

Form I-929, Petition for Qualifying Family Member of a U-1 Nonimmigrant

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

| FOR USCIS USE ONLY | | |
|---|--------------|--|
| Bene. A-file reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No U-1 A-file reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No Bene. filed I-485 <input type="checkbox"/> Yes <input type="checkbox"/> No U-1 adjusted <input type="checkbox"/> Yes <input type="checkbox"/> No U-1 I-485 pending <input type="checkbox"/> Yes <input type="checkbox"/> No | Action Block | Bar Code (USCIS Use only) Remarks |

START HERE -- TYPE OR PRINT LEGIBLY USING BLACK INK

I am filing for my: (Select one)

- | | | |
|---------------------------------|--|---|
| <input type="checkbox"/> Spouse | Child: <input type="checkbox"/> Biological Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted Child | Parent: <input type="checkbox"/> Biological Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Parent who adopted me |
|---------------------------------|--|---|

| Part 1. Information About You | |
|--|---|
| Last Name (Family Name) <input style="width: 100%;" type="text"/> | |
| First Name (Given Name) <input style="width: 100%;" type="text"/> | |
| Middle Name <input style="width: 100%;" type="text"/> | |
| Current Address | |
| Street Number and Name <input style="width: 80%;" type="text"/> | Apt. Number <input style="width: 20%;" type="text"/> |
| City <input style="width: 80%;" type="text"/> | State <input style="width: 10%;" type="text"/> |
| Zip Code <input style="width: 100%;" type="text"/> | |
| Safe Mailing Address If Other Than Above | |
| Street Number and Name <input style="width: 80%;" type="text"/> | Apt. Number <input style="width: 20%;" type="text"/> |
| City <input style="width: 80%;" type="text"/> | State <input style="width: 10%;" type="text"/> |
| Zip Code <input style="width: 100%;" type="text"/> | |
| Date of Birth <input style="width: 40%;" type="text"/> | A-Number <input style="width: 60%;" type="text"/> |

| Part 2. Information About Your Alien Relative | |
|--|--|
| Last Name (Family Name) <input style="width: 100%;" type="text"/> | |
| First Name (Given Name) <input style="width: 100%;" type="text"/> | |
| Middle Name <input style="width: 100%;" type="text"/> | |
| Current Address | |
| Street Number and Name <input style="width: 80%;" type="text"/> | Apt. Number <input style="width: 20%;" type="text"/> |
| City <input style="width: 80%;" type="text"/> | State/Province <input style="width: 10%;" type="text"/> |
| Country <input style="width: 100%;" type="text"/> | |
| Postal/Zip Code <input style="width: 100%;" type="text"/> | |
| Mailing Address If Other Than Above | |
| <input style="width: 100%; height: 40px;" type="text"/> | |
| Date of Birth <input style="width: 40%;" type="text"/> | A-Number <input style="width: 60%;" type="text"/> |

Part 1. Information About You (Cont'd)

Country of Birth Social Security Number

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Country of Citizenship/Nationality

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Gender: (Select one) Male Female

If you ever used other names, provide them below:

Last Name (Family Name) First Name (Given Name)

| | |
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Middle Name

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Last Name (Family Name) First Name (Given Name)

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Middle Name

| |
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Last Name (Family Name) First Name (Given Name)

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Middle Name

| |
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| |
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Marital Status: (Select one)

- Single (Never Married) Married
 Divorced Widowed

Spouse's Name:

Last Name (Family Name) First Name (Given Name)

| | |
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| | |
|--|--|

Middle Name

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Place of Marriage

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Part 2. Information About Your Alien Relative (Cont'd)

Country of Birth Social Security Number

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|--|--|
| | |
|--|--|

Country of Citizenship/Nationality

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| |
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Gender: (Select one) Male Female

If alien relative ever used other names, provide them below:

Last Name (Family Name) First Name (Given Name)

| | |
|--|--|
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Middle Name

| |
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| |
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Last Name (Family Name) First Name (Given Name)

| | |
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|--|--|

Middle Name

| |
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|--|

Last Name (Family Name) First Name (Given Name)

| | |
|--|--|
| | |
|--|--|

Middle Name

| |
|--|
| |
|--|

Marital Status: (Select one)

- Single (Never Married) Married
 Divorced Widowed

Spouse's Name:

Last Name (Family Name) First Name (Given Name)

| | |
|--|--|
| | |
|--|--|

Middle Name

| |
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Place of Marriage

| |
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| |
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Part 1. Information About You (Cont'd)Number of marriages including current marriage:

List any previous marriages beginning with the most recent. If you need more space, attach an additional sheet of paper.

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

Middle Name Date of Marriage

Place of Marriage

Date of Termination Place of Termination

Reason for Termination:

- Divorce Death Annulment
 Other _____

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

Middle Name Date of Marriage

Place of Marriage

Date of Termination Place of Termination

Reason for Termination:

- Divorce Death Annulment
 Other _____

Part 2. Information About Your Alien Relative (Cont'd)Number of marriages including current marriage:

List any previous marriages beginning with the most recent. If you need more space, attach an additional sheet of paper.

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

Middle Name Date of Marriage

Place of Marriage

Date of Termination Place of Termination

Reason for Termination:

- Divorce Death Annulment
 Other _____

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

Middle Name Date of Marriage

Place of Marriage

Date of Termination Place of Termination

Reason for Termination:

- Divorce Death Annulment
 Other _____

| Part 1. Information About You (Cont'd) | |
|--|-------------------------|
| Prior Spouse's Name: | |
| Last Name (Family Name) | First Name (Given Name) |
| <input type="text"/> | <input type="text"/> |
| Middle Name | Date of Marriage |
| <input type="text"/> | <input type="text"/> |
| Place of Marriage | |
| <input type="text"/> | |
| Date of Termination | Place of Termination |
| <input type="text"/> | <input type="text"/> |
| Reason for Termination: | |
| <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment <input type="checkbox"/> Other _____ | |
| Select One: | |
| <input type="checkbox"/> I am a Lawful Permanent Resident I obtained my Lawful Permanent Residence on: _____ | |
| <input type="checkbox"/> My Form I-485 is currently pending Receipt Number <input type="text"/> | |

| Part 2. Information About Your Alien Relative (Cont'd) | |
|--|-------------------------|
| Prior Spouse's Name: | |
| Last Name (Family Name) | First Name (Given Name) |
| <input type="text"/> | <input type="text"/> |
| Middle Name | Date of Marriage |
| <input type="text"/> | <input type="text"/> |
| Place of Marriage | |
| <input type="text"/> | |
| Date of Termination | Place of Termination |
| <input type="text"/> | <input type="text"/> |
| Reason for Termination: | |
| <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment <input type="checkbox"/> Other _____ | |
| Complete if your relative is in the United States | |
| Date of Admission | Place of Admission |
| <input type="text"/> | <input type="text"/> |
| Class of Admission | Date Authorized to Stay |
| <input type="text"/> | <input type="text"/> |

Part 3. Information About Your Alien Relative's Children

| | | |
|-------------------------|-------------------------|---|
| Last Name (Family Name) | First Name (Given Name) | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth | Place of Birth | <input type="checkbox"/> Biological Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted Child |
| <input type="text"/> | <input type="text"/> | Gender: (Select one) <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Street Number and Name | Apt. Number | City |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| State/Province | Country | Postal/Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| A-Number | Country of Birth | |
| <input type="text"/> | <input type="text"/> | |

Name of Mother

| | | |
|-------------------------|-------------------------|----------------------|
| Last Name (Family Name) | First Name (Given Name) | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Name of Father

| | | |
|-------------------------|-------------------------|----------------------|
| Last Name (Family Name) | First Name (Given Name) | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Part 3. Information About Your Alien Relative's Children (Cont'd)

| | | |
|-------------------------|-------------------------|----------------------|
| Last Name (Family Name) | First Name (Given Name) | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | |
|----------------------|----------------------|---|------------------------------------|--|
| Date of Birth | Place of Birth | <input type="checkbox"/> Biological Child | <input type="checkbox"/> Stepchild | <input type="checkbox"/> Adopted Child |
| <input type="text"/> | <input type="text"/> | Gender: (Select one) | <input type="checkbox"/> Male | <input type="checkbox"/> Female |

| | | | |
|------------------------|----------------------|----------------------|----------------------|
| Street Number and Name | Apt. Number | City | State/Province |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Country | Postal/Zip Code | A-Number | Country of Birth |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Name of Mother

| | | |
|-------------------------|-------------------------|----------------------|
| Last Name (Family Name) | First Name (Given Name) | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Name of Father

| | | |
|-------------------------|-------------------------|----------------------|
| Last Name (Family Name) | First Name (Given Name) | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|-------------------------|-------------------------|----------------------|
| Last Name (Family Name) | First Name (Given Name) | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | |
|----------------------|----------------------|---|------------------------------------|--|
| Date of Birth | Place of Birth | <input type="checkbox"/> Biological Child | <input type="checkbox"/> Stepchild | <input type="checkbox"/> Adopted Child |
| <input type="text"/> | <input type="text"/> | Gender: (Select one) | <input type="checkbox"/> Male | <input type="checkbox"/> Female |

| | | | |
|------------------------|----------------------|----------------------|----------------------|
| Street Number and Name | Apt. Number | City | State/Province |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Country | Postal/Zip Code | A-Number | Country of Birth |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Name of Mother

| | | |
|-------------------------|-------------------------|----------------------|
| Last Name (Family Name) | First Name (Given Name) | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Name of Father

| | | |
|-------------------------|-------------------------|----------------------|
| Last Name (Family Name) | First Name (Given Name) | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|-------------------------|-------------------------|----------------------|
| Last Name (Family Name) | First Name (Given Name) | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | |
|----------------------|----------------------|---|------------------------------------|--|
| Date of Birth | Place of Birth | <input type="checkbox"/> Biological Child | <input type="checkbox"/> Stepchild | <input type="checkbox"/> Adopted Child |
| <input type="text"/> | <input type="text"/> | Gender: (Select one) | <input type="checkbox"/> Male | <input type="checkbox"/> Female |

Part 3. Information About Your Alien Relative's Children (Cont'd)

| | | | |
|------------------------|-------------|------|----------------|
| Street Number and Name | Apt. Number | City | State/Province |
| | | | |

| | | | |
|---------|-----------------|----------|------------------|
| Country | Postal/Zip Code | A-Number | Country of Birth |
| | | | |

Name of Mother

| | | |
|-------------------------|-------------------------|-------------|
| Last Name (Family Name) | First Name (Given Name) | Middle Name |
| | | |

Name of Father

| | | |
|-------------------------|-------------------------|-------------|
| Last Name (Family Name) | First Name (Given Name) | Middle Name |
| | | |

| | | |
|-------------------------|-------------------------|-------------|
| Last Name (Family Name) | First Name (Given Name) | Middle Name |
| | | |

| | | | | |
|---------------|----------------|---|------------------------------------|--|
| Date of Birth | Place of Birth | <input type="checkbox"/> Biological Child | <input type="checkbox"/> Stepchild | <input type="checkbox"/> Adopted Child |
| | | Gender: (Select one) | <input type="checkbox"/> Male | <input type="checkbox"/> Female |

| | | | |
|------------------------|-------------|------|----------------|
| Street Number and Name | Apt. Number | City | State/Province |
| | | | |

| | | | |
|---------|-----------------|----------|------------------|
| Country | Postal/Zip Code | A-Number | Country of Birth |
| | | | |

Name of Mother

| | | |
|-------------------------|-------------------------|-------------|
| Last Name (Family Name) | First Name (Given Name) | Middle Name |
| | | |

Name of Father

| | | |
|-------------------------|-------------------------|-------------|
| Last Name (Family Name) | First Name (Given Name) | Middle Name |
| | | |

Name and address of your alien relative in the language written in the country where he/she currently resides.

| | | |
|-------------------------|-------------------------|-------------|
| Last Name (Family Name) | First Name (Given Name) | Middle Name |
| | | |

| | | |
|-------------------|------------------------|-------------|
| C/O: (In Care Of) | Street Number and Name | Apt. Number |
| | | |

| | | |
|------------------------|---------|-----------------|
| City/State or Province | Country | Postal/Zip Code |
| | | |

Part 4. Processing Information

1. Select one:

- a. The person named in **Part 2** is now in the United States
- b. **The person named in Part 2 is now outside the United States. (Indicate below at which U.S. Embassy or consulate your relative will apply for a visa.)**

U.S. Embassy or consulate at: _____
City and Country

2. Is the person named in **Part 2** or has this person ever been in deportation or removal proceedings in the United States?

- a. No
- b. Yes (Indicate when and where): _____

Part 5. Signature

I certify, or if outside the United States, I swear or affirm, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it, is all true and correct. I authorize the release of any information from my record that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

| | | |
|-----------|----------------------|------|
| Signature | Print Your Full Name | Date |
| | | |

Part 6. Preparer's Information, If Other Than Person Signing Above

I declare that I prepared this petition at the request of the above person, and it is based on all the information that I have knowledge.

| | | |
|------------------------|------------------------|------------------|
| Signature | Print Your Full Name | Date |
| | | |
| Firm Name | Street Number and Name | Suite Number |
| | | |
| City/State or Province | Postal/Zip Code | Telephone Number |
| | | |