OMB No. 1615-0022;Exp. 12/31/2014

# Form I-363, Request to Enforce Affidavit of Financial Support and Intent to Petition for Legal Custody for P. L. 97-359 Amerasian

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

***Type or print in black ink. - See instructions on reverse side.***

**1.** Beneficiary's Family Name (Capital Letters) First Name Middle Name | **2.** Alien Registration Number **A -**

**3.** Mailing Address in U.S. (Number, Street, Apt.) (City) (State) (Zip Code)
C/O:

**4.** Employer or School (Name and Address | **5.** Country of Citizenship

**6.** Date of Birth *(mm/dd/yyyy)* | **7.** Place of Birth (City or Town) (Province or State) (Country) | **8.** Applicant's Phone Number (Include Area Code)

**9.** Initially Admitted to U.S. at (City and State) | **10.** Beneficiary's Relationship to Sponsor

**11.** Destination in U.S. at Time of Initial Admission | **12.** Beneficiary's file is at USCIS office in (City and State)

**13.** Sponsor's Family Name (Capital Letters) First Name Middle Name ☐ U.S. Citizen ☐ Lawful Permanent Resident

**14.** Sponsor's Present Address

**15.** Sponsor's Employer | Sponsor's Phone Number (Include Area Code)

**16.** Does the beneficiary live with the sponsor? ☐ Yes ☐ No | **17.** If not, with whom does the beneficiary live?

**18.** How is the beneficiary supported? (Sponsor? Other Sources?) | How long has the beneficiary been supported by the sponsor?

**19.** Is the beneficiary in the legal custody of the sponsor? ☐ Yes ☐ No (Explain)

**20.** Has the sponsor stopped all support? ☐ Yes ☐ No | Since when? *(mm/dd/yyyy)*

**21.** Has the sponsor give any reason for withdrawal of support? ☐ Yes ☐ No | If "Yes," describe the circumstances under which the sponsor ceased his or her support.

**NOTE:** *Attach a copy of Form I-361, Affidavit of Financial Support and Intent to Petition for Legal Custody for P. L. 97-359 Amerasian, if available.*

**22.** Relationship of Applicant

☐ Self ☐ Representative of the Agency Having Legal Custody of the Beneficiary
☐ Individual Having Legal Custody of the Beneficiary ☐ Guardian Ad Litem

**23.** Signature and Date of Person Preparing Form, If Other Than Applicant | **24.** Signature of Applicant and Date

**Do Not Write Below This Line.**

ACTION BLOCK (For use by USCIS officer) This applicant was interviewed by me ☐ in person ☐ by phone

on _____ *(Date)* at _____ *(Place)*

**Remarks:** ☐ Investigation Completed on _____ *(Date)* _____ *(Signature and Title)*
☐ Investigation Not Necessary

☐ Enforcement Recommended
☐ No Action Recommended _____ *(Regional Counsel and Region)*

Recommendation Forwarded to U.S. Attorney
Date:

| Received | Trans In | Ret'd Trans Out | Completed |
|---|---|---|---|
| | | | |