

START HERE - Type or print in black ink. If any question does not apply to you, write "None" or "N/A" in the appropriate space.

Part 1. Background Information About YOU

Alien Registration Number(s), if any (List every A-Number you have been given)

Family Name(s)	Given Name	Middle Name
----------------	------------	-------------

What other names have you used? (include maiden name and aliases)

Address - Street Number and Name (or P.O. Box)	Apartment No.
--	---------------

City	State	Zip Code
------	-------	----------

Date of Birth (mm/dd/yyyy)	Place of Birth (City or Town and Country)
----------------------------	---

U.S. Social Security Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
-----------------------------	---

Present Nationality (Citizenship)	Home Phone Number (with area code)
-----------------------------------	------------------------------------

Part 2. Application (Check all that apply to you)

I am eligible to apply for suspension of deportation or special rule cancellation of removal under the Nicaraguan Adjustment and Central American Relief Act (NACARA) because I have not been convicted of an aggravated felony and:

(a) I am a national of El Salvador who first entered the United States on or before September 19, 1990, or a national of Guatemala who first entered the United States on or before October 1, 1990. I also timely registered for benefits under the settlement agreement in *American Baptist Churches v. Thornburgh (ABC)*, 760 F. Supp. 796 (N.D. Cal. 1991), either directly or, if Salvadoran, by applying for Temporary Protected Status (TPS), and I have not been apprehended at time of entry after December 19, 1990.

(b) I am a national of Guatemala or El Salvador who filed an application for asylum on or before April 1, 1990.

(c) I entered the United States on or before December 31, 1990; filed an application for asylum on or before December 31, 1991; and at the time of filing was a national of the Soviet Union (USSR), Russia, any Republic of the former Soviet Union, Latvia, Estonia, Lithuania, Poland, Czechoslovakia, Romania, Hungary, Bulgaria, Albania, East Germany, Yugoslavia (including Bosnia and Herzegovina, Croatia, Kosovo, Macedonia, Montenegro, Slovenia, and Serbia).

(d) I am the spouse, child (unmarried and under 21 years of age), unmarried son or unmarried daughter of someone who has already applied, or is presently filing with me, for suspension of deportation or special rule cancellation of removal under NACARA. If I am an unmarried son or unmarried daughter, I entered the United States on or before October 1, 1990, or my parent was granted suspension of deportation or special rule cancellation of removal when I was less than 21 years of age. Attach proof of relationship and provide the following information about that spouse or parent:

Name: _____

A-Number(s): _____

The person who has applied for suspension of deportation or special rule cancellation of removal is your: Spouse Parent

(e) I am or was the spouse or child of an individual described in Part 2(a), (b), or (c) on Page 1, and I or my child has been battered or subjected to extreme cruelty by that individual described in Part 2(a), (b), or (c).

For USCIS Use Only	
Returned _____ _____	Receipt
Resubmitted _____ _____	
Reloc Sent _____ _____	
Reloc Rec'd _____ _____	

Decision	
<input type="checkbox"/> Suspension of Deportation or Special Rule Cancellation of Removal and Adjustment of Status granted	
<input type="checkbox"/> Referred to Immigration Judge in accordance with 8 CFR Section 240.70	
_____ (Adjudicating Officer's Signature)	
_____ (Date of Action)	_____ (Office Location)

EOIR Actions

Attorney or Representative, if any
<input type="checkbox"/> Check Box if G-28 is attached.

Attorney State License Number:

Part 3. Information About Your Presence In the United States

1. Provide information about the places where you have resided in the United States during the past 10 years: *(List PRESENT ADDRESS FIRST and work back in time. List only places where you resided 60 days or more. Attach additional sheets of paper as needed.)*

Street Number and Name	Apt Number	City or Town	State	Zip Code	Resided From: (Month/Year)	Resided To: (Month/Year)
						Present

2. Provide information about your **first** entry into the United States:

Name used when first entered the United States: <i>(Family Name, First, Middle)</i>		Place of first entry into the United States: <i>(City and State)</i>	
Status when you first entered the United States:	Date of first entry into the United States: <i>(mm/dd/yyyy)</i>	Period admitted: <i>(mm/dd/yyyy)</i>	
		From:	To:
If you changed nonimmigrant status after entry, list status you changed to:	Date you first changed status: <i>(mm/dd/yyyy)</i>	Last Extension of Stay expired on: <i>(mm/dd/yyyy)</i>	

3. Provide information about any departure from and return to the United States you have made since your first entry: *(List all departures, including brief ones. Attach additional sheets of paper as needed.)*

If you have not departed the United States since your first date of entry, please mark an "X" in this box:

Port of Departure: <i>(Place or Port, City, State)</i>	Departure Date: <i>(mm/dd/yyyy)</i>	Purpose of Travel:	Destination:
Port of Return: <i>(Place or Port, City, State)</i>	Return Date: <i>(mm/dd/yyyy)</i>	Status at Entry:	Inspected and Admitted: <input type="checkbox"/> Yes <input type="checkbox"/> No
Port of Departure: <i>(Place or Port, City, State)</i>	Departure Date: <i>(mm/dd/yyyy)</i>	Purpose of Travel:	Destination:
Port of Return: <i>(Place or Port, City, State)</i>	Return Date: <i>(mm/dd/yyyy)</i>	Status at Entry:	Inspected and Admitted: <input type="checkbox"/> Yes <input type="checkbox"/> No

4. Have you ever:

- (a) Been ordered deported or removed? Yes No
- (b) Departed the United States under an order of deportation or removal? Yes No
- (c) Overstayed a grant of voluntary departure from an immigration judge or DHS? Yes No
- (d) Departed the United States under a grant of voluntary departure or voluntary return? Yes No
- (e) Failed to appear for deportation or removal? Yes No

If you responded "Yes" to any of the above, indicate the name and Alien Registration Number (A-Number) you were using at that time, along with the date you left the United States, if applicable:

Part 3. Information About Your Presence in the United States *(Continued)*

If you are unsure about any of your answers to questions 4(a)-(e) in Part 3 on Page 2, indicate which question(s) and explain why you are unsure about the response(s) you have given: *(Attach additional sheets of paper as needed.)*

Part 4. Information About Your Financial Status and Employment

1. Provide information about the places where you have been employed for the last 10 years: *(List PRESENT EMPLOYMENT FIRST and work back in time. Include all employment, even if less than full-time. If you did the same type of work for three or more employers during any six-month period and you do not know the names and addresses of those employers, you may state "multiple employers." Indicate the city or region where you did the work, list the type of work you did, and estimate your earnings during that period. Any periods of unemployment, unpaid work (as a homemaker or intern, for example), or school attendance should be specified.) (Attach additional sheets of paper as needed.)*

Full Name and Address of Employer or School: <i>(If self-employed, give name and address of business.)</i>	Earnings per Week: <i>(approximate)</i>	Type of Work Performed:	Employed From: <i>(Month/Year)</i>	Employed To: <i>(Month/Year)</i>
				Present

2. Provide information about your assets in the United States and other countries, including those held jointly with your spouse, if you are married, or with others. Do not include the value of clothing and household necessities. If married, provide information about your spouse's assets that he or she does not hold jointly with you: *(Attach additional sheets of paper as needed.)*

Self <i>(Including assets jointly owned with spouse or others)</i>		Spouse	
Cash, Checking, or Savings Accounts:	\$	Cash, Checking, or Savings Accounts:	\$
Motor Vehicle(s): <i>(Minus any amount owed)</i>	\$	Motor Vehicle(s): <i>(Minus any amount owed)</i>	\$
Real Estate: <i>(Minus any amount owed)</i>	\$	Real Estate: <i>(Minus any amount owed)</i>	\$
Other: <i>(Describe below, e.g., stocks, bonds)</i>	\$	Other: <i>(Describe below, e.g., stocks, bonds)</i>	\$
Total:	\$	Total:	\$

3. Have you filed a Federal income tax return while in the United States? Yes No If "Yes," indicate the years you filed and attach evidence that you filed the returns. If you did not file a tax return during any particular year(s), explain why you did not file: *(Attach additional sheets of paper as needed.)*

Part 5. Information About Your Marital Status and Spouse

Marital Status: Married Single (If "single," skip this Part and go to Part 6.) Divorced Separated Widow(er)

1. Information About Spouse:

Name: (Family Name(s), First, Middle)	Date of Marriage: (mm/dd/yyyy)	Place of Marriage: (City and Country)
Place of Birth: (City and Country)	Date of Birth: (mm/dd/yyyy)	Citizenship:
Your spouse currently resides at: (Indicate "with me" if spouse resides with you.)		
_____	_____	_____
<i>Number and Street</i>	<i>Apt #</i>	<i>City or Town</i>
_____	_____	_____
<i>State/Country</i>	<i>Zip Code</i>	
If presently residing in the United States, your spouse's present status is: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Asylee		
<input type="checkbox"/> Asylum Applicant <input type="checkbox"/> Other (Describe): _____		
His/her alien registration number(s) are: (List all A-Numbers your spouse has been given) A - _____		
Your spouse <input type="checkbox"/> is <input type="checkbox"/> is not employed. If employed, give salary and the name and address of the place(s) of employment.		
Full Name and Address of Employer:	Earnings Per Week: (Approximate)	Type of Work:
		Employed from: (mm/dd/yyyy)
		Employed to: Present

2. Information about previous spouse(s):

I have have not been previously married: (If previously married, list the names of each prior spouse, the dates on which each marriage began and ended, the place where the marriage ended, and describe how each marriage ended. Attach additional sheets of paper as needed.)

Name of Prior Spouse: (Family Name(s), First, Middle)	Date Married: (mm/dd/yyyy)	Date Marriage Ended: (mm/dd/yyyy)	Place Marriage Ended: (City and Country)	Manner in which marriage was terminated or ended: (e.g., death, divorce)

3. Have you been ordered by any court, or are you otherwise under any legal obligation to provide child support and/or spousal maintenance?
 Yes No (If "Yes," on a separate sheet of paper, explain what type of obligation you have, to whom it is owed, and whether you are fulfilling that obligation.)

Part 6. Information About Your Child/Children

1. Do you have children? Yes No (If "No" then skip this Part and go to Part 7.)

2. List all your children below, regardless of their age, giving the requested information about each of them. (In the address box, indicate "with me" if the child currently resides with you, or if the child does not live with you, provide his or her address and relationship to the person with whom he or she lives. Attach additional sheets of paper as needed.)

Name of Child: (Family Name(s), First, Middle)	A-Number:	Place of Birth: (City and Country)	Date of Birth: (mm/dd/yyyy)	Immigration Status:
(1)				
Current Address:			Citizenship:	
(2)				
Current Address:			Citizenship:	
(3)				
Current Address:			Citizenship:	
(4)				
Current Address:			Citizenship:	

Part 7. Information About Your Parent(s)

You do not need to provide information about your parents' assets and earnings unless you believe that your removal would result in extreme hardship to your parent or parents.

Name of Parent: (Family Name(s), First, Middle)	A -Number	Place of Birth: (City and Country)	Immigration Status:	Date of Birth: (mm/dd/yyyy)
Father:				
Current Address: (Number and Street, City, State, or Country)			Citizenship:	
Estimated total assets: \$		Weekly Earnings: \$		
Mother:				
Current Address: (Number and Street, City, State, or Country)			Citizenship:	
Estimated total assets: \$		Weekly Earnings: \$		

Part 8. Miscellaneous Information

Respond to the following questions. If you answer "Yes" to any of these questions, provide an explanation on an attached sheet of paper.

1. Have you ever (either in the United States or in another country) been arrested, summoned into court as a defendant, convicted, fined, imprisoned, placed on probation, or forfeited collateral for an act involving a felony, misdemeanor, or breach of any public law or ordinance (including, but not limited to, driving violations involving alcohol)? Yes No (If you answered "Yes," your explanation must include a brief description of each offense, including the name and location of the offense, date of conviction, any penalty imposed, any sentence imposed, and the time actually served.)

2. Have you ever been:

<input type="checkbox"/> Yes <input type="checkbox"/> No	A habitual drunkard?
<input type="checkbox"/> Yes <input type="checkbox"/> No	One who has derived income principally from illegal gambling?
<input type="checkbox"/> Yes <input type="checkbox"/> No	One who has given false testimony for the purpose of obtaining immigration benefits?
<input type="checkbox"/> Yes <input type="checkbox"/> No	One who has engaged in prostitution or unlawful commercialized vice?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Involved in a serious criminal offense and asserted immunity from prosecution?
<input type="checkbox"/> Yes <input type="checkbox"/> No	One who has aided and/or abetted another to enter the United States illegally?
<input type="checkbox"/> Yes <input type="checkbox"/> No	A trafficker of a controlled substance, or one who knowingly assisted, abetted, conspired, or colluded with others in any such trafficking (not including a single offense of simple possession of 30 grams or less of marijuana)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	A practicing polygamist?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Admitted into the United States as a crewman after June 30, 1964?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Admitted into the United States as, or after arrival acquired the status of, an exchange visitor?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Inadmissible or deportable on security related grounds under sections 212(a)(3) or 237(a)(4) (for cancellation applicants), or under pre-IIRIRA section 241(a)(4) (for suspension applicants) of the Immigration and Nationality Act (INA)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	One who has ordered, incited, assisted, or otherwise participated in the persecution of an individual on account of his or her race, religion, nationality, membership in a particular social group, or political opinion?
<input type="checkbox"/> Yes <input type="checkbox"/> No	A person previously granted relief under section 212(c) (waiver for certain grounds of inadmissibility) or 244(a) (suspension of deportation) of the INA or whose removal has previously been canceled under section 240A (cancellation of removal) of the INA?

Part 9. Information About Hardship You and/or Your Family Will Face If You Are Deported or Removed from the United States

Answer the following questions by checking "Yes," "No" or "Not Applicable" in the boxes provided. Where required, provide an explanation of your answer on an attached sheet of paper. You should reference the number of each question for which you are providing an explanation.

Your responses in this Part should be about you and/or your qualifying family member(s), except for your response to Question 11. A qualifying family member is a parent, spouse, or child who is a U.S. Citizen (USC) or lawful permanent resident (LPR) of the United States. When providing responses about a family member, provide the family member's name and his or her relationship to you. **Attach any documents you have to support the responses you give below.** (See the instructions for types of documents that you may wish to submit.)

IMPORTANT: If you meet the eligibility requirements for NACARA suspension of deportation or special rule cancellation of removal listed in (a) or (b), under **Part 2, Application** on Page 1 of this form and you complete this form, you will be presumed to meet the extreme hardship requirement, unless evidence in the record establishes that neither you nor your qualified relative are likely to experience extreme hardship if you are deported or removed from the United States. If you qualify for a presumption of extreme hardship, you do not need to submit documents that support your answers below regarding your claim to extreme hardship; **but you need to provide explanations to your answers below, where required.**

1.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	If you have (USC/LPR) children, do your children speak, read, and write English?
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	If you have (USC/LPR) children, do your children speak, read and write the native language of the country you would be returned to if deported or removed?
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you or any of your qualified family members suffer or have suffered from any illness, health problem, or disability that requires or required medical attention? If "Yes," provide information about the health problem, include whether you or your qualified family member suffer(s) or suffered from it, and any care you or the person receives in the United States that would not be available in the country to which you would be deported or removed.
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you be able to obtain employment in the country to which you would be deported or removed? If "Yes," explain the type of employment you would be able to obtain. If "No," explain why you would be unable to find employment.
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	If you or a qualified family member are currently pursuing educational opportunities in the United States, would you or the qualified family member continue to pursue the educational opportunities if deported or removed from the United States? If "No," explain why not.
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	If you are deported or removed from the United States, would all qualified family member(s) accompany you? If "No," list which qualified family member(s) would not accompany you. Also, explain why the qualified family member(s) would not accompany you and how that affects you and your family member(s).
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you or qualified members of your family experience any emotional or psychological impact if you were deported or removed from the United States? If "Yes," explain.
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would the current conditions in the country to which you would be deported or removed cause you or your qualified family members extreme hardship if you are deported or removed? If "Yes," explain.
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you presently have any other way, besides this application for suspension of deportation or special rule cancellation of removal, to adjust status to that of a lawful permanent resident in the United States? If "Yes," explain.
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	If you belong to any civic, political, religious, community, or social organization, association, foundation, club, or similar group or participate in volunteer activities, would your separation from these community ties and activities affect you if you are deported or removed from the United States? If "Yes," explain.
11.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any other type of hardship that you or your family would face if you are deported or removed from the United States? Include any hardship to your non USC/LPR children, spouse or parents and any hardship to brothers, sisters, grandparents or other extended family members. If "Yes," explain.

Part 10. Signature

After reading the information on penalties in the instructions, complete and sign below. If someone helped you prepare this application, he or she must complete **Part 11**.

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. Title 18, United States Code, Section 1546, provides in part: "Whoever knowingly makes under oath, or as permitted under penalty of perjury under Section 1746 of Title 28, United States Code, knowingly subscribes as true, any false statement with respect to a material fact in any application, affidavit, or other document required by the immigration laws or regulations prescribed thereunder, or knowingly presents any such application, affidavit, or other document which contains any such false statements or which fails to contain any reasonable basis in law or fact" shall be fined in accordance with this title or imprisoned not more than ten years, or both.

**Staple your
photographs
here**

I authorize the release of any information from my record that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

WARNING: Applicants who are in the United States illegally are subject to deportation or removal if their applications are not granted by an asylum officer or an immigration judge. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, deportation or removal proceedings, even if the application is later withdrawn. Applicants and eligible dependents in removal proceedings who fail to provide DHS with their biometrics or other biographical information as required within the time allowed, except for good cause, may have their applications found abandoned by the immigration judge. If filing with USCIS, unexcused failure to appear for an appointment to provide biometrics and other biographical information within the time allowed may result in the dismissal or referral of your application to an Immigration Judge.

Signature of Applicant:		Date: (mm/dd/yyyy)
Print Name:	Write your name in your native alphabet:	

Part 11. Signature of Person Preparing Form, If Other Than Above

(Read the following information and sign below.)

I declare that I have prepared this application at the request of the person named in Part 10, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant, and that the completed application was read to the applicant in a language the applicant speaks fluently for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form I-881 may subject me to civil penalties under 8 U.S.C. 1324c.

Signature of Preparer:	Print Name:	Date: (mm/dd/yyyy)
Daytime Telephone Number:	Address of Preparer: <i>(Street Number and Name, City or Town, State, Zip Code)</i>	

Part 12. To Be Completed at Interview or Hearing

You will be asked to complete this Part when you are before an Asylum Officer of U.S. Citizenship and Immigration Services or an immigration judge of the Executive Office for Immigration Review (EOIR) for examination.

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, are all true or not all true to the best of my knowledge and that the corrections numbered _____ to _____ were made by me or at my request.

Signature of Applicant

Write your name in your native alphabet

Signed and sworn to before me by the above-named applicant on:

Date (mm/dd/yyyy)

Signature of Asylum Officer or Immigration Judge

NOTE: Use this blank sheet to supplement any information requested. Please copy this page and submit additional information as needed.

A-Number: _____

Print Name: _____

Signature of Applicant: _____

Date: (mm/dd/yyyy)

Part: _____

Question: _____

Supplemental Data/Clarifications

Multiple horizontal lines for supplemental data/clarifications.