OMB#1125-0001 Application for Cancellation of Removal and Adjustment of Status for Certain Nonpermanent Residents

## ADVICE TO APPLICANT

PLEASE READ CAREFULLY. FEES WILL NOT BE RETURNED.

- I. <u>Aliens Eligible for Cancellation of Removal</u>: You may be eligible to have your removal cancelled under section 240A(b) of the Immigration and Nationality Act (INA). To qualify for this benefit, you must establish in a hearing before an Immigration Judge that:
  - **A.** 1. Prior to the service of the Notice to Appear, you have maintained continuous physical presence in the United States for ten (10) years or more, and you have been a person of good moral character as defined in section 101(f) of the INA during such period;
    - 2. You have not been convicted of an offense covered under sections 212(a)(2), 237(a)(2), or 237(a)(3) of the INA; and
    - 3. Your removal would result in exceptional and extremely unusual hardship to your United States citizen or lawful permanent resident spouse, parent, or child, and you are deserving of a favorable exercise of discretion on your application.

#### <u>OR</u>

- **B.** 1. You have been battered or subjected to extreme cruelty in the United States by your United States citizen or lawful permanent resident spouse or parent, or you are the parent of a child of a United States citizen or lawful permanent resident and the child has been battered or subjected to extreme cruelty in the United States by such citizen or lawful permanent;
  - 2. Prior to the service of the Notice to Appear, you have maintained continuous physical presence in the United States for three (3) years or more and you have been a person of good moral character as defined in section 101(f) of the INA during such period;
  - 3. You are not inadmissible under sections 212(a)(2) or 212(a)(3) of the INA, you are not deportable under section 237(a)(1)(G) or sections 237(a)(2)-(4) of the INA, and you have not been convicted of an aggravated felony as defined under the INA;
  - 4. a. Your removal would result in extreme hardship to you or your child who is the child of a United States citizen or lawful permanent resident; or
    - b. You are a child whose removal would result in extreme hardship to you or your parent; and
  - 5. You are deserving of a favorable exercise of discretion on your application.
- **Note:** If you have served on active duty in the Armed Forces of the United States for at least 24 months, you do not have to meet the requirements of continuous physical presence in the United States. You must, however, have been in the United States when you entered the Armed Forces. If you are no longer in the Armed Forces, you must have been separated under honorable conditions.
- **II.** <u>Aliens NOT Eligible for Cancellation of Removal</u>: You are not eligible for cancellation of removal under section 240A(b)(1) of the INA if you:
  - A. Entered the United States as a crewman after June 30, 1964;

- **B.** Were admitted to the United States as, or later became, a nonimmigrant exchange alien as defined in section 101(a)(15)(J) of the INA in order to receive graduate medical education or training, regardless of whether you are subject to or have fulfilled the 2-year foreign residence requirement of section 212(e) of the INA;
- **C.** Were admitted to the United States as, or later became, a nonimmigrant exchange alien as defined in section 101(a)(15)(J) of the INA, other than to receive graduate medical education or training, and are subject to the 2-year foreign residence requirement of section 212(e) of the INA, but have neither fulfilled nor obtained a waiver of that requirement;
- **D.** Are an alien who is either inadmissible under section 212(a)(3) of the INA or deportable under section 237(a)(4) of the INA;
- **E.** Are an alien who ordered, incited, assisted, or otherwise participated in the persecution of an individual because of the individual's race, religion, nationality, membership in a particular social group, or political opinion; or
- **F.** Are an alien who was previously granted relief under section 212(c) of the INA, or section 244(a) of the INA as such sections were in effect prior to the enactment of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, whose removal has previously been cancelled under section 240A of the INA.

#### III. How to Apply for Cancellation of Removal

If you believe that you have met all the requirements for cancellation of removal, you must answer all the questions on the attached Form EOIR-42B fully and accurately. You must pay the filing and biometrics fees and comply with the Department of Homeland Security (DHS) instructions for providing biometric and biographic information to USCIS, [available at http://uscis.gov]. You must also serve a copy of your application on the Assistant Chief Counsel for the DHS, U.S. Immigration and Customs Enforcement (ICE) as required in the proof of service on page 8 of this application, and you must file your application with the appropriate Immigration Court. Please read the following instructions carefully before completing your application.

## INSTRUCTIONS

## **1. PREPARATION OF APPLICATION.**

To apply for cancellation of removal under section 240A(b) of the Immigration and Nationality Act (INA), you must fully and accurately answer all questions on the attached Form EOIR-42B. You must also comply with all of the instructions contained in this form. These instructions have the force of law. A separate application must be prepared and executed for each person applying for cancellation of removal. An application on behalf of an alien who is mentally incompetent or is a child under 14 years of age shall be executed by a parent or guardian.

Your responses must be typed or printed legibly in ink. Do not leave any questions unanswered or blank. If any questions do not apply to you, write "none" or "not applicable" in the appropriate space.

To the extent possible, answer all questions directly on the form. If there is insufficient room to respond fully to a question, please continue your response on an additional sheet of paper. Please indicate the number of the question being answered next to your response on the additional sheet, write your alien registration number, print your name, and sign, date, and securely attach each additional sheet to the Form EOIR-42B.

#### 2. BURDEN OF PROOF.

The burden of proof is on you to prove that you meet all of the statutory requirements for cancellation of removal for certain nonpermanent resident aliens under section 240A(b) of the INA and that you are entitled to such relief as a matter of discretion. To meet this burden, your responses to the questions on the application should be as detailed and complete as possible. You should also attach to your application any documents that demonstrate your eligibility for cancellation of removal (see "SUPPORTING DOCUMENTS" below).

#### **3. SUPPORTING DOCUMENTS.**

You should submit documentary evidence to show that you have maintained continuous physical presence in the United States for the required period. Documents which may show evidence of your physical presence in the United States include, but are not limited to, bankbooks, leases, deeds, licenses, receipts, letters, birth records, church records, school records, employment records, and evidence of tax payments.

You should submit documents which help to show that you are, and have been, a person of good moral character during the entire period of continuous physical presence in the United States required for eligibility for cancellation of removal. You should submit police records from each jurisdiction in which you resided during such period. To show good moral character, it is recommended that you submit the affidavits of witnesses attesting to your good moral character, preferably citizens of the United States, and if you are employed, your employer. The affidavit from your employer should include information regarding the nature and duration of your employment and your earnings.

You should submit official certification to establish your relationship to those you claim would suffer hardship by your removal, and if such persons are citizens of the United States or lawful permanent residents, evidence of their citizenship or lawful permanent resident status. Documentary evidence of such relationships may include, but are not limited to, birth records, marriage certificates, proof of divorce or termination of marriage, and death certificates.

You should also submit with your application copies of any documents which the Department of Homeland Security (DHS), formerly the Immigration and Naturalization Service, issued to you. You should also submit all documents which reflect payment of taxes, your criminal history, including all conviction records, and payment of child support during your physical presence in the United States. The Immigration Judge may require you to submit additional records relating to your request for cancellation of removal.

The original of all supporting documents must be available for inspection at the hearing. If you wish to have the original documents returned to you, you should also present reproductions.

## 4. REQUIRED BIOMETRIC AND BIOGRAPHIC INFORMATION.

Each applicant 14 years of age or older must also comply with the requirement to supply biometric and biographic information. You will be given instructions on how to complete this requirement. You will be notified in writing of the location of the Application Support Center (ASC) or the designated Law Enforcement Agency where you must go to provide biometric and biographic information. You will also be given a date and time for the appointment. It is important to furnish all the required information. Failure to comply with this requirement may result in a delay in your application or in your application being deemed abandoned and dismissed by the Immigration Court.

#### **5. TRANSLATIONS.**

Any document in a foreign language must be accompanied by an English language translation and a certificate signed by the translator stating that he/she is competent to translate the document and that the translation is true and accurate to the best of the translator's abilities. Such certification must be printed legibly or typed.

#### 6. PHOTOGRAPHS.

Unless you are incarcerated or detained in a facility which prevents your compliance with this instruction, you must submit two glossy, unretouched, color photographs of yourself taken within 30 days of the date of this application. These photos must have a white background and must not be mounted. The dimension of your facial image in the photograph should be about one (1) inch from the chin to the top of your hair and you should be shown in full frontal/passport-style view with your eyes open. Using a pencil or felt pen, you should lightly print your name and alien registration number on the back of each photograph.

#### **7. FEES.**

Before you file your Form EOIR-42B with the Immigration Court, you must pay the required \$100 filing fee and the biometrics fee to the Department of Homeland Security (DHS). Evidence of payment of these fees in the form of a copy of the DHS, U.S. Citizenship and Immigration Services (USCIS) ASC notice of fee receipt and biometrics appointment instructions must accompany your Form EOIR-42B. These fees will not be refunded, regardless of the action taken on your application. Therefore, it is important that you read the advice, instructions, and application carefully before responding. If you are unable to pay the filing fee, you may ask the Immigration Judge to permit you to file your Form EOIR-42B without fee (fee waiver).

**DO NOT SEND CASH.** All fees must be submitted in the exact amount. Remittance may be made by personal check, cashier's check, certified bank check, bank international money order, or foreign draft drawn on a financial institution in the United States and payable to the "Department of Homeland Security" in United States currency. If the applicant resides in the Virgin Islands, the check or money order must be payable to the "Commissioner of Finance of the Virgin Islands." If the applicant resides in Guam, the check or money order must be made payable to the "Treasurer, Guam." Personal checks are accepted subject to collectibility. An uncollectible check will render the application and any documents issued pursuant thereto invalid. A charge of \$30.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn. When the check is drawn on an account of a person other than the applicant, the name and alien registration number of the applicant must be entered on the face of the check. All checks must be drawn on a bank located in the United States.

## 8. SERVING & FILING YOUR APPLICATION.

- A. You must first comply with the DHS instructions for providing biometric and biographic information to USCIS, which involves sending a copy of the application to the appropriate USCIS Service Center. The DHS instructions also address payment of the application fees.
- B. You must then serve the following documents on the Assistant Chief Counsel for DHS, U.S. Immigration and Customs Enforcement (ICE):

- a copy of your Form EOIR-42B, Application for Cancellation of Removal, with all supporting documents and additional sheets;
- a copy of the USCIS ASC notice of fee receipt and biometrics appointment instructions;
- the original Biographical Information Form G-325A; and
- a photograph of you which meets the requirements of instruction #6 above.

You must file the following documents with the appropriate Immigration Court:

- the original Form EOIR-42B with all supporting documents and additional sheets;
- a copy of the USCIS ASC notice of fee receipt and biometrics appointment instructions;
- a copy of Biographical Information Form G-325A;
- a photograph of you which meets the requirements of instruction #6 above; and
- a completed certificate showing service of these documents (See Part 10 of the Application on page 8) on the ICE Assistant Chief Counsel, unless service is made on the record at the hearing.

Retain your USCIS ASC biometrics confirmation document or a copy of your Fingerprint Card, FD-258, if applicable, as proof that your biometrics were taken, and bring it to your future Immigration Court hearings.

#### 9. PENALTIES.

You must answer all questions on Form EOIR-42B truthfully and submit only genuine documents in support of your application. You will be required to swear or affirm that the contents of your application and the supporting documents are true to the best of your knowledge. Your answer to the questions on this form and the supporting documents you present will be used to determine whether your removal should be cancelled and whether you should be permitted to adjust your status. Any answer you give and any supporting document you present may also be used as evidence in any proceeding to determine your right to be admitted or readmitted, re-enter, pass through, or reside in the United States. Your application may be denied if any of your answers or supporting documents are found to be false.

Presenting false answers or false documents may also subject you to criminal prosecution under 18 U.S.C. section 1546 and/or subject you to civil penalties under 8 U.S.C. section 1324c if you submit your application knowing that the application, or any supporting document, contains any false statement with respect to a material fact, or if you swear or affirm that the contents of your application and the supporting documents are true, knowing that the application or any supporting documents contain any false statement with respect to a material fact. If convicted, you could be fined up to \$250,000, imprisoned for up to ten (10) years, or both. 18 U.S.C. sections 1546(a), 3559(a)(4), 3571(b)(3). If it is determined you have violated the prohibition against document fraud and a final order is entered against you, you could be subject to a civil penalty up to \$2,000 for each document used or created for the first offense, and up to \$5,000 for any second, or subsequent offense. In addition, if you are the subject of a final order for violating 8 U.S.C. section 1324c, relating to civil penalties for document fraud, you will be removable from the United States.

## **10. PAPERWORK REDUCTION ACT NOTICE.**

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can easily be understood, and which impose the least possible burden on you to provide us with information. Often, this process is difficult because some immigration laws are very complex. The reporting burden for this collection of information is computed as follows: (1) learning about the form, 50 minutes, (2) completing the form, 2 hours, and (3) assembling and filing the form, 3 hours, for an average of 5 hours, 50 minutes per application. If you have comments regarding the accuracy of this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, you may write to the U.S. Department of Justice, Executive Office for Immigration Review, Office of the General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, Virginia 22041

OMB#ll25-0001

# Application for Cancellation of Removal and Adjustment of Status for Certain Nonpermanent Residents

PLEASE READ ADVICE A BEFORE FILLIN	Fee Sta	amp (Official Us	e Only)	
PLEASE TYPE (	OR PRINT			
PA	ART 1 - INFORMATION	ABOUT YOURS	ELF	
1) My present true name is: (Last, First, M	iddle)	2) Alien Registration	(or "A") Number(s):	
3) My name given at birth was: (Last, Firs	t, Middle)	4) Birth Place: (City a	nd Country)	
5) Date of Birth: (Month, Day, Year)	6) Gender:	7) Height:	8) Hair Color:	9) Eye Color:
10) Current Nationality and Citizenship:	11) Social Security Number:	12) Home Phone Num	nber: 13) Work Pl ( )	none Number:
14) I currently reside at:		15) I have been k	nown by these add	ditional name(s):
Apt. number and/or in care of				
Number and Street				
City or Town	State Zip Code			
Street and Number - Apt.	or Room # - City or Town - State	- Zip Code	Resided From: (Month, Day, Year)	Resided To: (Month, Day, Year) PRESENT
17) I, the undersigned, hereby request the Act (INA). I believe that I am eligible	e for cancellation of removal becaus	e provisions of section e: (Check all that apply	240A(b) of the Immi	gration and Nationality NO STATUS 
mother, who is a				
child/children, who i	s/are a			
	ences described in question #23, I ha			
I, or my child, have been be	attered or subjected to extreme cruelty	by a United States citizer	n or lawful permanent r	esident spouse or parent.
	ences described in question #23, I ha	-	-	
(Month, Day, Year)			·	

18) I first arrived in the Uni		<b>HON ABOUT YOUR</b>		nited States on: (Month, Day, Year)
		initie of. (Lusi, 1 irst, maare)	1)) I hist difficed in the Of	ince Suites on: ( <i>Monin, Day, Tear)</i>
20) Place or port of first a	rrival: (Place or Port, C	City, and State)		
21) I: 🛛 was inspected				
		wful Permanent Resident card		
	ntered using a	(Specify Type of Visa)	which is valid until	(Month, Day, Year)
was not inspe	ected and admitted	(Speedy Type of Visa)		(Mohin, Day, Tear)
2) I applied on		for additional time to stay	and it was 🖵 granted on	
and valid until	Month, Day, Year)	or denied on	с <u> </u>	(Month, Day, Year)
	(Month, Day, Year)	, or 🖵 denied on	(Month, Day, Year)	
· ·	(Please list all a	d from and returned to the United to the United to the United States of how both the United States since you	riefly you were absent from th	
Port of Departure (Place or F		Departure Date (Month, Day, Year)	Purpose of Travel	Destination
1 Port of Return (Place or Port	, City and State)	Return Date (Month, Day, Year)	Manner of Return	Inspected and Admitted?
Port of Departure (Place or F	Port, City and State)	Departure Date (Month, Day, Year)	Purpose of Travel	Destination
2 Port of Return (Place or Port	, City and State)	Return Date (Month, Day, Year)	Manner of Return	Inspected and Admitted?
PART 4 - INFO	RMATION A			SPOUSE (Continued on page 3)
25) I am not married: I am married:	26) If married, t	he name of my spouse is: (Last,	<i>First, Middle)</i> 27) My spouse	's name before marriage was:
(8) The marriage took pla	ce in: (City and Count	(יצ	29) Date of marriage: (Month	i, Day, Year)
0) My spouse currently re			31) Place and date of birth of	of my spouse: (City & Country; Month, Day, Ye
Apt. number and/or in care	of			2
Number and Street			32) My spouse is a citizen o	DI: (Country)
City or Town		State/Country Zip Code		
		United States citizen, answer		
		ace or Port, City and State)		
		#		
ric/sile was naturalized	u OII. (Month, Day, Yea	rj	aı	(City and State)
34) My spouse 🗖 - is 🕻	- is not employe	d. If employed, please give sa	alary and the name and addres	ess of the place(s) of employment.
		Full Name and Addre	ss of Employer	Earnings Per Week (Approximate)
				\$
				\$ \$
				•

Date marriage ended:       (City and Country)       terminated or ended:         (T) Have you been ordered by any court, or are otherwise under any legal obligation, to provide child support and/or spousal maintenance as esult of a separation and/or divorce?       Yes       No         PART 5 - INFORMATION ABOUT YOUR EMPLOYMENT AND FINANCIAL STATUS       Since my arrival into the United States, I have been employed by the following named persons or firms: (Please begin with present employment or school attendance should be specified. Attach a separate sheet for additional entries if necessary:         Full Name and Address of Employer       Eamings Per Week (Lipproximate)       Type of Work (Month. Day, Nar)       Employed From: (Month. Day, Nar)       Employed From: (Month. Day, Nar)       Employed From: (Month. Day, Nar)       Full Name, and Address of Employer       \$       PRESENT         \$       \$       \$       \$       PRESENT         \$       \$       \$       \$       PRESENT         \$       \$       \$       \$       \$         \$       \$       \$       \$       \$         \$       \$       \$       \$       \$         \$       \$       \$       \$       \$         \$       \$       \$       \$       \$       \$         \$       \$       \$       \$       \$       \$       \$	Name of prior spouse: (Last, First, Middle)	Date marriage began: Date marriage ended:	Place marriage end (City and Country)		iption or manner of how nated or ended:	marriage was
which each marriage began and ended, the place where the marriage terminated, and describe how each marriage ended.       Date marriage began       Date marriage ended:       Date marriage						
Date marriage ended:       (City and Country)       terminated or ended:         (7) Have you been ordered by any court, or are otherwise under any legal obligation, to provide child support and/or spousal maintenance as esult of a separation and/or divorce?       Yes       No         PART 5 - INFORMATION ABOUT YOUR EMPLOYMENT AND FINANCIAL STATUS       Since my arrival into the United States, I have been employed by the following named persons or firms: (Please begin with present employment or school attendance should be specified. Attach a separate sheet for additional entries if necessary:         Full Name and Address of Employer       Eamings Per Week: [Performed]       Type of Work [Penformed]       Employed From: [Composed by the following named persons or firms: (Please begin with present employment or school attendance should be specified. Attach a separate sheet for additional entries if necessary:         Full Name and Address of Employer       Eamings Per Week: [Composed them, Day, Near]       Employed From: [Composed them, Day, Near]       Employed From: [Composed them, Day, Near]       PRESENT         \$       \$       \$       PRESENT       \$       PRESENT         \$       \$       \$       \$       PRESENT         \$       \$       \$       \$       \$         9) If self-employed, describe the nature of the business, the name of the business, its address, and net income derived therefrom:       \$         Cash, Stocks, and Bonds						spouse, the dates
esult of a separation and/or divorce?  PART 5 - INFORMATION ABOUT YOUR EMPLOYMENT AND FINANCIAL STATUS  PART 5 - INFORMATION ABOUT YOUR EMPLOYMENT AND FINANCIAL STATUS  Solution of the United States, I have been employed by the following named persons or firms: (Please begin with present employment a work back in time. Any periods of unemployment or school attendance should be specified. Attach a separate sheet for additional entries if necessary Full Name and Address of Employer Eamings Per Week (Type of Work Employed From: (Month, Day, Year) Full Name and Address of Employer S Full Name and Addres	Name of prior spouse: (Last, First, Middle)		-			marriage was
PART 5 - INFORMATION ABOUT YOUR EMPLOYMENT AND FINANCIAL STATUS 38) Since my arrival into the United States, I have been employed by the following named persons or firms: ( <i>Please begin with present employment a work back in time. Any periods of unemployment or school attendance should be specified. Attach a separate sheet for additional entries if necessary Full Name and Address of Employer Full Name and Name </i>						
38) Since my arrival into the United States, I have been employed by the following named persons or firms: (Please begin with present employment a school attendance should be specified. Attach a separate sheet for additional entries if necessary         Full Name and Address of Employer       Earnings Per Week (Approximate)       Type of Work (Month, Day, Year)       Employed From: (Month, Day, Year)       Employed To: (Month, Day, Year)         \$       \$       PRESENT         \$       \$       PRESENT         \$       \$       \$         \$       \$       \$         \$       \$       \$         \$       \$       \$         \$       \$       \$         \$       \$       \$         \$       \$       \$         \$       \$       \$         \$       \$       \$         \$       \$       \$         \$       \$       \$         \$       \$       \$         \$       \$       \$         \$       \$       \$         \$       \$       \$         \$       \$       \$         \$       \$       \$         \$       \$       \$         \$       \$       \$		, or are otherwise under	any legal obligation,	to provide ch		
(Approximate)       Performed       (Month, Day, Year)       (Month, Day, Year)         \$       \$       PRESENT         \$       \$       PRESENT         \$       \$       \$	PART 5 - INFORMAT	ION ABOUT YO	UR EMPLOY	MENT AI	ND FINANCIAL	STATUS
Full Name and Address of Employer       Earnings Per Week (Approximate)       Type of Work Performed       Employed From: (Month, Day; Year)       Employed To: (Month, Day; Year)         \$       \$       PRESENT         \$       \$       PRESENT         \$       \$       \$         \$ <td></td> <td></td> <td>-</td> <td>-</td> <td></td> <td></td>			-	-		
(Approximate)       Performed       (Month, Day; Year)       (Month, Day; Year)         \$       \$       PRESENT         \$       \$       PRESENT         \$       \$       \$		-		- -		
\$       \$         39) If self-employed, describe the nature of the business, the name of the business, its address, and net income derived therefrom:         40) My assets (and if married, my spouse's assets) in the United States and other countries, not including clothing and household necessities, a         40) My assets (and if married, my spouse's assets) in the United States and other countries, not including clothing and household necessities, a         Self       Jointly Owned With Spouse         Cash, Stocks, and Bonds	Full Name and Address of	Employer	-		~ -	Employed To: (Month, Day, Year)
\$       \$         39) If self-employed, describe the nature of the business, the name of the business, its address, and net income derived therefrom:         40) My assets (and if married, my spouse's assets) in the United States and other countries, not including clothing and household necessities, a         40) My assets (and if married, my spouse's assets) in the United States and other countries, not including clothing and household necessities, a         5       Jointly Owned With Spouse         Cash, Stocks, and Bonds			\$			PRESENT
39) If self-employed, describe the nature of the business, the name of the business, its address, and net income derived therefrom:         39) If self-employed, describe the nature of the business, the name of the business, its address, and net income derived therefrom:         40) My assets (and if married, my spouse's assets) in the United States and other countries, not including clothing and household necessities, a         Self       Jointly Owned With Spouse         Cash, Stocks, and Bonds			\$			
Cash, Stocks, and Bonds\$       Cash, Stocks, and Bonds\$         Real Estate\$       Real Estate\$         Auto (dollar value minus amount owed)\$       Auto (dollar value minus amount owed)\$         Other (describe on line below)\$       Other (describe on line below)\$			\$	-		
Self       Jointly Owned With Spouse         Cash, Stocks, and Bonds	39) If self-employed, describe the nature	of the business, the nam	e of the business, its a	address, and r	net income derived theref	from:
Self       Jointly Owned With Spouse         Cash, Stocks, and Bonds						
Self       Jointly Owned With Spouse         Cash, Stocks, and Bonds						
Self       Jointly Owned With Spouse         Cash, Stocks, and Bonds\$       Cash, Stocks, and Bonds\$         Real Estate\$       S         Auto (dollar value minus amount owed)\$       Real Estate\$         Other (describe on line below)\$       Other (describe on line below)\$         TOTAL \$       Other (describe on line below)\$         41) I       - have not received public or private relief or assistance (e.g. Welfare, Unemployment Benefits, Medicaid, TANF, AFD etc.). If you have, please give full details including the type of relief or assistance received, date for which relief or assistance was received, place						
Self       Jointly Owned With Spouse         Cash, Stocks, and Bonds	40) Mv assets (and if married, my spous	e's assets) in the United	States and other coun	tries, not incl	iding clothing and house	hold necessities, a
Cash, Stocks, and Bonds\$ Cash, Stocks, and Bonds\$ Real Estate\$ Cash, Stocks, and Bonds\$ Cash, Stocks, and Cash, Cash					0 0	
Auto (dollar value minus amount owed)\$ Other (describe on line below)\$ TOTAL \$ 41) I - have interceived public or private relief or assistance (e.g. Welfare, Unemployment Benefits, Medicaid, TANF, AFD etc.). If you have, please give full details including the type of relief or assistance received, date for which relief or assistance was received, place			_ Cash, Stoc	ks, and Bonds	s <u>\$</u>	
Other (describe on line below)		\$				
TOTAL \$       TOTAL \$         41) I       - have not received public or private relief or assistance (e.g. Welfare, Unemployment Benefits, Medicaid, TANF, AFD etc.). If you have, please give full details including the type of relief or assistance received, date for which relief or assistance was received, place the type of relief or assistance received, date for which relief or assistance was received, place the type of relief or assistance received, date for which relief or assistance was received, place the type of relief or assistance received, date for which relief or assistance was received, place the type of relief or assistance type of relief or assistance was received, place the type of relief or assistance type of the type of ty	Real Estate					
41) I - have - have not received public or private relief or assistance (e.g. Welfare, Unemployment Benefits, Medicaid, TANF, AFD etc.). If you have, please give full details including the type of relief or assistance received, date for which relief or assistance was received, placed and the type of relief or assistance received.	Real Estate Auto (dollar value minus amount owed).	\$			pelow) <u>\$</u>	
etc.). If you have, please give full details including the type of relief or assistance received, date for which relief or assistance was received, place	Real Estate Auto (dollar value minus amount owed). Other (describe on line below)	<u>\$</u>	Other (desc		TOTAL \$	
	Real Estate Auto (dollar value minus amount owed). Other (describe on line below) <b>TOT</b>	\$ \$ FAL <u>\$</u>	Other (deso			

PART 6 -	INFORMATION ABOU	T YOUR FAMILY (Continued on page	ge 5)
43) I have (Numb	<i>er of</i> ) children. Please list informa	tion for each child below, include assets and e	arnings information for
children over the age of 16 who have			
Name of Child: <i>(Last, First, Middle)</i> Child's Alien Registration Number:	Citizen of What Country: Birth Date: (Month, Day, Year)	Now Residing At: (City and Country) Birth Date: (City and Country)	Immigration Status of Child
<u>A</u> #:			
Estimated Total of Assets: <u>\$</u>	Estimated A	werage Weekly Earnings: <u>\$</u>	
Estimated Total of Assets: <u>\$</u>	Estimated A	werage Weekly Earnings: <u>\$</u>	
<u>A#:</u> Estimated Total of Assets: <u>\$</u>	Estimated A	varaa Waaldy Farmings: ©	
Estimated Total of Assets: <u>5</u>	Estimated A	werage Weekly Earnings: <u>\$</u>	
44) If your application is denied, wou	ld your spouse and all of your chil	dren accompany you to your:	
		nswered "No" to any of the	
Country of Birth -	Yes 🔲 No response	es, please explain:	
	— — — — — — — — — — — — — — — — — — —		
Country of Nationality -	Zes No		
Country of Last Residence - 🖵 Y			
	- · · · -	sistance, dates for which relief or assistance w	as received, place, and
46) Please give the requested informat show street address, city, and state, if		sters, aunts, uncles, and grandparents, living o ow only country:	r deceased. As to residence,
Norman de la Francisca Martin	Citizen of What Country	Delate de Ma	In the section States
Name: <i>(Last, First, Middle)</i> Alien Registration Number:	Citizen of What Country: Birth Date: (Month, Day, Year)	Relationship to Me: Birth Date: <i>(City and Country)</i>	Immigration Status of Listed Relative
<u>A#:</u>			
Complete Address of Current Reside	nce, if Living:		
<u>A#:</u>			
Complete Address of Current Reside	nce, if Living:		

## PART 6 - INFORMATION ABOUT YOUR FAMILY (Continued)

<ul> <li><i>IF THIS APPLICATION IS BASED ON HARDSHIP TO A PARI</i></li> <li>47) If your parent is not a citizen of the United States, give the date and manner, and terms of admission into the United States:</li> </ul>	place of arrival in the United States includin	
48) My father $\Box$ - is $\Box$ - is not employed. If employed, please give	salary and the name and address of the place	e(s) of employment.
Full Name and Address of Emp	loyer	Earnings Per Week (Approximate)
		\$
49) My mother 🖵 - is 🖵 - is not employed. If employed, please give	salary and the name and address of place(s)	of employment.
Full Name and Address of Emp	loyer	Earnings Per Week (Approximate)
		\$
50) My parent's assets in the United States and other countries not inclu	ding clothing and household necessities are:	
Assets of father consist of the following:	Assets of mother consist of the following	<u>1g:</u>
Cash, Stocks, and Bonds	Cash, Stocks, and Bonds	
Real Estate	Real Estate	
Auto (dollar value minus amount owed) \$	Auto (dollar value minus amount owed).	
Other (describe on line below)	Other (describe on line below)	
TOTAL <u>\$</u>	T01	AL <u>\$</u>
PART 7 - MISCELLANEOUS I	NFORMATION (Continued on page	6)
51) I $\Box$ - have $\Box$ - have not entered the United States as a crewman	after June 30, 1964.	
52) I $\Box$ - have $\Box$ - have not been admitted as, or after arrival in the	United States acquired the status of, an exch	ange alien.
53) I $\Box$ - have $\Box$ - have not submitted address reports as required by	y section 265 of the Immigration and Nationa	ality Act.
54) I $\Box$ - have $\Box$ - have never (either in the United States or in any foreign 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, traffic violations or driving incidents involving alcohol). (If answer is in the affirmative, please give 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. You are required to submit documentation of any such occurances.)		
55) Have you ever served in the Armed Forces of the United States? service number:	-	
Place of entry on duty: (City and State)		
Date of entry on duty: (Month, Day, Year)		
Type of discharge: (Honorable, Dishonorable, etc.)		
I served in active duty status from: (Month, Day, Year)		
56) Have you ever left the United States or the jurisdiction of the district w		
naval forces of the United States?		Yes No

PART 7 - MISCELLANEOU	US INFORMATION (Continued)
-----------------------	----------------------------

57) Have you ever deserted from the military or naval forces of the United States while the United States was at war?

Yes No

58) If male, did you register under the Military Selective Service Act or any applicable previous Selective Service (Draft) Laws? If "Yes," please give date, Selective Service number, local draft board number, and your last draft classification:

59) Were you ever exempted from service because of conscientious objection, alienage, or any other reason?

Yes No

60) Please list your present or past membership in or affiliation with every political organization, association, fund, foundation, party, club, society, or similar group in the United States or any other place since your 16<sup>th</sup> birthday. Include any foreign military service in this part. If none, write "None." Include the name of the organization, location, nature of the organization, and the dates of membership.

Name of Organization	Location of Organization	Nature of Organization	Member From: (Month, Day, Year)	Member To: (Month, Day, Year)	
1) Have you ever:	) Have you ever:				

61) Have you ev	ver:			
Yes	🗋 No	been ordered deported, excluded, or removed?		
Yes	🗋 No	overstayed a grant of voluntary departure from an Immigration Judge or the Department of Homeland Security (DHS),		
		formerly the Immigration and Naturalization Service (INS)?		
Yes	🖵 No	failed to appear for removal or deportation?		
62) Have you ev	ver been:			
Yes	🖵 No	a habitual drunkard?		
Yes	🗋 No	one whose income is derived principally from illegal gambling?		
Yes	🗋 No	one who has given false testimony for the purpose of obtaining immigration benefits?		
Yes	🗋 No	one who has engaged in prostitution or unlawful commercialized vice?		
Yes	🗋 No	involved in a serious criminal offense and asserted immunity from prosecution?		
Yes	🗋 No	a polygamist?		
Yes	🗋 No	one who brought in or attempted to bring in another to the United States illegally?		
Yes	🗋 No	a trafficker of a controlled substance, or a knowing assister, abettor, conspirator, or colluder with others in any such		
		controlled substance offense (not including a single offense of simple possession of 30 grams or less of marijuana)?		
U Yes	🗋 No	inadmissible or deportable on security-related grounds under sections 212(a)(3) or 237(a)(4) of the INA?		
Yes	🗋 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?		
Yes	🗋 No	a person previously granted relief under sections 212(c) or 244(a) of the INA or whose removal has previously been		
		cancelled under section 240A of the INA?		
If you answered "Yes" to any of the above questions, explain:				

PART	7 - MISCELLAN	EOUS INFORMATION	(Continued)	
63) Are you the beneficiary of an approv				
If yes, can you arrange a trip outside	the United States to obtain	n an immigrant visa? 🖵 Yes 🖵	No If no, please explain:	
64) The following certificates or other su documents which should be attached		ttached hereto as a part of this ap	plication: (Refer to the Instruction	is for
PART 8 - SIGNATURE	OF PERSON PRI	EPARING FORM, IF O	THER THAN APPLIC	ANT
	(Read the following	ng information and sign below)		
on all information of which I l tion was read to the applicant	have knowledge, or which in a language the applican re that the knowing place	est of the person named in Part 1, 1 was provided to me by the appli- nt speaks fluently for verification ement of false information on the	cant, and that the completed appli before he or she signed the appli	ica- ica-
Signature of Preparer:		Print Name:	Date:	
Daytime Telephone #:	Address of Preparer:	(Number and Street, City, State, 2	Zip Code)	
( )				

## PART 9 - SIGNATURE

## APPLICATION NOT TO BE SIGNED BELOW UNTIL APPLICANT APPEARS BEFORE AN IMMIGRATION JUDGE

	igning, including the attached documents and supplements, and that they ion(s) numbered to, if any, that were made by me or at
	(Signature of Applicant or Parent or Guardian)
Subscribed and sworn to before me by the above-named applicant at	
	Immigration Judge
	Date (Month, Day, Year)
PART 10 - PRO	OF OF SERVICE
I hereby certify that a copy of the foregoing Form EOIR-42B was:	- delivered in person - mailed first class, postage prepaid
on to the Assistant Chief Counsel for the Assistant Chi	DHS (U.S. Immigration and Customs Enforcement - ICE)
at (Number and Street,	City, State, Zip Code)
	Signature of Applicant (or Attorney or Representative)