ADVICE TO APPLICANT

PLEASE READ CAREFULLY, FEES WILL NOT BE RETURNED.

- **I.** Aliens Eligible for Cancellation of Removal: 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.

OR

- **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 resident parent;
 - 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.** Aliens NOT Eligible for Cancellation of Removal: 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 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

father, who is a mother, who is a

(Month, Day, Year)

(Month, Day, Year) _

child/children, who is/are a

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

PLEASE READ ADVICE A	Fee Stamp (Official Use Only)			
BEFORE FILLING		mp (0111111111111111111111111111111111111	,• (:::: j)	
	1			
PLEASE TYPE (OR PRINT			
PA	ART 1 - INFORMATION	ABOUT YOURS	ELF	
1) My present true name is: (Last, First, Mi	2) Alien Registration ((or "A") Number(s):		
3) My name given at birth was: (Last, First	3) My name given at birth was: (Last, First, Middle)		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 ()	13) Work Ph	none Number:
14) I currently reside at:		15) I have been known by these additional name(s):		
Apt. number and/or in care of				
Number and Street				
City or Town	State Zip Code			
16) I have resided in the following locativears.)	ons in the United States: (List PRE	SENT ADDRESS FIRS	T, and work back in	time for at least 10
Street and Number - Apt. o	or Room # - City or Town - State -	- Zip Code	Resided From: (Month, Day, Year)	Resided To: (Month, Day, Year)
				PRESENT
PART 1	2 - INFORMATION ABO	UT THIS ADDI I	CATION	
IARI 2	2 - INFURMATION ADO		CATION	
17) I, the undersigned, hereby request that Act (INA). I believe that I am eligible	·	-		gration and Nationality
☐ My removal would result i	in exceptional and extremely unusua	I hardahin ta muu		
ivry removar would result r		AWFUL PERMANENT RESIDENT	TEMPORARY STATUS	NO STATUS
spouse, who is a				

I, or my child, have been battered or subjected to extreme cruelty by a United States citizen or lawful permanent resident spouse or parent.

With the exception of absences described in question #23, I have resided in the United States since:

With the exception of absences described in question #23, I have resided in the United States since:

PART 3 - INFORMATION ABOUT YOUR	PRESENCE IN THE UNITED S	IAIES			
18) I first arrived in the United States under the name of: (Last, First, Middle)	19) I first arrived in the United States on: (Month, Day, Year)				
20) Place or port of first arrival: (Place or Port, City, and State)					
ANY					
21) I: ☐ was inspected and admitted. ☐ I entered using my Lawful Permanent Resident car	d which is valid until				
	(Month. Day.	Year) ·			
☐ I entered using a visa which is valid until (Month, Day, Year)					
was not inspected and admitted.					
☐ I entered without documents. Explain:					
☐ I entered without inspection. Explain:		·			
Other. Explain: for additional time to sto	y and it was D granted an	·			
22) I applied on for additional time to sta	y and it was in granted on	Day, Year)			
and valid until, or ☐ denied on	(Month. Day. Year)				
23) Since the date of my first entry, I departed from and returned to the Un		llowing dates:			
(Please list all departures regardless of how	briefly you were absent from the United States.)	_			
If you have never departed from the United States since you	· · · · · · · · · · · · · · · · · · ·				
Port of Departure (Place or Port, City and State) Departure Date (Month, Day, Year)		Destination			
Port of Return (Place or Port, City and State) Return Date (Month, Day, Year)	Manner of Return	Inspected and Admitted? Yes No			
Port of Departure (Place or Port, City and State) Departure Date (Month, Day, Year)	Purpose of Travel	Destination			
Port of Return (Place or Port, City and State) Return Date (Month, Day, Year)	Manner of Return	Inspected and Admitted? Yes No			
24) Have you ever departed the United States: a) under an order of departed	ortation, exclusion, or removal?				
	voluntary departure?				
PART 4 - INFORMATION ABOUT YOUR MAR	ITAL STATUS AND SPOUSE (Cor	tinued on page 3)			
25) I am not married: I am married: I I am married: I I I I I I I I I I I I I I I I I I I	(st, First, Middle) 27) My spouse's name before ma	rriage was:			
28) The marriage took place in: (City and Country)	29) Date of marriage: (Month, Day, Year)				
30) My spouse currently resides at:	31) Place and date of birth of my spouse: (City & Country; Month, Day, Year)				
	or o	ac country, month, bay, near)			
Apt. number and/or in care of	22) Managara is a sitiant of G				
Number and Street	32) My spouse is a citizen of: (Country)				
City or Town State/Country Zip Code					
33) If your spouse is other than a native born United States citizen, answer	r the following:				
He/she arrived in the United States at: (Place or Port, City and State)		·			
He/she arrived in the United States on: (Month, Day, Year)					
His/her alien registration number(s) is: A#		·			
He/she was naturalized on: (Month, Day, Year)	at	·			
34) My spouse \square - is \square - is not employed. If employed, please give s		of employment.			
Full Name and Addr	ess of Employer	Earnings Per Week (Approximate)			
		\$			
		\$			
II		10			

B6) My present spouse	Date marriage began: Date marriage ended: are otherwise under a DN ABOUT YO ave been employed by ent or school attendance	Place marriage en (City and Country any legal obligation UR EMPLOY the following named the should be specified Earnings Per Week (Approximate) \$	ly married described ded: to prove the persons described described ded: Type	terminated ed, list the ree how each Description terminated vide child su T AND or firms: (P	names of each prior marriage ended.) n or manner of how for ended: upport and/or spouse Yes N FINANCIAL S lease begin with pres	marriage was al maintenance as to STATUS
Name of prior spouse: (Last, First, Middle) D To Thave you been ordered by any court, or esult of a separation and/or divorce? PART 5 - INFORMATIO 18) Since my arrival into the United States, I have york back in time. Any periods of unemployments of the prior o	Date marriage began: Date marriage ended:	Place marriage en (City and Country any legal obligation UR EMPLOY the following named the should be specified Earnings Per Week (Approximate) \$	described ded:) , to prov MEN' persons d. Attach Type	Description terminated vide child su T AND I or firms: (P a separate sof Work	marriage ended.) n or manner of how por ended: upport and/or spousate Yes No Pinancial Selease begin with pressible of additional ended: Employed From:	marriage was al maintenance as lo STATUS ent employment and ntries if necessary.) Employed To: (Month, Day, Year)
B7) Have you been ordered by any court, or result of a separation and/or divorce? PART 5 - INFORMATIO B8) Since my arrival into the United States, I havork back in time. Any periods of unemployments	On ABOUT YO ave been employed by ent or school attendance	any legal obligation UR EMPLOY the following named ee should be specified Earnings Per Week (Approximate)	, to prov MEN' persons d. Attach Type	T AND I or firms: (Pa a separate sof Work	upport and/or spousa Yes N FINANCIAL S Clease begin with press sheet for additional elemployed From:	al maintenance as To STATUS ent employment and ntries if necessary.) Employed To: (Month, Day, Year)
PART 5 - INFORMATIO 88) Since my arrival into the United States, I havork back in time. Any periods of unemployment	ON ABOUT YO ave been employed by ent or school attendance	UR EMPLOY the following named the should be specified Earnings Per Week (Approximate) \$	MEN' persons d. Attach Type	T AND I or firms: (Pa a separate sof Work	FINANCIAL S Please begin with press Sheet for additional end Employed From:	STATUS ent employment and ntries if necessary.) Employed To: (Month, Day, Year)
88) Since my arrival into the United States, I hawork back in time. Any periods of unemployme	ave been employed by ent or school attendance	the following named ce should be specified Earnings Per Week (Approximate)	persons d. Attach Type	or firms: (P	llease begin with pressheet for additional ed Employed From:	ent employment and ntries if necessary.) Employed To: (Month, Day, Year)
work back in time. Any periods of unemployme	ent or school attendand	Earnings Per Week (Approximate) \$	d. Attach Type	a separate s	sheet for additional en	ntries if necessary.) Employed To: (Month, Day, Year)
Full Name and Address of Em	nployer	(Approximate)				(Month, Day, Year)
						PRESENT
		¢				
		\$				
		\$				
39) If self-employed, describe the nature of the	the business, the name	e of the business, its	address	, and net in	come derived therefi	rom:
40) My assets (and if married, my spouse's a	assets) in the United S	States and other cour	ntries no	ot including	clothing and housel	nold necessities, a
	issets) in the Cinted S			_	-	iora necessities, as
Self Cash, Stocks, and Bonds\$		Cash, Stocks, and Bonds\$				
Real Estate						
Auto (dollar value minus amount owed)	Auto (dollar value minus amount owed) \$					
Other (describe on line below)						
TOTAL	\$				TOTAL <u>\$</u>	
11) I - have - have not received puberc.). If you have, please give full details include total amount received during this time:	luding the type of relie	ef or assistance recei	ived, date	e for which	relief or assistance v	was received, place

TAKI U-	INFORMATION ADOC	I YOUR FAMILY (Continued on page	ge 5)
43) I have(Numb	ber of) children. Please list informa	ation for each child below, include assets and e	earnings information for
children over the age of 16 who have	separate incomes:		
Name of Child: (Last, First, Middle) 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
	-		
Estimated Total of Assets: \$	Estimated A	Average Weekly Earnings: \$	
	-		
A#: Estimated Total of Assets: \$	Estimated A	Average Weekly Earnings: <u>\$</u>	
A#:	-		
Estimated Total of Assets: \$	Estimated A	Average Weekly Earnings: \$	
44) If your application is denied, wou	ald your spouse and all of your chi	ldren accompany you to your:	
_	If you a	answered "No" to any of the	
Country of Birth -	Yes No respons	es, please explain:	
Country of Nationality -	Yes \square No		
Country of Last Residence -	Yes \square No		
Country of Busi Residence			
Welfare, Unemployment Benefits, N give full details including identity	Medicaid, TANF, AFDC, etc.). If any	have \square - have not received public or private member of your immediate family has received satisfaction, dates for which relief or assistance w	such relief or assistance, please
46) Please give the requested informa	ation about your parents, brothers, s	isters, aunts, uncles, and grandparents, living o	or deceased. As to residence
show street address, city, and state, if	_		
Name: (Last, First, Middle) Alien Registration Number:	Citizen of What Country: Birth Date: (Month, Day, Year)	Relationship to Me: Birth Date: (City and Country)	Immigration Status of Listed Relative
	-		
A#: Complete Address of Current Reside	 ence. if Living:		—
	, 12 22 4 11 g.		
	_		
A# :	-		—
Complete Address of Current Reside	ence, if Living:		

PART 6 - INFORMATION ABO	DUT YOUR FAMILY (Continued,)
<i>IF THIS APPLICATION IS BASED ON HARDSHIP TO A PARE.</i> 47) If your parent is not a citizen of the United States, give the date and parent, and terms of admission into the United States:	place of arrival in the United States including	ng full details as to the date,
48) My father \square - is \square - is not employed. If employed, please give s	alary and the name and address of the place	e(s) of employment.
Full Name and Address of Emplo	yer	Earnings Per Week (Approximate)
		\$
49) My mother \square - is \square - is not employed. If employed, please give sa	alary and the name and address of place(s)	of employment.
Full Name and Address of Emplo	vyer	Earnings Per Week (Approximate)
		\$
50) My parent's assets in the United States and other countries not includ Assets of father consist of the following:	ing clothing and household necessities are: Assets of mother consist of the following	
Cash, Stocks, and Bonds\$	Cash, Stocks, and Bonds	<u>\$</u>
Real Estate\$	Real Estate	
Auto (dollar value minus amount owed) \$	Auto (dollar value minus amount owed).	
Other (describe on line below)\$ TOTAL \$	Other (describe on line below)TOT	
		IAL <u>5</u>
PART 7 - MISCELLANEOUS IN	NFORMATION (Continued on page	6)
51) I \square - have \square - have not entered the United States as a crewman a	fter June 30, 1964.	
52) I	Inited States acquired the status of, an exch	ange alien.
53) I \square - have \square - have not submitted address reports as required by	section 265 of the Immigration and Nations	ality Act.
54) I - have - have never (either in the United States or in any for victed, fined, imprisoned, placed on probation, or forfeited collateral for ordinance (including, but not limited to, traffic violations or driving in give a brief description of each offense including the name and location imposed, and the time actually served. You are required to submit docume	an act involving a felony, misdemeanor, or neidents involving alcohol). (If answer is of the offense, date of conviction, any penalty)	breach of any public law or is in the affirmative, please
·		
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)	Date of discharge: (Month, Day, Year)	
Type of discharge: (Honorable, Dishonorable, etc.)		
I served in active duty status from: (Month, Day, Year)	to (Month, Day, Year)	
56) Have you ever left the United States or the jurisdiction of the district who naval forces of the United States?	here you registered for the draft to avoid bein	ng drafted into the military or

PART 7 - MISCELLANEOUS INFORMATION (Continued)							
57) Have you ever deserted from the military or naval forces of the United States while the United States was at war?							
	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 e	xempted fi	om sei	rvice because of conscientious ob	ojection, alienage, or any other i	reason?	☐ Yes ☐ No
or sim	ilar group	in the Unit	ed Stat	embership in or affiliation with ever tes or any other place since your 1 torganization, location, nature of	6 th birthday. Include any foreig	n military service in thi	
Na	ame of Org	anization		Location of Organization	Nature of Organization	Member From: (Month, Day, Year)	Member To: (Month, Day, Year)
61) Have							
	 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 ever b	een:					
	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)?						
	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 p	erson	previously granted relief under s l under section 240A of the INAS	ections 212(c) or 244(a) of the l	-	has previously been
If you answered "Yes" to any of the above questions, explain:							

		EOUS INFORMATION (Continued)				
63) Are you the beneficiary of an approved v						
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 supporting documents are attached hereto as a part of this application: (Refer to the Instructions for documents which should be attached.)						
-						
			N A DDY I G A NIT			
PART 8 - SIGNATURE OI	PERSON PRE	EPARING FORM, IF OTHER THAI	N APPLICANT			
	(Read the followin	ng information and sign below)				
on all information of which I have tion was read to the applicant in a	knowledge, or which language the applican	est of the person named in Part 1, that the responses places was provided to me by the applicant, and that the cut speaks fluently for verification before he or she start and the cut speaks fluently for verification before he or she start and the cut of	completed applica- signed the applica-			
tion in my presence. I am aware t civil penalties under 8 U.S.C. §132		ment of false information on the Form EOIR-42B	may subject me to			
5 permittes under 0 0.5.0. §152						
Signature of Preparer:		Print Name:	Date:			
Signature of Freparef:		Frint ivalie.	Date.			
Daytime Telephone #:	Address of Preparer	(Number and Street, City, State, Zip Code)				
Dayume receptione #.	Address of Freparer:	(Ivamoer and Street, City, State, Zip Code)				
()						

PART 9 - SIGNATURE

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

I swear or affirm that I know the contents of this application that I am signing, including the are all true to the best of my knowledge, taking into account the correction(s) numbered my request.	* *
(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 - PROOF OF SERVI	CE
I hereby certify that a copy of the foregoing Form EOIR-42B was:	erson
on to the Assistant Chief Counsel for the DHS (U.S. Immigration (Month, Day, Year)	on and Customs Enforcement - ICE)
at	e)
Signature of	f Applicant (or Attorney or Representative)