

**START HERE - Please type or print in black ink.**

**For USCIS Use Only**

**Part 1. Type of application (check one)**

- a.  This is my first application to register for Temporary Protected Status (TPS).  
b.  This is my application for re-registration or renewal of temporary treatment benefits. I have previously been granted TPS or temporary treatment benefits. I have maintained and continue to maintain eligibility for TPS.

**Part 2. Information about you**

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

U.S. Mailing Address: (Street Number and Name)      Apt. #  
     

C/O: (In Care Of)

Town/City      State  
     

County      Zip Code  
     

Date of Birth (mm/dd/yyyy)      Gender  
       Male       Female

Place of Birth (Town or City)      State/Country  
     

Country of Residence      Country of Citizenship/Nationality  
     

Marital Status  
 Single       Married       Divorced       Widowed

Other Names Used (including maiden name)  
     

Date of Entry Into the U.S. (mm/dd/yyyy)      Place of Entry Into the U.S.  
     

Manner of Arrival (Visitor, student, stowaway, without inspection, etc.)

Arrival/Departure Record (I-94) Number      Date authorized stay expired/or will expire, as shown on Form I-94 or I-95 (mm/dd/yyyy)  
     

**Your Current Immigration Status:**  
 In Status (state nonimmigrant classification, e.g., F-1, etc.)      Out of Status (state nonimmigrant violation, e.g., overstay student, EWI etc.)  
     

Alien Registration Number (A#) (if any)      U.S. Social Security Number (if any)  
     

Are you now or have you ever been under immigration proceedings?  
 Yes       No

If you answered "Yes" to the above question, provide the following information.

Type of proceedings:

- Exclusion       Removal/Deportation       Recission       Judicial Proceedings

Location of Proceedings      Date of Proceedings (mm/dd/yyyy)  
     

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	
<input type="checkbox"/> Applicant Interviewed on _____	

**Case ID #:**

**A #:**

**Remarks**

**Action Block**

**To Be Completed by**  
 Attorney or Representative, if any.  
 Fill in box if G-28 is attached to represent the applicant.

ATTY State License #



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**Part 3. Information about your spouse and children** *(if any)*

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**1. Provide the following information about your spouse** *(if married)*.

Last Name of Spouse	First Name	Middle Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address (Street Number and Name)		Apt #	
<input type="text"/>		<input type="text"/>	
Town/City	State/Province	Country	Zip/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your Spouse's Birth Date <i>(mm/dd/yyyy)</i>	Date and Place of Present Marriage		
<input type="text"/>	<input type="text"/>		
Name of Prior Husbands/Wives	Date(s) Marriage(s) Ended <i>(mm/dd/yyyy)</i>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2. List the names, ages, and current residence of children** *(if any)*.

Name <i>(First/Middle/Last)</i>	Date of Birth <i>(mm/dd/yyyy)</i>	Residence
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Part 4. Eligibility standards**

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**1. Provide the following information:**

I am a national of (or an alien having no nationality, who last habitually resided in the state of):

I entered the United States on the following date (provide month/day/year), and have resided in the United States since that time.

**2. To be eligible for Temporary Protected Status, you must be admissible as an immigrant to the United States, with certain exceptions.**

If any of the questions beginning below on this page and continuing on **Pages 3, 4, and 5** apply to you, describe the circumstances and include a full explanation on a separate sheet(s) of paper. Use the number 2 before each letter referring to the specific question (2a, 2b, etc).

If you were ever arrested, provide the disposition (outcome) for all arrests. For example, "case dismissed" from the appropriate authority. **NOTE:** For information about waivers concerning the grounds of inadmissibility, see **Page 5**.

**2a. Have you been convicted of any felony or two or more misdemeanors committed in the United States?**

Yes  No

**2b. (i) Have you ordered, incited, assisted, or otherwise participated in the persecution of any person on account of race, religion, nationality, membership in a particular social group, or political opinion?**

Yes  No

**(ii) Have you been convicted by a final judgment of a particularly serious crime, constituting a danger to the community of the United States (an alien convicted of an aggravated felony is considered to have committed a particularly serious crime)?**

Yes  No

**(iii) Have you committed a serious nonpolitical crime outside of the United States prior to your arrival in the United States?**

Yes  No

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(iv) Have you engaged in or are you still engaged in activities that could be reasonable grounds for concluding that you are a danger to the security of the United States?

Yes  No

**2c.** (i) Have you been convicted of, or have you committed acts which constitute the essential elements of a crime (other than a purely political offense) or a violation of or a conspiracy to violate any law relating to a controlled substance as defined in Section 102 of the Controlled Substance Act?

Yes  No

(ii) Have you been convicted of two or more offenses (other than purely political offenses) for which the aggregate sentences to confinement actually imposed were five years or more?

Yes  No

(iii) Have you trafficked in or do you continue to traffic in any controlled substance, or are you or have you been a knowing assister, abettor, conspirator, or colluder with others in the illicit trafficking of any controlled substance?

Yes  No

(iv) Have you engaged in or do you continue to engage solely, principally, or incidentally in any activity related to espionage or sabotage or violate any law involving the export of goods, technology, or sensitive information, any other unlawful activity, or any activity the purpose of which is in opposition, or the control, or overthrow of the Government of the United States?

Yes  No

(v) Have you engaged in or do you continue to engage in terrorist activities?

Yes  No

(vi) Have you engaged in or do you continue to engage in or plan to engage in activities in the United States that would have potentially serious adverse foreign policy consequences for the United States?

Yes  No

(vii) Have you been or do you continue to be a member of the Communist or other totalitarian party, except when membership was involuntary?

Yes  No

(viii) Have you participated in Nazi persecution or genocide?

Yes  No

**2d.** Have you been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations, or been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action?

Yes  No

**2e.** Have you committed a serious criminal offense in the United States and asserted immunity from prosecution?

Yes  No

**2f.** Have you within the past ten years, engaged in prostitution or procurement of prostitution or do you continue to engage in prostitution or procurement of prostitution?

Yes  No

**2g.** Have you been or do you intend to be involved in any other commercial vice?

Yes  No

**2h.** Have you been excluded and deported from the United States within the past year, or have you been deported or removed from the United States at government expense within the last five years (20 years if you have been convicted of an aggravated felony)?

Yes  No

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**2i.** Have you ever assisted any other person to enter the United States in violation of the law?

Yes  No

**2j.** (i) Do you have a communicable disease of public health significance?

Yes  No

(ii) Do you have or have you had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others?

Yes  No

(iii) Are you now or have you been a drug abuser or drug addict?

Yes  No

**2k.** Have you entered the United States as a stowaway?

Yes  No

**2l.** Are you subject to a final order for violation of section 274C (producing and/or using false documentation to unlawfully satisfy a requirement of the Immigration and Nationality Act)?

Yes  No

**2m.** Do you practice polygamy?

Yes  No

**2n.** Were you the guardian of, and did you accompany another alien who was ordered excluded and deported (or removed) from the United States?

Yes  No

**2o.** Have you detained, retained, or withheld the custody of a child having a lawful claim to U.S. citizenship, outside the United States from a U.S. citizen granted custody?

Yes  No

**2p.** Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

(i) acts involving torture or genocide?

Yes  No

(ii) killing any person?

Yes  No

(iii) intentionally and severely injuring any person?

Yes  No

(iv) engaging in any kind of sexual contact or relations with any person who was being forced or threatened?

Yes  No

(v) limiting or denying any person's ability to exercise religious beliefs?

Yes  No

**2q.** Have you EVER:

(i) served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization?

Yes  No

(ii) served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?

Yes  No

**2r.** Have you EVER been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?

Yes  No

**2s.** Have you EVER assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person?

Yes  No

**2t.** Have you ever received any type of military, paramilitary, or weapons training?

Yes  No

**NOTE ABOUT WAIVERS:** You may be eligible for a waiver of the grounds described in the questions: 2e; 2f; 2g; 2h; 2i; 2j; 2k; 2l; 2m; 2n or 2o. The Form I-601 is the USCIS application used to request a waiver. The form is available at local USCIS offices, on our website at [www.uscis.gov](http://www.uscis.gov) or by calling the USCIS toll-free forms line at **1-800-870-3676**.

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**Part 5. Signature.**

*Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must complete **Part 6**.*

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**Applicant's Statement** (check one):

- I can read and understand English, and have read and understand each and every question and instruction on this form, as well as my answer to each question.
- Each and every question and instruction on this form, as well as my answer to each question, has been read to me by the person named below in \_\_\_\_\_, a language in which I am fluent. I understand each and every question and instruction on this form, as well as my answer to each question.

**YOUR (APPLICANT'S) CERTIFICATION:**

I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Copies of documents submitted are exact photocopies of unaltered original documents, and I understand that I may be required to submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefits that I am seeking.

**Signature**

**Daytime Phone Number** (Area/Country Codes)

**Date** (mm/dd/yyyy)

**NOTE:** If you do not completely fill out this form or fail to submit 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 6. Interpreter's Statement:**

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Language used: \_\_\_\_\_

I certify that I am fluent in English and the above-mentioned language.

I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question of the form, as well as the answer to each question.

**Signature**

**Print Your Name**

**Date (mm/dd/yyyy)**

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**Part 7. Preparer's Statement:**

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

Attorney or Representative: In the event of a Request for Evidence (RFE), may USCIS contact you by fax or e-mail?

Yes  No

**Signature**

**Print Your Name**

**Date (mm/dd/yyyy)**

**Firm Name and Address**

**Daytime Phone Number**

**Fax Number**

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**Part 8. Checklist.**

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- Did you answer each question?
- Did you sign the Form I-821 application?
- Did you submit the required application and biometric services fees, or a written request for waiver of the fees?
- Did you submit the necessary documents and photos, if required?
- Did you also submit the Form I-765 with the filing fee or a written request for a waiver of the filing fee (See instructions, items **10**, **11** and **12**)?

**Have you submitted:**

- The filing fee for this application or a written request for a waiver of the filing fee (see instructions, items **10** and **12**)?
- Supporting evidence to prove identity, nationality, date of entry, and residence?
- Other required supporting documents (photos, etc.) for each application?