



**Part 3. Additional Information About You**

1. Other Names Used (including maiden name):
2. Date of Marriage (mm/dd/yyyy)      3. Place of Marriage      4. If your spouse is deceased, give the date of death (mm/dd/yyyy)
5. Are you in removal, deportation, or rescission proceedings?       Yes       No
6. Was a fee paid to anyone other than an attorney in connection with this petition?       Yes       No
7. Have you ever been arrested, detained, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance (excluding traffic regulations), or committed any crime which you were not arrested in the United States or abroad?       Yes       No
8. If you are married, is this a different marriage than the one through which conditional residence status was obtained?       Yes       No
9. Have you resided at any other address since you became a permanent resident? (If "Yes," attach a list of all addresses and dates.)       Yes       No
10. Is your spouse currently serving with or employed by the U.S. Government and serving outside the United States?       Yes       No

If you answered "Yes" to any of the above, provide a detailed explanation on a separate sheet of paper and refer to "What Initial Evidence Is Required?" to determine what criminal history documentation to include with your petition. Place your name and A-Number at the top of each sheet and give the number of the item that refers to your response.

**Part 4. Information About the Spouse or Parent Through Whom You Gained Your Conditional Residence**

|   |   |   |
|---|---|---|
| Family Name   | First Name  | Middle Name   |
| <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |
| Address   |   |   |
| <input style="width: 100%; height: 20px;" type="text"/> |   |   |
| Date of Birth (mm/dd/yyyy)                              | Social Security # (if any)                              | A-Number (if any)                                       |
| <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |

**Part 5. Information About Your Children-List All Your Children** (Attach other sheets if necessary)

| Name (First/Middle/Last) | Date of Birth (mm/dd/yyyy) | A-Number (if any) | If in U.S., give address/immigration status | Living with you?   |
|--------------------------|----------------------------|-------------------|---|--|
|                          |                            |                   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                          |                            |                   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                          |                            |                   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                          |                            |                   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                          |                            |                   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part 6. Accommodations for Individuals With Disabilities and Impairments** (Read the information in the instructions before completing this section.)

**I am requesting an accommodation:**

1. Because of my disability(ies) and/or impairment(s).       Yes       No
2. For my spouse because of his or her disability(ies) and/or impairment(s).       Yes       No
3. For my included child(ren) because of his or her (their) disability(ies) and/or impairment(s).       Yes       No

If you answered "Yes," check any applicable box. Provide information on the disability(ies) and/or impairment(s) for each person:

Deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):

\_\_\_\_\_

Blind or sight-impaired and request the following accommodation(s):

\_\_\_\_\_

Other type of disability(ies) and/or impairment(s) (describe the nature of the disability(ies) and/or impairment(s) and accommodation(s) being requested):

\_\_\_\_\_

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**Part 7. Signature** *(Read the information on penalties on Page 5 of the instructions before completing this section. If you checked block "a" in Part 2, your spouse must also sign below).*

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I certify, under penalty of perjury of the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. If conditional residence was based on a marriage, I further certify that the marriage was entered in accordance with the laws of the place where the marriage took place and was not for the purpose of procuring an immigration benefit. I also authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit sought.

|                      |                      |                          |
|----------------------|----------------------|--------------------------|
| <b>Signature</b>     | <b>Print Name</b>    | <b>Date (mm/dd/yyyy)</b> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>     |

|                            |                      |                          |
|----------------------------|----------------------|--------------------------|
| <b>Signature of Spouse</b> | <b>Print Name</b>    | <b>Date (mm/dd/yyyy)</b> |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>     |

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

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**Part 8. Signature of Person Preparing Form, If Other than Above**

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

|                      |                      |                          |
|----------------------|----------------------|--------------------------|
| <b>Signature</b>     | <b>Print Name</b>    | <b>Date (mm/dd/yyyy)</b> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>     |

|  |                             |                      |
|--|-----------------------------|----------------------|
| <b>Firm Name and Address</b><br><input type="text"/> | <b>Daytime Phone Number</b> |                      |
|  | <i>(Area/Country Code)</i>  | <input type="text"/> |

|  |                      |
|--|----------------------|
| <b>E-Mail Address</b><br><i>(if any)</i> | <input type="text"/> |
|--|----------------------|