



TYPE OR PRINT ALL ANSWERS CLEARLY
U.S. Department of State
APPLICATION TO DETERMINE RETURNING RESIDENT STATUS

OMB APPROVAL NO. 1406-0091
 EXPIRATION DATE: 05/31/2004
 ESTIMATED BURDEN: 30 MINUTES*

INSTRUCTIONS:

This is an application for Special Immigrant Status under Section 101(a)(27)(A) of the Immigration and Nationality Act, for lawfully admitted permanent residents who are returning from a temporary visit abroad. To qualify you must submit with this application evidence that:

- (1) You had the status of an alien lawfully admitted for permanent residence at the time of departure from the United States;
- (2) You departed from the United States with the intention of returning and you have not abandoned this intention; and
- (3) You are returning to the United States from a temporary visit abroad and, if the stay abroad was protracted, this was caused by reasons beyond your control and for which you are not responsible.

Applicants must submit evidence with this application to support the above requirements, including proof of lawful permanent residence (Examples: Form I-151, I-551, Reentry Permit, etc.), dates of travel outside of the United States (Example: airline tickets, passport stamps, etc.), proof of ties to the United States and intent to return (Example: tax returns, and evidence of economic, family and social ties to the United States), and proof a protracted stay was for reasons beyond the applicant's control (Examples: medical incapacitation, employment with a U.S. company, accompanying a U.S. citizen spouse, etc). All documents will be returned to you.

1. FAMILY NAME	FIRST NAME	MIDDLE NAME
----------------	------------	-------------

2. OTHER NAMES USED, ALIASES *(If married woman, give maiden name)*

3. CURRENT HOME ADDRESS AND TELEPHONE NUMBER

4. PLACE OF BIRTH <i>(City, Province, Country)</i>	5. DATE OF BIRTH <i>(mm-dd-yyyy)</i>
--	--------------------------------------

6. MARITAL STATUS

Married
 Single
 Widowed
 Divorced

If married, information about spouse -

a. Name *(Last, First, MI)*: _____

b. Address: _____

c. Place of Birth: _____

d. Date of Birth: *(mm-dd-yyyy)* _____

e. U.S. Residence Status, if any *(U.S. citizen, legal permanent resident, etc.)*: _____

f. Date of Marriage to You: *(mm-dd-yyyy)* _____

7. LIST BELOW ALL CLOSE FAMILY MEMBERS IN THE UNITED STATES

FULL NAME	RELATIONSHIP	RESIDENT STATUS	PLACE OF RESIDENCE

8. PREVIOUS IMMIGRATION RECORD

a. INS "A" Number: _____	b. Immigration Category: _____
c. Previous Immigrant Visa: _____	d. Adjustment of Status: _____
DATE OF ISSUE: _____	PLACE OF ISSUE: _____
DATE OF ADJUSTMENT OF STATUS WITH INS <i>(IF ANY)</i> <i>(mm-dd-yyyy)</i> : _____	PLACE OF ADJUSTMENT OF STATUS WITH INS <i>(IF ANY)</i> : _____
e. Initial Entry into the United States as Lawful Permanent Resident: _____	f. Last Entry into the United States as Lawful Permanent Resident: _____
DATE OF ENTRY <i>(mm-dd-yyyy)</i> : _____	PORT OF ENTRY: _____
DATE OF ENTRY <i>(mm-dd-yyyy)</i> : _____	PORT OF ENTRY: _____

9. MOST RECENT DEPARTURE FROM THE UNITED STATES

Date of Departure: *(mm-dd-yyyy)* _____ Destination: _____

Reason: _____

Privacy Act and Paperwork Reduction Act Statements

This information asked for on this form is requested pursuant to Sections 101 and 222 of the Immigration and Nationality Act. The U.S. Department of State uses the facts you provide on this form to determine your eligibility for returning resident status. Individuals who fail to submit this form or who do not provide all the requested information may be denied returning resident status. Upon your return to the United States in immigrant status, the information collected will be protected from disclosure under the Privacy Act.

*Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. In accordance with 5 CFR 1320 5(b), persons are not required to respond to the collection of this information unless this form displays a currently valid OMB control number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/RPS/DIR) Washington, D.C. 20520.

10. WHAT CONTINUING TIES HAVE YOU MAINTAINED WITH THE UNITED STATES? WHAT EFFORTS HAVE YOU MADE TO AVOID ABANDONING YOUR PERMANENT RESIDENT STATUS IN THE UNITED STATES?

11. REASONS FOR NOT RETURNING TO THE UNITED STATES UNTIL TIME OF THIS APPLICATION

12. LIST BELOW ALL PERIODS THAT YOU HAVE LIVED OUTSIDE OF THE UNITED STATES FOR SIX MONTHS OR LONGER SINCE YOUR INITIAL ENTRY INTO THE UNITED STATES AS A PERMANENT RESIDENT

DATES (mm-dd-yyyy) FROM - TO

COUNTRY

DATES (mm-dd-yyyy) FROM - TO	COUNTRY
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

13. HAVE YOU BEEN EMPLOYED OUTSIDE OF THE UNITED STATES?

YES

NO

If "Yes" complete the following:

NAME OF EMPLOYER

ADDRESS

FROM (mm-dd-yyyy)

TO (mm-dd-yyyy)

14. I WISH TO RETURN TO THE UNITED STATES ON OR ABOUT _____

Date (mm-dd-yyyy)

15. I swear or affirm that all statements which appear on this application are true and complete to the best of my knowledge and belief. I understand that any false or misleading statement or willful concealment of a material fact may subject me to permanent exclusion from the United States. I understand that if this application for special immigrant status is approved, I must apply for an immigrant visa within six months from the date of approval.

Signature of Applicant

Date (mm-dd-yyyy)

DO NOT WRITE IN THIS SPACE - OFFICIAL USE ONLY

Approved 101(a)(27)(A)

Disapproved

Reason:

Signature of Consular Officer

Date (mm-dd-yyyy)

At: _____

Post

REVIEWED Concur

Do NOT Concur

Signature of Reviewing Officer

Date (mm-dd-yyyy)