

**Supplement A to Form I-485,  
Adjustment of Status Under Section 245(i)**

**NOTE: Use this form only if you are applying to adjust status to that of a lawful permanent resident under section 245(i) of the Immigration and Nationality Act.**

<b>Part A. Information about you.</b>	<b>For USCIS Use Only</b>																																										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">Last Name</td> <td style="width:33%; border-bottom: 1px solid black;">First Name</td> <td style="width:33%; border-bottom: 1px solid black;">Middle Name</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input style="width:95%;" type="text"/></td> <td style="border-bottom: 1px solid black;"><input style="width:95%;" type="text"/></td> <td style="border-bottom: 1px solid black;"><input style="width:95%;" type="text"/></td> </tr> <tr> <td colspan="3" style="padding-top: 5px;">Address: In Care Of</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;"><input style="width:95%;" type="text"/></td> </tr> <tr> <td colspan="2" style="padding-top: 5px;">Street Number and Name</td> <td style="padding-top: 5px;">Apt. #</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;"><input style="width:95%;" type="text"/></td> <td style="border-bottom: 1px solid black;"><input style="width:95%;" type="text"/></td> </tr> <tr> <td style="padding-top: 5px;">City</td> <td style="padding-top: 5px;">State</td> <td style="padding-top: 5px;">Zip Code</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input style="width:95%;" type="text"/></td> <td style="border-bottom: 1px solid black;"><input style="width:95%;" type="text"/></td> <td style="border-bottom: 1px solid black;"><input style="width:95%;" type="text"/></td> </tr> <tr> <td colspan="2" style="padding-top: 5px;">Alien Registration Number (A #) if any</td> <td style="padding-top: 5px;">Date of Birth (mm/dd/yyyy)</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;"><input style="width:95%;" type="text"/></td> <td style="border-bottom: 1px solid black;"><input style="width:95%;" type="text"/></td> </tr> <tr> <td colspan="2" style="padding-top: 5px;">Country of Birth</td> <td style="padding-top: 5px;">Country of Citizenship/Nationality</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;"><input style="width:95%;" type="text"/></td> <td style="border-bottom: 1px solid black;"><input style="width:95%;" type="text"/></td> </tr> <tr> <td colspan="2" style="padding-top: 5px;">Telephone Number</td> <td style="padding-top: 5px;">E-Mail Address, if any</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">(       )</td> <td style="border-bottom: 1px solid black;"><input style="width:95%;" type="text"/></td> </tr> </table>	Last Name	First Name	Middle Name	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	Address: In Care Of			<input style="width:95%;" type="text"/>			Street Number and Name		Apt. #	<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>	City	State	Zip Code	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	Alien Registration Number (A #) if any		Date of Birth (mm/dd/yyyy)	<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>	Country of Birth		Country of Citizenship/Nationality	<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>	Telephone Number		E-Mail Address, if any	(       )		<input style="width:95%;" type="text"/>	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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**Part B. Eligibility. (Check the correct response.)**

**1. I am filing Supplement A to Form I-485 because:**

- a.  I am the beneficiary of a visa petition filed on or before January 14, 1998.
- b.  I am the beneficiary of a visa petition filed on or after January 15, 1998, and on or before April 30, 2001.
- c.  I am the beneficiary of an application for a labor certification filed on or before January 14, 1998.
- d.  I am the beneficiary of an application for a labor certification filed on or after January 15, 1998, and on or before April 30, 2001.

*If you checked box b or d in Question 1, you must submit evidence demonstrating that you were physically present in the United States on December 21, 2000.*

**2. And I fall into one or more of these categories: (Check all that apply to you.)**

- a.  I entered the United States as an alien crewman;
- b.  I have accepted employment without authorization;
- c.  I am in unlawful immigration status because I entered the United States without inspection or I remained in the United States past the expiration of the period of my lawful admission;
- d.  I have failed (except through no fault of my own or for technical reasons) to maintain, continuously, lawful status;
- e.  I was admitted to the United States in transit without a visa;
- f.  I was admitted as a nonimmigrant visitor without a visa;
- g.  I was admitted to the United States as a nonimmigrant in the S classification; or
- h.  I am seeking employment-based adjustment of status and am not in lawful nonimmigrant status.

**Part C. Additional eligibility information.**

**1. Are you applying to adjust status based on any of the below reasons?**

- a. You were granted asylum in the United States;
- b. You have continuously resided in the United States since January 1, 1972;
- c. You entered as a K-1 fiancé(e) of a U.S. citizen;
- d. You have an approved Form I-360, Petition for Amerasian, Widow(er), Battered or Abused Spouse or Child, or Special Immigrant, and are applying for adjustment as a special immigrant juvenile court dependent or a special immigrant who has served in the U.S. armed forces, or a battered or abused spouse or child;
- e. You are a native or citizen of Cuba, or the spouse or child of such alien, who was not lawfully inspected or admitted to the United States;
- f. You are a special immigrant retired international organization employee or family member;
- g. You are a special immigrant physician;



**Part C. Additional eligibility information. (Continued.)**

**h.** You are a public interest parolee, who was denied refugee status, and are from the former Soviet Union, Vietnam, Laos or Cambodia (a "Lautenberg Parolee" under Public Law 101-167); or

**i.** You are eligible under the Immigration Nursing Relief Act.

**No.** I am not applying for adjustment of status for any of these reasons. *(Go to next question.)*

**Yes.** I am applying for adjustment of status for any one of these reasons. **(If you answered "Yes," do not file this form.)**

**2. Do any of the following conditions describe you?**

**a.** You are already a lawful permanent resident of the United States.

**b.** You have continuously maintained lawful immigration status in the United States since November 5, 1986.

**c.** You are applying to adjust status as the spouse or unmarried minor child of a U.S. citizen or the parent of a U.S. citizen child at least 21 years of age, and you were inspected and lawfully admitted to the United States.

**No.** None of these conditions describe me. *(Go to next question.)*

**Yes. If you answered "Yes," do not file this form.**

**Part D. Signature.** *Read the information on penalties in the instructions before completing this section.*

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

**Signature**

**Print Name**

**Date**

**Part E. Signature of person preparing form, if other than above.** *Read the information on penalties in the instructions before completing this section.*

I certify, under penalty of perjury under the laws of the United States of America, that I prepared this form at the request of the above person and that to the best of my knowledge the contents of this application are all true and correct.

**Signature**

**Print Name**

**Date**

**Firm Name and Address**

**Daytime Phone Number (Area Code and Number)**

**E-Mail Address, if any**