	
Current Address	
Street Number and Name <input style="width: 100%;" type="text"/>	Apt. Number <input style="width: 100%;" type="text"/>
City <input style="width: 100%;" type="text"/>	State/Province <input style="width: 100%;" type="text"/>
Country <input style="width: 100%;" type="text"/>	
Postal/Zip Code <input style="width: 100%;" type="text"/>	
Mailing Address If Other Than Above	
<input style="width: 100%; height: 40px;" type="text"/>	
Date of Birth <input style="width: 100%;" type="text"/>	A-Number <input style="width: 100%;" type="text"/>

**Part 1. Information About You (Cont'd)**

Country of Birth Social Security Number

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Country of Citizenship/Nationality

--

Gender: (Check one)  Male  Female

**If you ever used other names, provide them below:**

Last Name (Family Name) First Name (Given Name)

--	--

Middle Name

--

Last Name (Family Name) First Name (Given Name)

--	--

Middle Name

--

Last Name (Family Name) First Name (Given Name)

--	--

Middle Name

--

Marital Status: (Check one)

- Single (Never Married)  Married  
 Divorced  Widowed

Spouse's Name:

Last Name (Family Name) First Name (Given Name)

--	--

Middle Name

--

Place of Marriage

--

**Part 2. Information About Your Alien Relative (Cont'd)**

Country of Birth Social Security Number

--	--

Country of Citizenship/Nationality

--

Gender: (Check one)  Male  Female

**If alien relative ever used other names, provide them below:**

Last Name (Family Name) First Name (Given Name)

--	--

Middle Name

--

Last Name (Family Name) First Name (Given Name)

--	--

Middle Name

--

Last Name (Family Name) First Name (Given Name)

--	--

Middle Name

--

Marital Status: (Check one)

- Single (Never Married)  Married  
 Divorced  Widowed

Spouse's Name:

Last Name (Family Name) First Name (Given Name)

--	--

Middle Name

--

Place of Marriage

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**Part 1. Information About You (Cont'd)**Number of marriages including current marriage: 

List any previous marriage(s) beginning with the most recent. If you need more space, attach an additional sheet of paper.

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

Middle Name Date of Marriage

Place of Marriage

Date of Termination Place of Termination

Reason for Termination:

- Divorce  Death  Annulment  
 Other \_\_\_\_\_

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

Middle Name Date of Marriage

Place of Marriage

Date of Termination Place of Termination

Reason for Termination:

- Divorce  Death  Annulment  
 Other \_\_\_\_\_

**Part 2. Information About Your Alien Relative (Cont'd)**Number of marriages including current marriage: 

List any previous marriage(s) beginning with the most recent. If you need more space, attach an additional sheet of paper.

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

Middle Name Date of Marriage

Place of Marriage

Date of Termination Place of Termination

Reason for Termination:

- Divorce  Death  Annulment  
 Other \_\_\_\_\_

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

Middle Name Date of Marriage

Place of Marriage

Date of Termination Place of Termination

Reason for Termination:

- Divorce  Death  Annulment  
 Other \_\_\_\_\_

Part 1. Information About You (Cont'd)	
Prior Spouse's Name:	
Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	Date of Marriage
<input type="text"/>	<input type="text"/>
Place of Marriage	
<input type="text"/>	
Date of Termination	Place of Termination
<input type="text"/>	<input type="text"/>
Reason for Termination:	
<input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment <input type="checkbox"/> Other _____	
<b>Check One:</b>	
<input type="checkbox"/> I am a Lawful Permanent Resident I obtained my Lawful Permanent Residence on: _____	
<input type="checkbox"/> My Form I-485 is currently pending Receipt Number <input type="text"/>	

Part 2. Information About Your Alien Relative (Cont'd)	
Prior Spouse's Name:	
Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	Date of Marriage
<input type="text"/>	<input type="text"/>
Place of Marriage	
<input type="text"/>	
Date of Termination	Place of Termination
<input type="text"/>	<input type="text"/>
Reason for Termination:	
<input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment <input type="checkbox"/> Other _____	
<b>Complete if your relative is in the United States</b>	
Date of Admission	Place of Admission
<input type="text"/>	<input type="text"/>
Class of Admission	Date Authorized to Stay
<input type="text"/>	<input type="text"/>

**Part 3. Information About Your Alien Relative's Children**

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted Child
<input type="text"/>	<input type="text"/>	Gender: (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Number and Name	Apt. Number	City
<input type="text"/>	<input type="text"/>	<input type="text"/>
State/Province	Country	Postal/Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
A-Number	Country of Birth	
<input type="text"/>	<input type="text"/>	

**Name of Mother**

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name of Father**

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Part 3. Information About Your Alien Relative's Children (Cont'd)**

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Adopted Child
<input type="text"/>	<input type="text"/>	Gender: (Check one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Street Number and Name	Apt. Number	City	State/Province
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	Postal/Zip Code	A-Number	Country of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name of Mother**

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name of Father**

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Adopted Child
<input type="text"/>	<input type="text"/>	Gender: (Check one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Street Number and Name	Apt. Number	City	State/Province
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	Postal/Zip Code	A-Number	Country of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name of Mother**

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name of Father**

Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Last Name (Family Name)	First Name (Given Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Adopted Child
<input type="text"/>	<input type="text"/>	Gender: (Check one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female

**Part 3. Information About Your Alien Relative's Children (Cont'd)**

Street Number and Name	Apt. Number	City	State/Province

Country	Postal/Zip Code	A-Number	Country of Birth

**Name of Mother**

Last Name (Family Name)	First Name (Given Name)	Middle Name

**Name of Father**

Last Name (Family Name)	First Name (Given Name)	Middle Name

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Last Name (Family Name)	First Name (Given Name)	Middle Name

Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Adopted Child
		Gender: (Check one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Street Number and Name	Apt. Number	City	State/Province

Country	Postal/Zip Code	A-Number	Country of Birth

**Name of Mother**

Last Name (Family Name)	First Name (Given Name)	Middle Name

**Name of Father**

Last Name (Family Name)	First Name (Given Name)	Middle Name

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**Name and address of your alien relative in the language written in the country where he/she currently resides.**

Last Name (Family Name)	First Name (Given Name)	Middle Name

C/O: (In Care Of)	Street Number and Name	Apt. Number

City/State or Province	Country	Postal/Zip Code

**Part 4. Processing Information**

1. Check one:

- a.  The person named in **Part 2** is now in the United States
- b.  **The person named in Part 2 is now outside the United States. (Indicate below at which U.S. Embassy or consulate your relative will apply for a visa.)**

U.S. Embassy or consulate at: \_\_\_\_\_  
City and Country

2. Is the person named in **Part 2** or has this person ever been in deportation or removal proceedings in the United States?

- a.  No
- b.  Yes (Indicate when and where): \_\_\_\_\_

**Part 5. Signature**

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

Signature	Print Your Full Name	Date

**Part 6. Preparer's Information, If Other Than Person Signing Above**

I declare that I prepared this petition at the request of the above person, and it is based on all the information that I have knowledge.

Signature	Print Your Full Name	Date
Firm Name	Street Number and Name	Suite Number
City/State or Province	Postal/Zip Code	Telephone Number