OMB APPROVAL NO. 1115-0055

**U.S. Department of Justice**
Immigration and Naturalization Service

# Application for Stay of Deportation or Removal

Fee Stamp

**SUBMIT IN DUPLICATE**

*Read instructions on reverse before filling out application*

File No.

Date

1. Name (Family Name in CAPITAL letters, First, Middle)

2. Present Address (Apt. No.) (Number and Street) (Town or City) (State) (Zip Code)

| 3. Country of Citizenship | 4. Date to which passport is valid (Attach passport) |
|---|---|
| 5. Country to which deportation or removal has been ordered | 6. Date to which stay of deportation or removal is requested |

7. Reasons for requesting stay of deportation or removal

**8. I certify that the statements I have made in this application are true and correct to the best of my knowledge and belief.**

(Signature) (Location) (Date)

**9. Signature of person preparing form, if other than applicant.**

I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have knowledge. Failure by a preparer to complete this block may result in criminal prosecution and, upon conviction, a fine or imprisonment.

(Signature) (Printed Name) (Date)

**APPLICANT: DO NOT WRITE BELOW THIS LINE**

Stay ☐ Denied ☐ Granted _____ (Date) at _____ (Place Where Granted)

By _____ (Signature) _____ (Title) _____ (Date)