

START HERE - Please type or print in black ink.

Part 1. Information About You

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

Address: (Street number and name) Apt. #

C/O: (In care of)

City	State/Province
<input type="text"/>	<input type="text"/>

Country	Zip/Postal Code
<input type="text"/>	<input type="text"/>

Mailing Address, if different than above (Street number and name): Apt. #

C/O: (In care of)

City	State/Province
<input type="text"/>	<input type="text"/>

Country	Zip/Postal Code
<input type="text"/>	<input type="text"/>

Date of Birth (mm/dd/yyyy)	Country of Birth	Country of Citizenship
<input type="text"/>	<input type="text"/>	<input type="text"/>

Alien Registration Number (#A)	Social Security # (If any)
<input type="text"/>	<input type="text"/>

Conditional Residence Expires on (mm/dd/yyyy)	Daytime Phone # (Area/Country codes)
<input type="text"/>	<input type="text"/>

Part 2. Basis for Petition (Check one)

- a. My conditional residence is based on my marriage to a U.S. citizen or permanent resident, and we are filing this petition together.
- b. I am a child who entered as a conditional permanent resident and I am unable to be included in a joint Petition to Remove the Conditions on Residence (Form I-751) filed by my parent(s)

OR

My conditional residence is based on my marriage to a U.S. citizen or permanent resident, but I am unable to file a joint petition and I request a waiver because: **(Check one)**

- c. My spouse is deceased.
- d. I entered into the marriage in good faith but the marriage was terminated through divorce or annulment.
- e. I am a conditional resident spouse who entered a marriage in good faith, and during the marriage I was battered by or was the subject of extreme cruelty by my U.S. citizen or permanent resident spouse or parent.
- f. I am a conditional resident child who was battered by or subjected to extreme cruelty by my U.S. citizen or conditional resident parent(s).
- g. The termination of my status and removal from the United States would result in an extreme hardship.

For USCIS Use Only

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

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 #

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(s) 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 Alien Registration Number (A#) 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: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Address <input style="width: 100%; height: 20px;" type="text"/>		
Date of Birth (mm/dd/yyyy)	Social Security # (if any)	A# (if any)
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Part 5. Information About Your Children-List all your children (Attach other sheet(s) if necessary)

Name (First/Middle/Last)	Date of Birth (mm/dd/yyyy)	A # (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. Signature. *Read the information on penalties in the instructions before completing this section. If you checked block "a" in Part 2, your spouse must also sign below.*

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 the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit sought.

Signature <input style="width: 95%; height: 20px;" type="text"/>	Print Name <input style="width: 95%; height: 20px;" type="text"/>	Date (mm/dd/yyyy) <input style="width: 95%; height: 20px;" type="text"/>
Signature of Spouse <input style="width: 95%; height: 20px;" type="text"/>	Print Name <input style="width: 95%; height: 20px;" type="text"/>	Date (mm/dd/yyyy) <input style="width: 95%; height: 20px;" 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.

Part 7. Signature of Person Preparing Form, If Other than Above

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.

Signature <input style="width: 95%; height: 20px;" type="text"/>	Print Name <input style="width: 95%; height: 20px;" type="text"/>	Date (mm/dd/yyyy) <input style="width: 95%; height: 20px;" type="text"/>
Firm Name and Address <input style="width: 95%; height: 40px;" type="text"/>	Daytime Phone Number (Area/Country codes) <input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
	E-Mail Address (If any) <input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>