

**I-929, Petition for Qualifying Family Member of a U-1 Nonimmigrant**

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**DO NOT WRITE IN THIS BLOCK-- FOR USCIS USE ONLY**

Bene. A-file reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No U-1 A-file reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No Bene. filed I-485 <input type="checkbox"/> Yes <input type="checkbox"/> No U-1 adjusted <input type="checkbox"/> Yes <input type="checkbox"/> No U-1 I-485 pending <input type="checkbox"/> Yes <input type="checkbox"/> No	Action Block	Bar Code (USCIS Use only)
		Remarks

**START HERE -- TYPE OR PRINT LEGIBLY USING BLACK INK**

**I am filing for my:** (Check one)

<input type="checkbox"/> Spouse	Child: <input type="checkbox"/> Biological Child	Parent: <input type="checkbox"/> Biological Parent
	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Stepparent
	<input type="checkbox"/> Adopted Child	<input type="checkbox"/> Parent who adopted me

**Part 1. Information About You**

**Part 2. Information About Your Alien Relative**

Last Name (Family Name)

First Name (Given Name)

Middle Name

Last Name (Family Name)

First Name (Given Name)

Middle Name

Current Address

Current Address

Street Address	Apt. Number	
City	State	Zip Code

Street Address	Apt. Number	
City	State/Province	Postal/Zip Code

**Safe Mailing Address if Other Than Above**

**Mailing Address if Other Than Above**

Street Address	Apt. Number	
City	State	Zip Code

Date of Birth

A-Number

Date of Birth

A-Number

Date of Birth

A-Number

**Part 1. Information About You (Con't)**

**Part 2. Information About Your Alien Relative (Con't)**

Country of Birth	Social Security Number
<input type="text"/>	<input type="text"/>
Country of Citizenship/Nationality	
<input type="text"/>	
Gender: (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	

Country of Birth	Social Security Number
<input type="text"/>	<input type="text"/>
Country of Citizenship/Nationality	
<input type="text"/>	
Gender: (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	

**If you ever used other names, provide them below:**

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

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

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

**If your relative ever used other names, provide them below:**

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

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

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

Marital Status: (Check one)

- Single (Never Married)  Married  
 Divorced  Widowed

Spouse's Name:

Last Name	First Name
<input type="text"/>	<input type="text"/>
Middle Name	Date of Marriage
<input type="text"/>	<input type="text"/>
Place of Marriage	
<input type="text"/>	

Marital Status: (Check one)

- Single (Never Married)  Married  
 Divorced  Widowed

Spouse's Name:

Last Name	First Name
<input type="text"/>	<input type="text"/>
Middle Name	Date of Marriage
<input type="text"/>	<input type="text"/>
Place of Marriage	
<input type="text"/>	

**Part 1. Information About You (Con't)**

Number of marriages including current marriage:

List most previous marriage first. If you need more space, attach an additional sheet of paper.

Prior Spouse's Name:

Last Name

First Name

Middle Name

Date of Marriage

Place of Marriage

Date of Termination

Place of Termination

Reason for Termination:

Divorce       Death       Annulment

Other \_\_\_\_\_

Prior Spouse's Name:

Last Name

First Name

Middle Name

Date of Marriage

Place of Marriage

Date of Termination

Place of Termination

Reason for Termination:

Divorce       Death       Annulment

Other \_\_\_\_\_

**Part 2. Information About Your Alien Relative (Con't)**

Number of marriages including current marriage:

List most previous marriage first. If you need more space, attach an additional sheet of paper.

Prior Spouse's Name:

Last Name

First Name

Middle Name

Date of Marriage

Place of Marriage

Date of Termination

Place of Termination

Reason for Termination:

Divorce       Death       Annulment

Other \_\_\_\_\_

Prior Spouse's Name:

Last Name

First Name

Middle Name

Date of Marriage

Place of Marriage

Date of Termination

Place of Termination

Reason for Termination:

Divorce       Death       Annulment

Other \_\_\_\_\_

**Part 1. Information About You (Con't)**

**Part 2. Information About Your Alien Relative (Con't)**

Prior Spouse's Name:  
Last Name First Name  
Middle Name  
Date of Marriage Place of Marriage  
Date of Termination Place of Termination  
Reason for Termination:  
 Divorce  Death  Annulment  
 Other \_\_\_\_\_

Prior Spouse's Name:  
Last Name First Name  
Middle Name  
Date of Marriage Place of Marriage  
Date of Termination Place of Termination  
Reason for Termination:  
 Divorce  Death  Annulment  
 Other \_\_\_\_\_

(Check One):  
 I am a Lawful Permanent Resident  
I obtained my Lawful Permanent Residence on: \_\_\_\_\_  
 My Form I-485 is currently pending  
Receipt Number  
\_\_\_\_\_

**Complete if your relative is in the United States**  
Date of Admission Place of Admission  
Class of Admission Date Authorized to Stay

**Part 3. Information About Your Alien Relative's Children**

Last Name First Name Middle Name  
Date of Birth Place of Birth  
Gender: (Check one)  Biological Child  Stepchild  Adopted Child  
 Male  Female  
Street Address Apt. Number City State/Province  
Country Postal/Zip Code A-Number Country of Birth

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**Part 3 Information About Your Alien Relative Children (Cont'd)**

**Name of Mother**

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name of Father**

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Adopted Child
<input type="text"/>	<input type="text"/>	Gender: (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		

Street Address	Apt. Number	City	State/Province
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	Postal/Zip Code	A-Number	Country of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name of Mother:**

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name of Father:**

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Adopted Child
<input type="text"/>	<input type="text"/>	Gender: (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		

Street Address	Apt. Number	City	State/Province
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	Postal/Zip Code	A-Number	Country of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name of Mother:**

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name of Father:**

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Adopted Child
<input type="text"/>	<input type="text"/>	Gender: (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		

Street Address	Apt. Number	City	State/Province
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	Postal/Zip Code	A-Number	Country of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name of Mother:**

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name of Father:**

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Adopted Child
<input type="text"/>	<input type="text"/>	Gender: (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		

Street Address	Apt. Number	City	State/Province
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	Postal/Zip Code	A-Number	Country of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name of Mother:**

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Name of Father:**

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Name and address of your alien relative in the language written in the country where he/she currently resides.

Last Name (Family Name)	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address C/O	Street Address	Apt. Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
City/State or Province	Country	Postal/Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Part 4. Processing Information**

1. Check one:

- a.  The person named in Part 2 is now in the United States
- b.  The person named in Part 2 is now outside the United States, (Please indicate below at which U.S. Embassy or consulate your relative will apply for a visa).

U.S. Embassy or consulate at \_\_\_\_\_  
City and Country

2. Is the person named in Part 2 or has this person ever been in deportation or removal proceedings in the United States?

- a.  No
- b.  Yes (Indicate when and where) \_\_\_\_\_

**Part 5. Signature**

I certify, or if outside the United States, I swear or affirm, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it, is all true and correct. I authorize the release of any information from my record which U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature	Print Name	Date

**Part 5. Preparer's Information, if Other Than Person Signing Above**

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

Signature	Print Name	Date
Firm Name	Street Number and Name	Suite Number
City/State or Province	Postal/Zip Code	Telephone Number