

I-730, Refugee/Asylee Relative Petition

FOR USCIS OFFICE ONLY

Section of Law <input type="checkbox"/> 207 (c)(2) Spouse <input type="checkbox"/> 207 (c)(2) Child <input type="checkbox"/> 208 (b)(3) Spouse <input type="checkbox"/> 208 (b)(3) Child	Action Stamp	Receipt
Reserved		Remarks
<input type="checkbox"/> Beneficiary Not Previously Claimed <input type="checkbox"/> Beneficiary Previously Claimed On: _____ (e.g., Form I-590, Form I-589, etc.) CSPA Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

To be completed by an attorney or accredited representative (if any).

<input type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any) _____	Attorney State Bar Number (if applicable) _____	Attorney or Accredited Representative USCIS Online Account Number (if any) _____
---	---------------------------------------	---	--

START HERE - Type or print legibly in black ink.

My Status: ☐ Refugee ☐ Lawful Permanent Resident based on previous Refugee status
☐ Asylee ☐ Lawful Permanent Resident based on previous Asylee status

The beneficiary is my: ☐ Spouse
☐ Unmarried child who is a (n): ☐ Biological Child ☐ Stepchild ☐ Adopted Child

Number of relatives for whom I am filing separate Form I-730s: _____ (_____ of _____)

Part 1. Information About You, the Petitioner ([USPS ZIP Code Lookup](#))

1. Your Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Address of Residence (Where you physically reside)

Street Number and Name

Apt.Ste. Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Part 1. Information About You, the Petitioner (continued)

3. Mailing Address (If different from residence)

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

4. Contact Information

Telephone Number including Country and City/Area Code

Your E-mail Address, if available

5. Sex ☐ Male ☐ Female

6. Date of Birth (mm/dd/yyyy)

7. Country of Birth

8. Country of Citizenship/Nationality

9. Alien Registration Number (A-Number) **10. U.S. Social Security Number (if applicable)**

▶ A-

▶

11. Other Names Used (Including maiden name)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Information about About Your Current and Prior Marriages (if any)

12. Current Spouse's Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

13. Date of Marriage to Current Spouse (mm/dd/yyyy)

Place of Marriage to Current Spouse

14. City or Town

State or Province

Country

If Previously Married, Name of Prior Spouse 1

15. Family Name (Last Name)

Given Name (First Name)

Middle Name

Part 1. Information About You, the Petitioner (continued)

16. Date Prior Marriages ended: Please provide documentation indicating how marriages ended (e.g., death certificate, divorce certificate, etc.) (mm/dd/yyyy)

Place Previous Marriage Ended

17. City or Town State or Province

Country

If Previously Married, Name of Prior Spouse 2

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

19. Date Prior Marriages ended: Please provide documentation indicating how marriages ended (e.g., death certificate, divorce certificate, etc.) (mm/dd/yyyy)

Place Previous Marriage 2 Ended

20. City or Town State or Province

Country

21. Date When Your Asylee Status was Granted in the United States (mm/dd/yyyy)

Place Asylee Status was Granted in the United States

22. City or Town State

OR

23. Date you received your approval for Refugee Status while living abroad (mm/dd/yyyy)

Place you received your approval for Refugee Status while living abroad

24. City or Town State or Province

Country

25. If You Were Approved for Refugee Status, Date Admitted to the United States as a Refugee (mm/dd/yyyy)

Place admitted to the United States as a Refugee

26. City or Town State

Part 2. Information About Your Alien Relative, the Beneficiary

1. Your Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

Part 2. Information About Your Alien Relative, the Beneficiary (continued)**2. Address of Residence (Where the beneficiary physically resides)**

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

3. Mailing Address (If different from residence)

In Care Of Name

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

4. Contact Information

Telephone Number including Country and City/Area Code

The Beneficiary's E-mail Address, if available

5. Sex ☐ Male ☐ Female**6. Date of Birth (mm/dd/yyyy)****7. Country of Birth****8. Country of Citizenship/Nationality****9. A-Number****10. U.S. Social Security Number (if applicable)****11. Other Names Used (Including maiden name)**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

12. Enter information associated with the beneficiary's online social media presence over the past five years.

Provider/Platform

Social Media Identifier(s)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Part 2. Information About Your Alien Relative, the Beneficiary (continued)

Information About Your Current and Prior Marriages (if any)

13. Current Spouse's Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

14. Date of Current Marriage (mm/dd/yyyy)

Place of Marriage to Current Spouse

15. City or Town

State or Province

Country

If Previously Married, Name of Prior Spouse 1

16. Family Name (Last Name)

Given Name (First Name)

Middle Name

17. Date Prior Marriages ended: Please provide documentation indicating how marriages ended (e.g., death certificate, divorce certificate, etc.) (mm/dd/yyyy)

Place Previous Marriage Ended

18. City or Town

State or Province

Country

If Previously Married, Name of Prior Spouse 2

19. Family Name (Last Name)

Given Name (First Name)

Middle Name

20. Date Prior Marriages ended: Please provide documentation indicating how marriages ended (e.g., death certificate, divorce certificate, etc.) (mm/dd/yyyy)

Place Prior Marriage 2 Ended

21. City or Town

State or Province

Country

22. ☐ Beneficiary is currently in the United States.

☐ Beneficiary is outside the United States and will apply for travel authorization at a USCIS Office or a U.S. Embassy or consulate in:

City and Country

Part 2. Information About Your Alien Relative, the Beneficiary (continued)

Name and **mailing** address of the beneficiary written in the language of the country where he or she now **resides**:

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

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

24. Check the box, a. through d., that applies

a. ☐ The beneficiary has never been in the United States

b. ☐ The beneficiary is now in immigration court proceedings in the United States. Where?

c. ☐ The beneficiary has never been in immigration court proceedings in the United States

d. ☐ The beneficiary is not now in immigration court proceedings in the United States, but has been in the past. Where?

25. What is the beneficiary's native language?

26. Is the beneficiary fluent in English?

☐ Yes ☐ No

27. What other languages does the beneficiary speak fluently?

List each of the beneficiary's entries into the United States, if any, beginning with the most recent entry. Submit a copy of each I-94 and/or copy of the beneficiary's passport showing all the entry and exit stamps for each entry. Attach an additional sheet if the beneficiary has more than two entries into the United States:

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

29. Place of Arrival

City

State

30. Status Upon Arrival Into the United States

31. What is your current Form I-94 Arrival/Departure Record Number

32. Date Status Expires (mm/dd/yyyy)

33. Passport Number

34. Passport Expiration date (mm/dd/yyyy)

35. Country of Issuance for Passport

36. Travel Document Number

37. Travel Document Expiration date (mm/dd/yyyy)

38. Country of Issuance for Travel Document

Part 2. Information About Your Alien Relative, the Beneficiary (continued)

39. Date of Arrival (mm/dd/yyyy)
40. Place of Arrival
City State
41. Status Upon Arrival Into the United States
42. What is your current Form I-94 Arrival/Departure Record Number
43. Date Status Expires (mm/dd/yyyy)
44. Passport Number
45. Passport Expiration Date (mm/dd/yyyy)
46. Country of Issuance for Passport
47. Travel Document Number
48. Travel Document Expiration date (mm/dd/yyyy)
49. Country of Issuance for Travel Document

Part 3. Two-Year Filing Deadline

1. Are you filing this application more than two years after the date you were admitted to the United States as a refugee or granted asylee status? ☐ Yes ☐ No

If you answered "Yes" to the previous question, explain the delay in filing and submit evidence to support your explanation (Attach additional sheets of paper if necessary).

03/04/2025

Part 4. Warning

WARNING: Any beneficiary who is in the United States illegally is subject to removal if Form I-730 is not granted by USCIS. Any information provided in completing this petition may be used as a basis for the institution of, or as evidence in, removal proceedings, even if the petition is later withdrawn. Unexcused failure by the beneficiary to appear for an appointment to provide biometrics (such as fingerprints and photographs) and biographical information within the time allowed may result in denial of Form I-730. Information provided on this form and biometrics and biographical information provided by the beneficiary may also be used in producing an Employment Authorization Document if the beneficiary is granted derivative refugee or asylee status.

Part 5. Petitioner's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-730 Instructions before completing this part.

Petitioner's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☐ I can read and understand English, and I have read and I understand every question and instruction on this petition and my answer to every question.
- 1.b. ☐ The interpreter named in **Part 7.** read to me every question and instruction on this petition and my answer to every question in , a language in which I am fluent, and I understood everything.
2. ☐ At my request, the preparer named in **Part 8.**, , 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)

Petitioner's Declaration and Certification

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

I further 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 laws.

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

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Petitioner's Signature

- 6.a. Petitioner's Signature 
- 6.b. Date of Signature (mm/dd/yyyy)

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

Part 6. Beneficiary's Statement, Contact Information, Declaration, Certification, and Signature if in the United States

NOTE: Read the information on penalties in the **Penalties** section of the Form I-730 Instructions before completing this part.

NOTE: If the beneficiary is not currently in the United States, or is not 14 years of age or older, this section should be left blank.

Beneficiary's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☐ I can read and understand English, and I have read and I understand every question and instruction on this petition and my answer to every question.
- 1.b. ☐ The interpreter named in **Part 7.** read to me every question and instruction on this petition and my answer to every question in , a language in which I am fluent, and I understood everything.
2. ☐ At my request, the preparer named in **Part 8.**, , prepared this petition for me based only upon information I and the petitioner provided or authorized.

Beneficiary's Contact Information

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

Beneficiary's Declaration and Certification

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

I further 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 laws.

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

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Beneficiary's Signature

- 6.a. Beneficiary's Signature
- 6.b. Date of Signature (mm/dd/yyyy)

NOTE: This petition must be completely filled out and all required evidence submitted or USCIS may deny this petition.

Part 7. Contact Information, Certification and Signature of the Person Interpreting this Petition, if Other Than the Petitioner or Beneficiary

Provide the following information about the interpreter used to complete this petition. **NOTE:** If you did not use an interpreter to help you complete this petition, leave this section blank.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

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

Interpreter's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 5.**

or Part 6., Item Number 1.b., and I have read to this petitioner, beneficiary, or to them both (if the beneficiary is in the United States and 14 years of age or older) in the identified language, every question and instruction on this petition and the petitioner's or the beneficiary's answer to every question. The petitioner and/or beneficiary informed me that he and/or she understand every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and the **Beneficiary's Declaration and Certification**, and have verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

Part 8. Contact Information, Certification and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Beneficiary

Provide the following information about the preparer. **If you filled out this petition yourself (without a preparer), please leave this section blank.**

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

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

Preparer's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

Preparer's Statement

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

NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, 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 and/or the beneficiary. The petitioner and beneficiary (if the beneficiary is in the United States and 14 years of age or older) then reviewed this completed petition and informed me that he and/or she understands all of the information contained in, and submitted with, his and/or her petition, including the **Petitioner's Declaration and Certification**, and the **Beneficiary's Declaration and Certification** that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner and beneficiary provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

Part 9. To Be Completed at Interview of Beneficiary, If Applicable (14 years of age or older)

Beneficiaries in the United States will be interviewed by USCIS officers. Their petitioners may also be interviewed. Beneficiaries living overseas will be interviewed by a USCIS officer or a Department of State (DOS) consular officer.

I swear (affirm) that I know the contents of this petition that I am signing, including the attached documents and supplements, and that they are ☐ all true or ☐ not all true to the best of my knowledge and that corrections numbered _____ to _____ were made by me or at my request. With these corrections, the information on this form is now true.

Signed and sworn before me by the beneficiary
named herein on: _____

Signature of Beneficiary

Date (mm/dd/yyyy)

Write your Name in your Native Alphabet

Signature of USCIS Officer or DOS Consular Officer

☐ Beneficiary Approved for Travel, Admission
Code: _____

CBP Action Block

☐ Petition Returned to Service Center via NVC



03/04/2025