

Notice of Entry of Appearance as Attorney or Representative Before the Immigration Court

<p><b>(Type or Print)</b> <b>NAME AND ADDRESS OF REPRESENTED PARTY</b></p> <p>The Respondent's full name and current address. If the Respondent's name and/or address are incorrect on the Notice to Appear (NTA), insert the correct information in this section.</p> <p>_____ (Number and Street) (Apt. No.)</p> <p>_____ (City) (State) (Zip Code)</p>	<p><b>ALIEN ("A") NUMBER</b> (Provide A-number of the party represented in this case.)</p> <p>The Respondent's A# is an eight- or nine-digit number. This number may be found on the NTA.</p> <p><b>Entry of appearance for</b> (please check <u>one</u> of the following):</p> <p><input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> A</p> <p>The Attorney must check the box applicable to the type of proceedings for which he or she was hired to represent the Respondent. and bond proceedings</p>
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**Attorney or Representative (please check one of the following):**

I am an attorney eligible to practice in the United States (i.e., I am a member in good standing of the bar of the highest court(s) of the following state(s), possession or territory, or the District of Columbia (use additional space on reverse side if necessary) and I am not currently suspended or disbarred) and I am practicing law in a state, possession or territory, or the District of Columbia.  I am not an attorney eligible to practice in the United States (do not check this box and explain on reverse).

Licensed attorneys should check the first box.  
The name of the court is the court in which the attorney is licensed.  
The second blank is for the attorney's bar number.

Full Name of Court \_\_\_\_\_ Bar Number (if applicable) \_\_\_\_\_

I am a representative accredited to appear before the Executive Office for Immigration Review as defined in 8 C.F.R. § 1292.1(a)(4) with the following recognized organization: \_\_\_\_\_

I am a law student or law graduate of an accredited U.S. law school as defined in 8 C.F.R. § 1292.1(a)(2).

I am a reputable individual as defined in 8 C.F.R. § 1292.1(a)(3).

I am an accredited foreign government official, as defined in 8 C.F.R. § 1291.1(a)(5), from \_\_\_\_\_ (country).

I am a person who was authorized to practice on December 23, 1952, under 8 C.F.R. § 1292.1(b).

**Attorney or Representative (please check one of the following):**

I hereby enter my appearance as attorney or representative for, and at the request of, the party named above.

EOIR has ordered the provision of a Qualified Representative for the party named above and I appear in that capacity.

The Attorney must check the applicable box, which is usually the first box.

I have read and understand the statements provided on the reverse side of this form that set forth the regulations and conditions governing appearances and representations before the Immigration Court. By signing this form, I consent to publication of my name and any findings of misconduct by EOIR, should I become subject to any public discipline by EOIR pursuant to the rules and procedures at 8 C.F.R. 1003.101 *et seq.* I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

**SIGNATURE OF ATTORNEY OR REPRESENTATIVE**      **EOIR ID NUMBER**      **DATE**

X \_\_\_\_\_  \_\_\_\_\_

A unique identifier given to each registrant in the Executive Office for immigration Review.

**NAME OF ATTORNEY OR REPRESENTATIVE, ADDRESS, FAX & PHONE NUMBERS, & EMAIL ADDRESS**

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Address: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

Check here if new address

**Indicate Type of Appearance:**

The Attorney must indicate the type of representation he or she is providing for the Respondent.  
 The Attorney must also indicate whether he or she is providing pro bono representation for the Respondent.

- Primary Attorney/Representative       Non-Primary Attorney/Representative
- On behalf of \_\_\_\_\_ (Attorney's Name) for the following hearing: \_\_\_\_\_ (Date)
- I am providing pro bono representation. Check one:  yes  no

**Proof of Service**

I (Name)  mailed or delivered a copy of this Form EOIR-28 on (Date)  to the DHS (U.S. Immigration and Customs Enforcement – ICE) at    Signature of Person Serving

**APPEARANCES** - An attorney or Accredited Representative (with full accreditation) must register with the EOIR eRegistry in order to practice before the Immigration Court (see 8 C.F.R. § 1292.1(f)). Registration must be completed online on the EOIR website at [www.justice.gov/eoir](http://www.justice.gov/eoir). An appearance shall be filed on a Form EOIR-28 by the attorney or representative appearing in each case before an Immigration Judge (see 8 C.F.R. § 1003.17). A Form EOIR-28 shall be filed either as an electronic form, or as a paper form, as appropriate (for further information, please see the Immigration Court Practice Manual, which is available on the EOIR website at [www.justice.gov/eoir](http://www.justice.gov/eoir)). The attorney or representative must check the box indicating whether the entry of appearance is for custody and bond proceedings only, for all proceedings other than custody and bond, or for all proceedings including custody and bond. When an appearance is made by a person acting in a representative capacity, his/her personal appearance or signature constitutes a representation that, under the provisions of 8 C.F.R. part 1003, he/she is authorized and qualified to represent individuals and will comply with the EOIR Rules of Professional Conduct in 8 C.F.R. § 1003.102. Thereafter, substitution or withdrawal may be permitted upon the approval of the Immigration Judge of a request by the attorney or representative of record in accordance with 8 C.F.R. § 1003.17(b). Please note that although separate appearances in custody and non-custody proceedings are permitted, appearances for limited purposes within those proceedings are not permitted. See *Matter of Velasquez*, 19 I&N Dec. 377, 384 (BIA 1986). A separate appearance form (Form EOIR-27) must be filed with an appeal to the Board of Immigration Appeals (see 8 C.F.R. § 1003.38(g)). Attorneys and Accredited Representatives (with full accreditation) must first update their address in eRegistry before filing a Form EOIR-28 that reflects a new address.

**FREEDOM OF INFORMATION ACT** - This form may not be used to request records under the Freedom of Information Act or the Privacy Act. The manner of requesting such records is in 28 C.F.R. §§ 16.1-16.11 and appendices. For further information about requesting records from EOIR under the Freedom of Information Act, see *How to File a Freedom of Information Act (FOIA) Request With the Executive Office for Immigration Review*, available on EOIR's website at <http://www.justice.gov/eoir>.

**PRIVACY ACT NOTICE** - The information requested on this form is authorized by 8 U.S.C. §§ 1229(a), 1362 and 8 C.F.R. § 1003.17 in order to enter an appearance to represent a party before the Immigration Court. The information you provide is mandatory and required to enter an appearance. Failure to provide the requested information will result in an inability to represent a party or receive notice of actions in a proceeding. EOIR may share this information with others in accordance with approved routine uses described in EOIR's system of records notice, EOIR-001, Records and Management Information System, 69 Fed. Reg. 26,179 (May 11, 2004), or its successors and EOIR-003, Practitioner Complaint-Disciplinary Files, 64 Fed. Reg. 49237 (September 1999). Furthermore, the submission of this form acknowledges that an attorney or representative will be subject to the disciplinary rules and procedures at 8 C.F.R. 1003.101 *et seq.*, including, pursuant to 8 C.F.R. §§ 292.3(h)(3), 1003.108(c), publication of the name of the attorney or representative and findings of misconduct should the attorney or representative be subject to any public discipline by EOIR.

**CASES BEFORE EOIR** - Automated information about cases before EOIR is available by calling (800) 898-7180 or (240) 314-1500.

**FURTHER INFORMATION** - For further information, please see the *Immigration Court Practice Manual*, which is available on the EOIR website at [www.justice.gov/eoir](http://www.justice.gov/eoir).

**ADDITIONAL INFORMATION:**

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete this form is six (6) minutes. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Executive Office for Immigration Review, Office of the General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, Virginia 22041.

**Instructions:** To complete this form, fill out all blanks below, including the proof of service, which certifies that you have provided a copy of this form to the Department of Homeland Security (DHS). After filling in the blanks and signing both the declaration and proof of service, you must submit the form in person or by mail. If submitting the form by mail, follow the mailing instructions on page two. You must submit a separate copy of this form for each individual in immigration court proceedings (i.e., you must submit a form for each person who has a case pending in immigration court and whom the change of address or phone number affects).

You must file this form with the immigration court within five working days of the change to your address or phone number, or your receipt of a charging document (e.g., a Notice to Appear) with incorrect contact information. The immigration court will send all official correspondence (e.g., date, time, and place of hearings) to the address you provide. The immigration court will only make any change(s) to your address and phone number in EOIR's records upon receipt of this form; the immigration court will not change your address or phone number based on a different address or phone number on pleadings, motions, or other communications with the court.

If you fail to appear at any hearing before an immigration judge when notice of that hearing or other official correspondence was served on you or sent to the address you provided, the Department of Homeland Security (DHS) may take you into custody. In addition, the immigration court may conduct your hearing in your absence and enter an order of removal, deportation, or exclusion against you. If the court enters such an order, you may be ineligible for certain forms of relief from removal under the Immigration and Nationality Act as follows:

If you are in **removal** proceedings: You will be subject to an order of removal for a period of ten years after the date of entry of the final order.

You may also become ineligible for voluntary departure, cancellation of removal, and adjustment of status or change of status.

If you are in **deportation** proceedings: You will be subject to an order of deportation for a period of five years after the date of the entry of the final order. You may also become ineligible for voluntary departure, suspension of deportation or voluntary departure, and adjustment of status or change of status.

If you are in **exclusion** proceedings: Your application for admission to the United States may be considered withdrawn.

<p><b>Name (Last, First, Middle):</b></p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p>The Respondent's FULL name.</p> <p>If the Respondent's name is incorrect on the Notice to Appear (NTA), enter the correct name based on a legal identification document, such as a birth certificate or passport.</p> </div>	<p><b>Alien Registration Number:</b></p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px; width: 80%; margin-left: auto;"> <p>This information may be found on the NTA.</p> </div>
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My FORMER address and phone number were:	My CURRENT address and phone number are:
<p>_____ "In care of" other person, (if any)</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p>The Respondent's OLD address and phone number.</p> <p><b>** NOTE:</b> If the mortgage or lease is under another person's name, put the other person's name in the line that says, "<b>In Care Of</b>."</p> </div> <p>City, State, and ZIP Code; Country (if other than U.S.)</p> <p>_____ Phone Number</p>	<p>_____ "In care of" other person, (if any)</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p>The Respondent's NEW address and phone number.</p> <p><b>**NOTE:</b> If the mortgage or lease is under another person's name, put the other person's name in the line that says, "<b>In Care Of</b>."</p> </div> <p>City, State, and ZIP Code; Country (if other than U.S.)</p> <p>_____ Phone Number</p>

I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that I am the person named above associated with the alien registration number listed above, and that the information contained in this form is true and correct to the best of my knowledge.

<b>SIGN HERE</b> →	X	<p>The RESPONDENT must sign and date. An attorney MAY NOT sign for a respondent.</p>	<p>_____ Date</p>
		Signature	

**PROOF OF SERVICE**

I, Name of the person who MAILED Form EOIR-33/IC. This is usually the Respondent OR the Attorney. (Name) a copy of this Change of Address Form on, Date the form was mailed. (date),

to the Office of the Chief Counsel for DHS, ~~Immigration and Customs Enforcement-ICE~~ located at:

Address for the government attorneys where the Respondent has his or her immigration case.  
(Number and Street, City, State, Zip Code)

<b>SIGN HERE</b> →	X	<p>Signature of the person who MAILED Form EOIR-33/IC; i. e., the Respondent OR the Attorney.</p>	<p>_____ Date</p>
		Signature	

## MAILING INSTRUCTIONS

1. Mail or deliver a copy of the completed form to the DHS-ICE Office of the Chief Counsel at the address you inserted in the PROOF OF SERVICE above.
2. Fold the page at the dotted lines marked "Fold Here" so that the address is visible. (**Important:** Ensure the address section is visible after you fold the page.)
3. Staple, or otherwise secure, the folded form along the open end marked "Fasten Here."
4. Place appropriate postage stamp in the area marked "Place Stamp Here."
5. Write your return address in the area marked "PUT YOUR ADDRESS HERE."
6. Mail the original form to the immigration court.

Fold Here

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**PUT YOUR ADDRESS HERE**

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Place  
Stamp  
Here

**U.S. Department of Justice**  
*Immigration Court*  
80 Monroe Avenue  
Suite 501  
Memphis, TN 38103

Fold Here

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### Privacy Act Notice

The information on this form is required by 8 U.S.C. § 1229(a)(1)(F)(ii) and 8 C.F.R. § 1003.15(d)(2) in order to notify EOIR's immigration court of any change(s) of address or phone number. The information you provide is mandatory. Failure to provide the requested information limits the notification you will receive and may result in adverse consequences noted above. EOIR may share this information with others in accordance with approved routine uses described in EOIR's system of records notice EOIR-001, Records and Management Information System, and EOIR-003, Practitioner Complaint-Disciplinary Files.

Fasten Here

# I-589, Application for Asylum and for Withholding of Removal

**START HERE - Type or print in black ink. See the instructions for information about eligibility and how to complete and file this application. There is no filing fee for this application.**

**NOTE:**  Check this box if there is evidence that the Appellant would be tortured if he or she returns to his or her country of origin.  removal under the Convention Against Torture.

## Part A.I. Information About You

<b>1. Alien Registration Number(s) (A-Number) (if any)</b> <small>A nine-digit number starting with an "A," which Applicant will likely have if he or she submitted previous applications to USCIS or has been in removal proceedings. If only eight, add a zero at the front.</small>	<b>2. U.S. Social Security Number (if any)</b>	<b>3. USCIS Online Account Number (if any)</b>
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<b>4. Complete Last Name</b> <small>Applicant's name as it appears on birth certificate or passport.</small>	<b>5. First Name</b>	<b>6. Middle Name</b>
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**7. What other names have you used (include maiden name and aliases)?**  
Names that the Applicant has used that are different from his or legal name; i.e., driver's license, fake documents, common nicknames, etc.

**8. Residence in the U.S. (where you physically reside)**

Street Number and Name	Apt. Number		
City	State	Zip Code	Telephone Number ( )

**9. Mailing Address in the U.S. (if different than the address in Item Number 8)**

In Care Of (if applicable): <small>If the Applicant's mailing address and phone number is the same as his or her residence and phone number in question 8, write "Same as above" in the "In Care Of" line. If Applicant lives with someone else whose name is on the mortgage or lease, write the person's name in the "In Care Of" line.</small>	Telephone Number ( )
Street Number and Name	Apt. Number

City

If the Applicant is transgender, or his or her asylum claim involves gender identity issues, check the gender assigned at birth. On the last page, Supplement B, Form I-589, explain gender identity issues.

Check the box that applied based on the Applicant's legal marital status, NOT his or her current living situation. Failure to include a legal marriage may preclude a spouse who later plans to come to the United States.

**10. Gender:**  Male  Female **11. Marital Status:**  Single  Married  Divorced  Widowed

**12. Date of Birth (mm/dd/yyyy)**  
The Applicant's date of birth needs to match an official identity document such as a birth certificate or passport. If the date of birth is unknown, write "Unknown." On the last page, Supplement B, Form I-589, explain any date of birth issues.

**13. City and Country of Birth**

**14. Present Nationality (Citizenship)** **15. Nationality at Birth** **16. Race, Ethnic, or Tribal Group** **17. Religion**

If the Applicant applies for asylum based on race, ethnicity, or tribal group, ensure the name of the group written matches his or her claim and additional evidence.

**18. Check the box, a through c, that applies:** a.  I have never been in Immigration Court proceedings. b.  I am now in Immigration Court proceedings. c.  I am not now in Immigration Court proceedings.

If the Applicant applies for asylum based on religion, make sure the name of the specific branch, sect, or denomination written matches his or her claim and additional evidence.

**19. Complete 19 a through c.**

a. When did you last leave your country? (mm/dd/yyyy) \_\_\_\_\_ b. What is your current I-94 Number, if any? \_\_\_\_\_

c. List each entry into the U.S. (Attach additional sheets)

Date	Place	Status	Expires

a. The Applicant MUST answer this question completely and truthfully, regardless of whether the Applicant entered without inspection or overstayed a visa. Dates must be as accurate as possible.  
b. The Applicant may find his or her I-94 number on his or her Arrival/Departure record, a white card provided at entry.  
c. If the Applicant has multiple entries into the United States, dates for ALL entries must be listed. For place, the Applicant must write in the city and state. For status, the Applicant must write in EWI, B-2 visa, etc.

**20. What country issued your last passport or travel document?** **21. Passport Number** **22. Expiration Date (mm/dd/yyyy)**

Provide passport information if possible, even if expired. The country issuing the passport should be the country of citizenship. If the Applicant does not have a passport, enter "N/A" in every relevant space.

**23. What is your native language (include dialect, if applicable)?** **24. Are you fluent in English?** **25. What other languages do you speak fluently?**

The Applicant's first and best language. This is typically the language in which the Applicant will request an interpreter.

Yes  No

<b>For USCIS use only.</b>	<b>Action:</b> Interview Asylum Officer	<b>Decision:</b> Approval Date: _____ Denial Date: _____ Referral Date: _____
<small>ONLY check "Yes" if the Applicant is actually fluent and willing to potentially give up the ability to have an interpreter.</small>		

**Part A.II. Information About**

If the Applicant is NOT married, check the applicable box.  
 If the Applicant is DIVORCED, the Applicant is NOT married.  
 If the Applicant is MARRIED skip the check box, and answer 1-24 completely.  
 If Applicant is SEPARATED but not divorced, a legal marriage still exists; therefore the Applicant is MARRIED.  
 \*\*Failure to list a spouse may preclude him or her from ever coming to the United States.

Your spouse

1. Alien Registration Number (A-Number) (if any)		4. U.S. Social Security Number (if any)	
5. Complete Last Name	6. First Name	7. Middle Name	8. Other names used (include maiden name and aliases)
9. Date of Marriage (mm/dd/yyyy) <small>Date should reflect the date listed on the marriage certificate.</small>		10. Place of Marriage	
11. City and Country of Birth		12. Nationality (Citizenship)	
13. Race, Ethnic, or Tribal Group		14. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
15. Is this person in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 16 to 24.) <input type="checkbox"/> No (Specify location): _____			
16. Place of last entry into the U.S.	17. Date of last entry into the U.S. (mm/dd/yyyy)	18. I-94 Number (if any)	19. Status when last admitted (Visa type, if any)
20. What is your spouse's current status?	21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	22. Is your spouse in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	23. If previously in the U.S., date of previous arrival (mm/dd/yyyy)
24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No <small>If the spouse is in the United States and lacks legal status, the Applicant may likely want to include the spouse because if the Applicant is granted asylum in the United States, so will his or her spouse.</small>			

Your Children. List all of your children

I do not have any children. (Skip to Block 21.)  
 I have children. Total number of children: \_\_\_\_\_

The Applicant must check the applicable box.  
 If the Applicant has children, the number of children includes ALL children — living, deceased, biological, step, or adopted. Failure to include children may preclude them from ever coming to the United States. If Applicant has children, answer questions 1-21 completely.  
 If Applicant has more than four (4) children, he or she will have to fill out Supplement A, for I-589 for additional children. The Applicant may make as many copies of that form as necessary.

(NOTE: Use Form I-589 Supplement A for additional children.)

1. Alien Registration Number (A-Number) (if any)		2. Passport/ID Card Number (if any)		3. Marital Status (Married, Single, etc.) <small>The Applicant's married children are NOT eligible to come as derivatives, but should be listed.</small>		4. U.S. Social Security Number (if any)	
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy) <small>If the Applicant's child is 21 years of age or older at the time the asylum application is filed, the child will not be eligible to come as a derivative but should be listed.</small>				
9. City and Country of Birth		10. Nationality (Citizenship)		11. Race, Ethnic, or Tribal Group		12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
13. Is this child in the U.S. ? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____							
14. Place of last entry into the U.S.		15. Date of last entry into the U.S. (mm/dd/yyyy)		16. I-94 Number (If any)		17. Status when last admitted (Visa type, if any)	
18. What is your child's current status?		19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)		20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No <small>As with the spouse, if the child is in the United States and lacks legal status, the Applicant may likely want to include the child because if the Applicant is granted asylum in the United States, so will his or her child.</small>							

**Part A.II. Information About Your Spouse and Children (Continued)**

<b>1.</b> Alien Registration Number (A-Number) (if any)	<b>2.</b> Passport/ID Card Number (if any)	<b>3.</b> Marital Status (Married, Single, Divorced, Widowed)	<b>4.</b> U.S. Social Security Number (if any)
<b>5.</b> Complete Last Name	<b>6.</b> First Name	<b>7.</b> Middle Name	<b>8.</b> Date of Birth (mm/dd/yyyy)
<b>9.</b> City and Country of Birth	<b>10.</b> Nationality (Citizenship)	<b>11.</b> Race, Ethnic, or Tribal Group	<b>12.</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>13.</b> Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
<b>14.</b> Place of last entry into the U.S.	<b>15.</b> Date of last entry into the U.S. (mm/dd/yyyy)	<b>16.</b> I-94 Number (If any)	<b>17.</b> Status when last admitted (Visa type, if any)
<b>18.</b> What is your child's current status?	<b>19.</b> What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	<b>20.</b> Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21.</b> If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			
<b>1.</b> Alien Registration Number (A-Number) (if any)	<b>2.</b> Passport/ID Card Number (if any)	<b>3.</b> Marital Status (Married, Single, Divorced, Widowed)	<b>4.</b> U.S. Social Security Number (if any)
<b>5.</b> Complete Last Name	<b>6.</b> First Name	<b>7.</b> Middle Name	<b>8.</b> Date of Birth (mm/dd/yyyy)
<b>9.</b> City and Country of Birth	<b>10.</b> Nationality (Citizenship)	<b>11.</b> Race, Ethnic, or Tribal Group	<b>12.</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>13.</b> Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
<b>14.</b> Place of last entry into the U.S.	<b>15.</b> Date of last entry into the U.S. (mm/dd/yyyy)	<b>16.</b> I-94 Number (If any)	<b>17.</b> Status when last admitted (Visa type, if any)
<b>18.</b> What is your child's current status?	<b>19.</b> What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	<b>20.</b> Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21.</b> If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			
<b>1.</b> Alien Registration Number (A-Number) (if any)	<b>2.</b> Passport/ID Card Number (if any)	<b>3.</b> Marital Status (Married, Single, Divorced, Widowed)	<b>4.</b> U.S. Social Security Number (if any)
<b>5.</b> Complete Last Name	<b>6.</b> First Name	<b>7.</b> Middle Name	<b>8.</b> Date of Birth (mm/dd/yyyy)
<b>9.</b> City and Country of Birth	<b>10.</b> Nationality (Citizenship)	<b>11.</b> Race, Ethnic, or Tribal Group	<b>12.</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>13.</b> Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
<b>14.</b> Place of last entry into the U.S.	<b>15.</b> Date of last entry into the U.S. (mm/dd/yyyy)	<b>16.</b> I-94 Number (If any)	<b>17.</b> Status when last admitted (Visa type, if any)
<b>18.</b> What is your child's current status?	<b>19.</b> What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	<b>20.</b> Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21.</b> If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			



### Part A.III. Information About Your Background

The Applicant must make sure that the information in this section matches the information that will be in supplemental evidence or affidavits.

1. List your last address where you lived before coming to the United States. If this is not the country where you fear persecution, also list the last address in the country where you fear persecution. (List Address, City/Town, Department, Province, or State and Country.)  
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Number and Street (Provide if available)	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)

2. Provide the following information about your residences during the past 5 years. List your present address first.  
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Number and Street	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)

3. Provide the following information about your education, beginning with the most recent school that you attended.  
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Name of School	Type of School	Location (Address)	Attended	
			From (Mo/Yr)	To (Mo/Yr)

4. Provide the following information about your employment during the past 5 years. List your present employment first.  
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Name and Address of Employer	Your Occupation	Dates	
		From (Mo/Yr)	To (Mo/Yr)
Employment should include ALL employment, including employment without authorization.			

5. Provide the following information about your parents and siblings (brothers and sisters). Check the box if the person is deceased.  
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Full Name	City/Town and Country of Birth	Current Location
Mother		<input type="checkbox"/> Deceased
Father		<input type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased



## Part B. Information About Your Application

(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part B.)

In this section, the Applicant will have to answer questions that will be used to determine whether he or she is eligible for asylum. The Applicant should provide as much information as possible. The Applicant should be specific when recounting events by including dates, names, and locations.

When answering the questions about your past persecution or threats to your life or freedom (Part A) of the INA or withholding of removal under the Convention Against Torture), you must provide a detailed and specific account of the basis of your claim to asylum or other protection. To the best of your ability, provide specific dates, places, and descriptions about each event or action described. You must attach documents evidencing the general conditions in the country from which you are seeking asylum or other protection and the specific facts on which you are relying to support your claim. If this documentation is unavailable or you are not providing this documentation with your application, explain why in your responses to the following questions.

Refer to Instructions, Part 1: Filing Instructions, Section II, "Basis of Eligibility," Parts A - D, Section V, "Completing the Form," Part B, and Section VII, "Additional Evidence That You Should Submit," for more information on completing this section of the form.

**I.** Why are you applying for asylum or withholding of removal under section 241(b)(3) of the INA, or for withholding of removal under the Convention Against Torture? Check the appropriate box(es) below and then provide detailed answers to questions A and B below.

I am seeking asylum or withholding of removal based on:

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Race        | <input type="checkbox"/> Political opinion                       |
| <input type="checkbox"/> Religion    | <input type="checkbox"/> Membership in a particular social group |
| <input type="checkbox"/> Nationality | <input type="checkbox"/> Torture Convention                      |

The Applicant must check all applicable boxes. The Applicant must check AT LEAST ONE of the first five boxes to be eligible for asylum. Remember the Applicant MAY have a claim based on multiple grounds.

**A.** Have you, your family, or close friends or colleagues ever experienced harm or mistreatment or threats in the past by anyone?

- No       Yes

If "Yes," explain in detail:

1. What happened;
2. When the harm or mistreatment or threats occurred;
3. Who caused the harm or mistreatment or threats; and
4. Why you believe the harm or mistreatment or threats occurred.

The Applicant must make sure that the answer in the blank box answers the four subquestions. The Applicant's application should corroborate information in this box. When recounting specific instances, the Applicant should address when harm happened, and who caused the harm. Supplemental evidence and additional affidavits should corroborate this answer.

**B.** Do you fear harm or mistreatment if you return to your home country?

- No       Yes

If "Yes," explain in detail:

1. What harm or mistreatment you fear;
2. Who you believe would harm or mistreat you; and
3. Why you believe you would or could be harmed or mistreated.

This question focuses on future harm; therefore, the Applicant should explain why he or she fears harm and who he or she feels would cause harm. The Applicant may include relevant information regarding what has happened since he or she left the country.

**Part B. Information About Your Application (Continued)**

2. Have you or your family members ever been accused, charged, arrested, detained, interrogated, convicted and sentenced, or imprisoned in any country other than the United States (including for an immigration law violation)?

No  Yes

This section should address any criminal history outside of the United States. If the Applicant's claim centers on an arrest or detention by the government in his or her country, that information should be listed in this section.

If "Yes," explain the circumstances and reasons for the action.

3.A. Have you or your family members ever belonged to or been associated with any organizations or groups in your home country, such as, but not limited to, a political party, student group, labor union, religious organization, military or paramilitary group, civil patrol, guerrilla organization, ethnic group, human rights group, or the press?

No  Yes

The Applicant should be careful in answering this question. Due to the board definition of "terrorist group" under immigration law, there are many groups that may be considered involved in terrorism, which may be a bar to asylum. Applicant should also include participation in political, religious, activist, or media-related activities, especially if he or she was targeted because of his or her participation.

If "Yes," describe for each person the level of participation of you or your family members were involved in each organization or activity.

3.B. Do you or your family members continue to participate in any way in these organizations or groups?

No  Yes

If the Applicant answers "Yes," provide an explanation and evidence of participation.

If "Yes," describe for each person your or your family members' current level of participation, any leadership or other positions currently held, and the length of time you or your family members have been involved in each organization or group.

4. Are you afraid of being subjected to torture in your home country or any other country to which you may be returned?

No  Yes

The Applicant should ONLY answer "Yes" if he or she truly believes that he or she could be tortured upon return to his or her home country.

If "Yes," explain why you are afraid and describe the nature of torture you fear, by whom, and why it would be inflicted.

## Part C. Additional Information About Your Application

(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part C.)

1. Have you, your spouse, your child(ren), your parents or your siblings ever applied to the U.S. Government for refugee status, asylum, or withholding of removal?

No  Yes

Include information regarding the Applicant or ANY family member who has applied for status.

If the Applicant's family member was successful in obtaining asylum because of a situation similar to the Applicant's situation, it may strengthen the Applicant's case.

If "Yes," explain the decision and what happened to any status you, your spouse, your child(ren), your parents, or your siblings received as a result of that decision. Indicate whether or not you were included in a parent or spouse's application. If so, include your parent or spouse's A-number in your response. If you have been denied asylum by an immigration judge or the Board of Immigration Appeals, describe any change(s) in conditions in your country or your own personal circumstances since the date of the denial that may affect your eligibility for asylum.

- 2.A. After leaving the country from which you are claiming asylum, did you or your spouse or child(ren) who are now in the United States travel through or reside in any other country before entering the United States?

No  Yes

- 2.B. Have you, your spouse, your child(ren) in any country other than the one from which you were granted lawful status?

This section addresses whether the Applicant could return to a third country where he or she would not be persecuted. If the Applicant checks "Yes," he or she must discuss the length of stay, the reason behind the stay, and why he or she left the country. If the Applicant applied for asylum in another country, he or she must describe the outcome of the process.

No  Yes

If "Yes" to either or both questions (2A and/or 2B), provide for each person the following: the name of each country and the length of stay, the person's status while there, the reasons for leaving, whether or not the person is entitled to return for lawful residence purposes, and whether the person applied for refugee status or for asylum while there, and if not, why he or she did not do so.

3. Have you, your spouse or your child(ren) ever ordered, incited, assisted or otherwise participated in causing harm or suffering to any person because of his or her race, religion, nationality, membership in a particular social group or belief in a particular political opinion?

No  Yes

This section addresses whether the Applicant was involved in carrying out an activity considered as "persecution" which may bar him or her from asylum. If the Applicant answers "Yes," he or she must provide explanations for their participation.

If "Yes," describe in detail each such incident and your own, your spouse's, or your child(ren)'s involvement.

**Part C. Additional Information About Your Application (Continued)**

4. After you left the country where you were harmed or fear harm, did you return to that country?

No  Yes

If the Applicant answers "Yes," he or she must give details of these trips, including dates, reasons for travel, and length of time in that country. If the reasons are not convincing, the Applicant's fear of returning to his or her home country may be questioned.

If "Yes," describe in detail the circumstances of your trip(s) (for example, the date(s) of the trip(s), the purpose(s) of the trip(s), and the length of time you remained in that country for the visit(s).)

5. Are you filing this application more than one year after you arrived in the United States?

No  Yes

The Applicant must file his or her asylum application within one (1) year of arriving in the United States, or one (1) year after the expiration of his or her legal status, unless he or she can prove "extraordinary circumstances" regarding the delay in filing.

If "Yes," explain why you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see Instructions, Part 1: Filing Instructions, Section V. "Completing the Form," Part C.

6. Have you or any member of your family included in the application ever committed any crime and/or been arrested, charged, convicted, or sentenced for any crimes in the United States?

No  Yes

If the Applicant answers "yes," he or she should provide a detailed answer and support it with documentation, such as certified dispositions.

**\*\*Remember—many criminal convictions may make an applicant ineligible for asylum.**

If "Yes," for each instance, specify the crime(s) committed, the length of sentence received, location, the duration of the detention or imprisonment, reason(s) for the detention or conviction, any formal charges that were lodged against you or your relatives included in your application, and the reason(s) for release. Attach documents referring to these incidents, if they are available, or an explanation of why documents are not available.

## Part D. Your Signature

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(a), 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 containing any such false statement or which fails to contain any reasonable basis in law or fact - shall be fined in accordance with this title or imprisoned for up to 25 years. I authorize the release of any information from my immigration record that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

The photograph MUST be a passport-style photo.  
On the BACK of the photo, write the Applicant's:  
LAST NAME, FIRST NAME  
A#XXXXXXXXXX

**WARNING: Applicants who are in the United States unlawfully are subject to removal if their asylum or withholding claims are not granted by an asylum officer or an immigration judge. This application may be used as a basis for removal proceedings if the applicant is determined to have knowingly made a frivolous application for asylum will be permanently ineligible for any benefits under the Immigration and Nationality Act. You may not avoid a frivolous finding simply because someone advised you to provide false information in your asylum application. If filing with USCIS, unexcused failure to appear for an appointment to provide biometrics (such as fingerprints) and your biographical information within the time allowed may result in an asylum officer dismissing your asylum application or referring it to an immigration judge. Failure without good cause to provide DHS with biometrics or other biographical information while in removal proceedings may result in your application being found abandoned by the immigration judge. See sections 208(d)(5)(A) and 208(d)(6) of the INA and 8 CFR sections 208.10, 1208.10, 208.20, 1003.47(d) and 1208.20.**

Attorneys MUST review the warning section with the Applicant in a language the Applicant understands. The judge WILL ask if the attorney has read them this section.

Print your complete name.	Write your name in your native alphabet. <small>Although it may be repetitive from the previous box, DO NOT leave this box blank.</small>
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Did your spouse, parent, or child(ren) assist you in completing this application?  No  Yes (If "Yes," list the name and relationship.)

_____ (Name)	_____ (Relationship)	_____ (Name)	_____ (Relationship)
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Did someone other than your spouse, parent, or child(ren) prepare this application?  No  Yes (If "Yes," complete Part E.)

Asylum applicants may be represented by counsel. Have you been provided with a list of persons who may be available to assist you, at little or no cost, with your asylum claim?  No  Yes

Signature of Applicant (The person in Part A.I.)

➔ [ \_\_\_\_\_ ] \_\_\_\_\_  
Sign your name so it all appears within the brackets Date (mm/dd/yyyy)

## Part E. Declaration of Person Preparing Form, if Other Than Applicant, Spouse, Parent, or Child

I declare that I have prepared this application at the request of the person named in Part D, 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 his or her native language or a language he or she understands 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-589 may also subject me to civil penalties under 8 U.S.C. 1324c and/or criminal penalties under 18 U.S.C. 1546(a).

Signature of Preparer		Print Complete Name of Preparer	
Daytime Telephone Number ( )		Address of Preparer: Street Number and Name	
Apt. Number	City	State	Zip Code

To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) _____	Attorney or Accredited Representative USCIS Online Account Number (if any) _____

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**Part F. To Be Completed at Asylum Interview, if Applicable**

**NOTE:** *You will be asked to complete this part when you appear for examination before an asylum officer of the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS).*

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are  all true or  not all true to the best of my knowledge and that correction(s) numbered \_\_\_\_ to \_\_\_\_ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

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

\_\_\_\_\_  
Signature of A

**DO NOT FILL IN THIS SECTION! This section is ONLY to be signed by the Applicant in front of an Asylum Officer.**

\_\_\_\_\_  
)

\_\_\_\_\_  
Write Your Name in Your Native Alphabet

\_\_\_\_\_  
Signature of Asylum Officer

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**Part G. To Be Completed at Removal Hearing, if Applicable**

**NOTE:** *You will be asked to complete this Part when you appear before an immigration judge of the U.S. Department of Justice, Executive Office for Immigration Review (EOIR), for a hearing.*

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are  all true or  not all true to the best of my knowledge and that correction(s) numbered \_\_\_\_ to \_\_\_\_ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

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

\_\_\_\_\_  
Signature of

**DO NOT FILL IN THIS SECTION! This section is only to be signed by the Applicant in front of an Immigration Judge.**

\_\_\_\_\_  
)

\_\_\_\_\_  
Write Your Name in Your Native Alphabet

\_\_\_\_\_  
Signature of Immigration Judge

A-Number <i>(If available)</i>	Date
Applicant's Name	Applicant's Signature <div style="border: 1px solid blue; padding: 2px; display: inline-block; margin-top: 5px;">Applicant should sign, even if the page is blank.</div>

**List All of Your Children, Regardless of Age or Marital Status**

*(NOTE: Use this form and attach additional pages and documentation as needed, if you have more than four children)*

<b>1.</b> Alien Registration Number (A-Number) <i>(if any)</i>	<b>2.</b> Passport/ID Card Number <i>(if any)</i>	<b>3.</b> Marital Status <i>(Married, Single, Divorced, Widowed)</i>	<b>4.</b> U.S. Social Security Number <i>(if any)</i>
<b>5.</b> Complete Last Name	<b>6.</b> First Name	<b>7.</b> Middle Name	<b>8.</b> Date of Birth <i>(mm/dd/yyyy)</i>
<b>9.</b> City and Country of Birth	<b>10.</b> Nationality <i>(Citizenship)</i>	<b>11.</b> Race, Ethnic, or Tribal Group	<b>12.</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>13.</b> Is this child in the U.S. ? <input type="checkbox"/> Yes <i>(Complete Blocks 14 to 21.)</i> <input type="checkbox"/> No <i>(Specify location):</i> _____			
<b>14.</b> Place of last entry into the U.S.	<b>15.</b> Date of last entry into the U.S. <i>(mm/dd/yyyy)</i>	<b>16.</b> I-94 Number <i>(If any)</i>	<b>17.</b> Status when last admitted <i>(Visa type, if any)</i>
<b>18.</b> What is your child's current status?	<b>19.</b> What is the expiration date of his/her authorized stay, if any? <i>(mm/dd/yyyy)</i>	<b>20.</b> Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**21.** If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*  
 Yes *(Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)*  
 No

<b>1.</b> Alien Registration Number (A-Number) <i>(if any)</i>	<b>2.</b> Passport/ID Card Number <i>(if any)</i>	<b>3.</b> Marital Status <i>(Married, Single, Divorced, Widowed)</i>	<b>4.</b> U.S. Social Security Number <i>(if any)</i>
<b>5.</b> Complete Last Name	<b>6.</b> First Name	<b>7.</b> Middle Name	<b>8.</b> Date of Birth <i>(mm/dd/yyyy)</i>
<b>9.</b> City and Country of Birth	<b>10.</b> Nationality <i>(Citizenship)</i>	<b>11.</b> Race, Ethnic, or Tribal Group	<b>12.</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>13.</b> Is this child in the U.S. ? <input type="checkbox"/> Yes <i>(Complete Blocks 14 to 21.)</i> <input type="checkbox"/> No <i>(Specify location):</i> _____			
<b>14.</b> Place of last entry into the U.S.	<b>15.</b> Date of last entry into the U.S. <i>(mm/dd/yyyy)</i>	<b>16.</b> I-94 Number <i>(If any)</i>	<b>17.</b> Status when last admitted <i>(Visa type, if any)</i>
<b>18.</b> What is your child's current status?	<b>19.</b> What is the expiration date of his/her authorized stay, if any? <i>(mm/dd/yyyy)</i>	<b>20.</b> Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**21.** If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*  
 Yes *(Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)*  
 No



**Additional Information About Your Claim to Asylum**

A-Number <i>(if available)</i>	Date
Applicant's Name	Applicant's Signature <div style="border: 1px solid blue; padding: 2px; display: inline-block;">Applicant should sign, even if the page is blank.</div>

**NOTE:** Use this as a continuation page for any additional information requested. Copy and complete as needed.

**Part** \_\_\_\_\_

**Question** \_\_\_\_\_