



# Immigrant Petition by Regional Center Investor

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

USCIS  
Form I-526E  
OMB No. 1615-0026  
Expires 03/31/2027

<b>For USCIS Use Only</b>	<b>Fee Receipt</b>	<b>Classification</b>	<b>Action Block</b>
		<b>Priority Date</b>	
	<b>Remarks</b>		
	<b>Received</b> <b>Resubmitted</b>	<b>Relocated</b>	

<b>To be completed by an attorney or BIA-accredited representative (if any).</b>	<input type="checkbox"/> <b>Select this box if Form G-28 is attached to represent the petitioner.</b>	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <div></div>
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► **START HERE - Type or print in black ink.**

## Part 1. Petition Type

Select one box:

1. ☐ This petition is an initial petition
2. ☐ This petition is being filed to amend a previously filed petition

Previous Petition Receipt Number

►

## Reasons for Amendment (Select All that Apply)

3. ☐ **Termination of Regional Center**

Notice Date of Termination:

Has your NCE associated with a new approved regional center?

☐ Yes ☐ No

Have you made a qualifying investment in another NCE?

☐ Yes ☐ No

4. ☐ **NCE or JCE Debarment**

Notice Date of Debarment:

Have you associated with a new NCE in good standing?

☐ Yes ☐ No

Have you invested additional investment capital to the extent necessary to satisfy remaining job creation requirements under INA 203(b)(5)(A)(ii)?

☐ Yes ☐ No

## Part 2. Information About You

Provide the following information about yourself.

1. Alien Registration Number (A-Number) (if any)

► A-

2. USCIS Online Account Number (if any)

►

3. U.S. Social Security Number (if any)

►



## Part 2. Information About You (continued)

### Your Full Name

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

### Other Names Used

List all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

5.	Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Other Information

7.	Date of Birth (mm/dd/yyyy)	8.	Gender
	<input type="text"/>	<input type="checkbox"/>	Male <input type="checkbox"/> Female
9.	City or Town of Birth	10.	State or Province of Birth
	<input type="text"/>		<input type="text"/>
11.	Country of Birth	12.	Country(ies) of Citizenship or Nationality (current)
	<input type="text"/>		<input type="text"/>
13.	Country(ies) of Citizenship or Nationality (relinquished)		
	<input type="text"/>		

**NOTE:** If you are a citizen of more than one country or your nationality differs from your citizenship, provide the information in **Part 12. Additional Information**.

14.	Country of Last Foreign Residence
	<input type="text"/>

### Mailing Address

15.	In Care Of Name (if any)			
	<input type="text"/>			
	Street Number and Name	Apt. Ste. Flr.	Number	
	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	
	City or Town	State	ZIP Code	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Province	Postal Code	Country	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	

[\(USPS ZIP Code Lookup\)](#)



## Part 2. Information About You (continued)

16. Is your current mailing address the same as your physical address? ☐ Yes ☐ No

If you answered "No" to **Item Number 16.**, provide your physical address in **Item Numbers 17.**

### Physical Address

Provide your physical addresses for the last five years. Provide your present address first. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information.**

17. Street Number and Name	Apt. Ste. Flr.		Number	
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State		ZIP Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
From (mm/dd/yyyy)	To (mm/dd/yyyy)			
<input type="text"/>	<b>Present</b>			

  

18. Street Number and Name	Apt. Ste. Flr.		Number	
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State		ZIP Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
From (mm/dd/yyyy)	To (mm/dd/yyyy)			
<input type="text"/>	<input type="text"/>			

  

19. Street Number and Name	Apt. Ste. Flr.		Number	
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State		ZIP Code	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
From (mm/dd/yyyy)	To (mm/dd/yyyy)			
<input type="text"/>	<input type="text"/>			

### Employment History

Provide the last 20 years of your employment history. Also provide any government or military positions held at any time (i.e. even if older than 20 years). List present employment first. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information.**

20. Have you ever been employed? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 20.**, provide the following information for any previous employment.



## Part 2. Information About You (continued)

### 21. Employer Name

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

Job Title

From (mm/dd/yyyy)

To (mm/dd/yyyy)

### 22. Employer Name

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

Job Title

From (mm/dd/yyyy)

To (mm/dd/yyyy)

### 23. Employer Name

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

Job Title

From (mm/dd/yyyy)

To (mm/dd/yyyy)



## Part 2. Information About You (continued)

### Your Entry Into the United States

If you are currently in the United States, you must answer questions 24-33. If you are not currently in the United States, skip to **Part 3**.

24. Date of Arrival (mm/dd/yyyy)

#### Place of Arrival or Port-of-Entry

25. City or Town  26. State

27. I-94 Arrival-Departure Record Number  
▶

28. Date Period of Authorized Stay Expires/Expired  
(mm/dd/yyyy)

29. Passport Number or Travel Document Number

30. Country That Issued Passport or Travel Document

31. Date Passport or Travel Document Expires  
(mm/dd/yyyy)

32. Current Nonimmigrant Status (if applicable)

33. Date Current Nonimmigrant Status Expires  
(mm/dd/yyyy)

## Part 3. Information About Your Spouse and Children

**List your spouse and all of your children.** Also, note if the individual will be applying for a visa abroad or for adjustment of status as your dependent. If you need additional space to list other children, use **Part 12. Additional Information**.

### Family Member 1

1. Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)

2. Date of Birth (mm/dd/yyyy)  3. Country of Birth

4. If spouse, Country(ies) of Citizenship (current)

5. If spouse, Country(ies) of Citizenship (relinquished)

6. Relationship to You ☐ Spouse ☐ Child

7. Applying for Adjustment of Status? ☐ Yes ☐ No 8. Applying for Visa Abroad? ☐ Yes ☐ No



### Part 3. Information About Your Spouse and Children (continued)

#### Family Member 2

9. Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)
10. Date of Birth (mm/dd/yyyy)  11. Country of Birth
12. Relationship to You ☐ Spouse ☐ Child
13. Applying for Adjustment of Status? ☐ Yes ☐ No 14. Applying for Visa Abroad? ☐ Yes ☐ No

#### Family Member 3

15. Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)
16. Date of Birth (mm/dd/yyyy)  17. Country of Birth
18. Relationship to You ☐ Spouse ☐ Child
19. Applying for Adjustment of Status? ☐ Yes ☐ No 20. Applying for Visa Abroad? ☐ Yes ☐ No

#### Family Member 4

21. Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)
22. Date of Birth (mm/dd/yyyy)  23. Country of Birth
24. Relationship to You ☐ Spouse ☐ Child
25. Applying for Adjustment of Status? ☐ Yes ☐ No 26. Applying for Visa Abroad? ☐ Yes ☐ No

#### Family Member 5

27. Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)
28. Date of Birth (mm/dd/yyyy)  29. Country of Birth
30. Relationship to You ☐ Spouse ☐ Child
31. Applying for Adjustment of Status? ☐ Yes ☐ No 32. Applying for Visa Abroad? ☐ Yes ☐ No



### Part 3. Information About Your Spouse and Children (continued)

#### Family Member 6

33. Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)
34. Date of Birth (mm/dd/yyyy)  35. Country of Birth
36. Relationship to You ☐ Spouse ☐ Child
37. Applying for Adjustment of Status? ☐ Yes ☐ No 38. Applying for Visa Abroad? ☐ Yes ☐ No

### Part 4. Information About Your Regional Center and Project Application

Select one box:

- ☐ I have submitted the required initial evidence with my Form I-526E filing.
- ☐ I will submit the required initial evidence through my myUSCIS account.
1. What is the receipt number for the regional center's Form I-956F, Application for Approval of an Investment in a Commercial Enterprise, associated with the offering and project into which you have invested or are actively in the process of investing?
2. What is the receipt number for the approved Regional Center application upon which your petition is based?
3. Provide the USCIS New Commercial Enterprise (NCE) Identification Number.
4. Indicate whether the offering and project in the Form I-956F associated with your petition is based on an investment in the following (select **all** that apply):
- ☐ Rural Area
- ☐ High Unemployment Area
- ☐ Infrastructure Project
- ☐ High Employment Area
- ☐ None of the Above

### Part 5. Information About Your Investment

1. Enter the amount and date of your investment(s) in the NCE. If you are actively in the process of investing capital in the NCE, enter the amount and date you anticipate making the investment. If you need additional space, use the space provided in **Part 12. Additional Information**.

Date of Investment (mm/dd/yyyy)	Amount of Investment
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<b>Total</b>	\$ <input type="text"/>



## Part 5. Information About Your Investment (continued)

### Composition of Your Investment, Administrative Costs and Fees, and Your Net Worth

#### Composition of Investment

2. Total Amount of Cash Deposited or Committed to Deposit into U.S. Business Accounts for NCE, including qualified escrow accounts \$
3. Total Value of Assets Purchased for Use in NCE \$
4. Total Value of All Property Transferred From Abroad for Use in NCE \$
5. Total of All Debt Financing \$
6. Total Stock or Other Equity Purchases \$
7. Other Capital \$

#### Administrative Costs and Fees

8. Enter the date and amount of all administrative costs and fees associated with your investment.

Date (mm/dd/yyyy)	Amount
	\$
	\$
	\$
	\$
Total	\$

9. Has your regional center provided you a disclosure of all fees, ongoing interest, and other compensation paid to any promoter by virtue of your investment? ☐ Yes ☐ No ☐ Not Applicable

#### Your Net Worth

10. Your Current Net Worth \$

#### Your Sources of Investment Capital

Please identify the sources of the capital you have invested or are actively in the process of investing into the NCE, as well as any funds used to pay administrative costs and fees associated with your investment. (Select **all** that apply)

11. A. ☐ Income
- B. ☐ Loan Proceeds (including mortgage of real estate)
- C. ☐ Sale of Real Estate
- D. ☐ Gift (including capital obtained through inheritance)
- E. ☐ Tangible Assets (Equipment, Inventory, etc.)
- F. ☐ Insurance Proceeds
- G. ☐ Sale of Securities
- H. ☐ Other (Specify in the space below)





## Part 5. Information About Your Investment (continued)

12. In the space below, describe the documentation included with this petition to demonstrate that the capital you have invested or are actively in the process of investing, as well as any funds used to pay administrative costs and fees associated with your investment, was obtained through lawful means. Read the Lawful Capital section listed in **Evidence to Accompany Petition** of the Form I-526E Instructions for a list of documents that must be included with the petition.

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13. If the funds used to make your investment were gifted or loaned to you, identify the donor or lender and describe the documentation from the donor or lender (if other than a bank) included with this petition to demonstrate that such funds were obtained through lawful means.

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14. If any persons transferred capital into the United States on your behalf, provide their identity.

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## Part 6. Visa Processing and Immigration Proceedings

1. Select the appropriate box to indicate how you will seek lawful permanent resident status.

A. ☐ **Immigrant Visa Processing**

Country of Citizenship or Nationality

Country of Current Residence

B. ☐ **Application for Adjustment of Status**

Country of Last Permanent Residence Abroad

### Address in Country of Last Permanent Residence Abroad

2. Address in Country of Last Permanent Residence Abroad

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Province

Postal Code

Country

3. Telephone Number



## Part 6. Visa Processing and Immigration Proceedings (continued)

4. If your native alphabet is other than Roman letters, type or print the foreign address in your native alphabet, below.

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐ 

City or Town

Province

Postal Code

Country

5. Are you filing any other petitions or applications with this Form I-526E?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 5.**, select **all applicable** boxes:

- ☐ Form I-485  
☐ Form I-131  
☐ Form I-765  
☐ Other (Provide an explanation in **Part 12. Additional Information.**)

### Immigration Proceedings

Please indicate whether you are in exclusion, deportation, or removal proceedings before the Department of Homeland Security (DHS) or the Department of Justice's (DOJ), Executive Office for Immigration Review (EOIR) Immigration Court or Board of Immigration Appeals. You also must provide an explanation for why you are in proceedings in **Part 12. Additional Information.**

6. Are you currently or ever been in immigration proceedings before the Department of Homeland Security (DHS) or Department of Justice (DOJ)?

☐ Yes ☐ No

7. Type of Proceedings (Select **only one**)

☐ Exclusion ☐ Deportation ☐ Removal

8. Location of Proceedings

City or Town

State

9. Are you currently or ever been subject to a final order of exclusion, deportation, or removal, or subject to reinstatement of such an order?

☐ Yes ☐ No

### Employment in the United States

10. Have you ever worked in the United States without permission?

☐ Yes ☐ No

11. If you answered "Yes" to **Item Number 10.**, provide an explanation below. If you need additional space, use **Part 12. Additional Information.**

  
  
  
  
  


## Part 7. Bona Fides of Persons Involved With Regional Center Program

Each person involved with a regional center, NCE, or affiliated JCE must answer the questions below. A person is involved with a regional center, NCE, or affiliated JCE if the person is, directly or indirectly, in a position of substantive authority to make operational or managerial decisions over pooling, securitization, investment, release, acceptance or control or use of any funding. A person may be in a position of substantive authority if they serve as a principal, a representative, an administrator, an owner, an officer, a board member, a manager, an executive, a general partner, a fiduciary, an agent or in a similar position at the regional center, NCE, or affiliated JCE.

Each petitioner must answer the questions in their capacity as an owner of the NCE associated with the Regional Center.

1. Have you committed a criminal or civil offense involving fraud or deceit within the previous 10 years? ☐ Yes ☐ No
2. Have you ever committed a criminal or civil offense involving fraud or deceit that resulted in a liability in excess of \$1,000,000? ☐ Yes ☐ No
3. Have you ever committed a criminal or civil offense for which you were convicted and sentenced to a term of imprisonment of more than 1 year? ☐ Yes ☐ No
4. Are you subject to a final order of a State securities commission (or an agency or officer of a State performing similar functions); a State authority that supervises or examines banks, savings associations, or credit unions; a State insurance commission (or an agency or officer of a State performing similar functions); a Federal banking agency; the Commodities Futures Trading Commission; the Securities and Exchange Commission; a financial self-regulatory organization recognized by the Securities and Exchange Commission, or the National Credit Union Administration? ☐ Yes ☐ No

If you answered "Yes" to the above, answer the following questions:

- A. What is the duration of penalty imposed by the final order?
- B. Is the final order based on a violation of any law or regulation that prohibits fraudulent, manipulative, or deceptive conduct? ☐ Yes ☐ No
- C. Is the final order based on a violation of any law or regulation that bars you from associating with any entity regulated by such commission, authority, agency, or officer? ☐ Yes ☐ No
- D. Is the final order based on a violation of any law or regulation that bars you from appearing before such commission, authority, agency, or officer? ☐ Yes ☐ No
- E. Is the final order based on a violation of any law or regulation that bars you from engaging in the business of securities, insurance, or banking? ☐ Yes ☐ No
- F. Is the final order based on a violation of any law or regulation that bars you from engaging in savings association or credit union activities? ☐ Yes ☐ No
5. Are you engaged in, or have you ever been engaged in, or do you seek to engage in any illicit trafficking in any controlled substance or in any listed chemical (as defined in section 102 of the Controlled Substances Act)? ☐ Yes ☐ No
6. Are you engaged in, or have you ever been engaged in, or do you seek to engage in any activity relating to espionage, sabotage, or theft of intellectual property? ☐ Yes ☐ No
7. Are you engaged in, or have you ever been engaged in, or do you seek to engage in any activity related to money laundering (as described in section 1956 or 1957 of title 18, United States Code)? ☐ Yes ☐ No
8. Are you engaged in, or have you ever been engaged in, or do you seek to engage in any terrorist activity (as defined in INA section 212(a)(3)(B))? ☐ Yes ☐ No
9. Are you engaged in, or have you ever been engaged in, or do you seek to engage in any activity constituting or facilitating human trafficking or a human rights offense? ☐ Yes ☐ No
10. Are you engaged in, or have you ever been engaged in, or do you seek to engage in any activity described in INA section 212(a)(3)(E) (such as participating in Nazi Persecutions or Genocide)? ☐ Yes ☐ No



## Part 7. Bona Fides of Persons Involved With Regional Center Program (continued)

11. Are you engaged in, or have you ever been engaged in, or do you seek to engage in a violation of any statute, ☐ Yes ☐ No regulations, or Executive order regarding foreign financial transactions or foreign asset control?
12. Are you, or during the preceding 10 years have you been, included on the Department of Justice's List of ☐ Yes ☐ No Currently Disciplined Practitioners?
13. During the preceding 10 years, have you received a reprimand or otherwise been publicly disciplined for ☐ Yes ☐ No conduct related to fraud or deceit by a State bar association of which you are or were a member?

## Part 8. Foreign Involvement in Regional Center Program

For **Item Numbers 1. to 3.**, you should answer "Yes" to any question that applies.

1. Are you an official or representative of a foreign government entity? ☐ Yes ☐ No
2. Have you provided capital to a regional center, new commercial enterprise or job-creating entity derived ☐ Yes ☐ No from an agency, official or other similar entity or representative of a foreign government entity?
3. Is your ownership or administration of a regional center, new commercial enterprise, or job-creating entity ☐ Yes ☐ No subject to the direct or indirect involvement of an agency, official or other similar entity or representative of a foreign government entity?

## Part 9. Petitioner's Statement, Contact Information, Declaration, and Signature

**NOTE:** Read the **Penalties** section of the Form I-526E Instructions before completing this part.

### *Petitioner's Statement*

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Petitioner's Statement Regarding the Interpreter
- A. ☐ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.
- B. ☐ The interpreter named in **Part 10.** read to me every question and instruction on this petition and my answer to every question in , a language in which I am fluent. I understood all of this information as interpreted.
2. Petitioner's Statement Regarding the Preparer
- ☐ At my request, the preparer named in **Part 11.**, , prepared this petition for me based only upon information I provided or authorized.

### *Petitioner's Contact Information*

3. Petitioner's Daytime Telephone Number
4. Petitioner's Mobile Telephone Number (if any)
5. Petitioner's Email Address (if any)



## Part 9. Petitioner's Statement, Contact Information, Declaration, and Signature (continued)

### *Petitioner's Declaration*

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require me to submit original documents at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I furthermore authorize release of information contained in this petition, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site audits as authorized by 8 U.S.C. sections 1103, 1155, and 1184; the EB-5 Reform and Integrity Act of 2022, Div. BB of the Consolidated Appropriations Act, 2022 (Pub. L. 117-103); and 8 CFR parts 103, 204, 205, and 214.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my petition;
- 2) I understood all of the information contained in, and submitted with, my petition; and
- 3) All of this information was complete, true, and correct at the time of filing.

I further understand that my petition includes any records previously filed by the regional center with its Form I-956F, Application for Approval of an Investment in a Commercial Enterprise, identified in **Part 4., Item Number 1.** I certify that such records are incorporated by reference into my petition, as are any changes submitted by the regional center to amend that prior approval, and will be considered when determining my eligibility.

I certify and attest, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.

### *Petitioner's Signature*

You must sign and date your petition. Every petition **MUST** contain the signature of the petitioner (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.

6. Petitioner's Signature (sign in ink) Date of Signature (mm/dd/yyyy)  
➡

**NOTE TO ALL PETITIONERS:** If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or deny your petition.

## Part 10. Interpreter's Contact Information, Certification, and Signature

If you used anyone as an interpreter to read the Instructions and questions on this petition to you in a language in which you are fluent, the interpreter must fill out this section.

### *Interpreter's Full Name*

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)



## Part 10. Interpreter's Contact Information, Certification, and Signature (continued)

### Interpreter's Mailing Address

3.	Street Number and Name	Apt.	Ste.	Flr.	Number
	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	City or Town	State	ZIP Code		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Province	Postal Code	Country		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		

### Interpreter's Contact Information

4.	Interpreter's Daytime Telephone Number	5.	Interpreter's Mobile Telephone Number (if any)
	<input type="text"/>		<input type="text"/>
6.	Interpreter's Email Address (if any)		
	<input type="text"/>		

### Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 9, Item B.** in **Item Number 1.**, I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration**, and has verified the accuracy of every answer.

### Interpreter's Signature

The interpreter must sign and date the petition.

7.	Interpreter's Signature (sign in ink)	Date of Signature (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>

## Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer. If the same individual acted as your interpreter **and** your preparer, that person should complete both **Part 10.** and **Part 11.**

### Preparer's Full Name

1.	Preparer's Family Name (Last Name)	Preparer's Given Name (First Name)
	<input type="text"/>	<input type="text"/>

If the person who completed this petition is associated with a business or organization, that person should complete the business or organization name and address information.

2.	Preparer's Business or Organization Name (if any)
	<input type="text"/>



**Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)**

***Preparer's Mailing Address***

3.	Street Number and Name	Apt.	Ste.	Flr.	Number
	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	City or Town	State	ZIP Code		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Province	Postal Code	Country		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		

***Preparer's Contact Information***

4.	Preparer's Daytime Telephone Number	5.	Preparer's Mobile Telephone Number (if any)
	<input type="text"/>		<input type="text"/>
6.	Preparer's Email Address (if any)		
	<input type="text"/>		

***Preparer's Statement***

7. A. ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.
- B. ☐ I am an attorney or accredited representative and my representation of the petitioner in this case ☐ extends ☐ does not extend beyond the preparation of this petition.

**NOTE:** If you are an attorney or accredited representative, you may also need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner. The petitioner has reviewed this completed petition, including the **Petitioner's Declaration**, and informed me that all of this information in the petition and in the supporting documents is complete, true, and correct.

***Preparer's Signature***

Anyone who helped you complete this petition **MUST** sign and date the petition. A stamped or typewritten name in place of a signature is not acceptable.

8.	Preparer's Signature	Date of Signature (mm/dd/yyyy)
	<input type="text"/>	<input type="text"/>



## Part 12. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet, indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers, and sign and date each sheet.

1. Family Name (Last Name)  Given Name (First Name)  Middle Name

2. A-Number (if any) A- 

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3. A. Page Number  B. Part Number  C. Item Number

D.

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4. A. Page Number  B. Part Number  C. Item Number

D.

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5. A. Page Number  B. Part Number  C. Item Number

D.

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6. A. Page Number  B. Part Number  C. Item Number

D.

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7. A. Page Number  B. Part Number  C. Item Number

D.

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