

Formulario I-589, Solicitud de Asilo y de Suspensión de Remoción

Información para inmigrantes y solicitantes de asilo
recién llegados



Seattle
Office of Immigrant
and Refugee Affairs

Mayo de 2024

Northwest
**IMMIGRANT
RIGHTS**
Project

The screenshot shows the USCIS.gov website for Form I-589. The browser address bar displays "uscis.gov/i-589". The page header includes the USCIS logo and the text "U.S. Citizenship and Immigration Services". A search bar and a "Sign In" button are visible. The main navigation menu includes "Topics", "Forms", "Newsroom", "Citizenship", "Green Card", "Laws", and "Tools". The left sidebar contains a "Forms" section with "All Forms" selected, and "Explore my Options" with sub-links for "Filing Guidance", "Filing Fees", and "Forms Updates". The main content area shows the breadcrumb "Home > Forms > All Forms > Application for Asylum and for Withholding of Removal" and the title "I-589, Application for Asylum and for Withholding of Removal". Two alert boxes are present: "ALERT: Applying for Asylum with USCIS for Ms. L. Settlement Class Members" and "ALERT: Filing Tips for Affirmative Asylum Applications". Below the alerts, a note states: "below to learn whether you may file your Form I-589 online, or if you must file by mail." A "Need help? Ask Emma" chat button is visible. The "Form Details" section includes a "Forms and Document Downloads" list with two items: "Form I-589 (PDF, 391.82 KB)" and "Instructions for Form I-589 (PDF, 143.49 KB)". A red circle highlights this list. The "Edition Date" section is partially visible at the bottom.

Página 1. Información acerca de usted

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

U.S. Department of Justice
Executive Office for Immigration Review

OMB No. 1615-0067; Expires 06/30/2026

I-589, Application for Asylum and for Withholding of Removal

START HERE - Type or print in black ink. See the instructions for information about eligibility and how to complete and file this application. There is no filing fee for this application.

NOTE: Check this box if you also want to apply for withholding of removal under the Convention Against Torture.

Part A.I. Information About You			
1. Alien Registration Number(s) (A-Number) (if any) A 123-456-789		2. U.S. Social Security Number (if any)	3. USCIS Online Account Number (if any)
4. Complete Last Name Doe		5. First Name Fulanito	6. Middle Name
7. What other names have you used (include maiden name and aliases)? John Doe			
8. Residence in the U.S. (where you physically reside)			
Street Number and Name 1234 56th St		Apt. Number 7	
City Seattle	State WA	Zip Code 98000	Telephone Number (206) 555-5555
(NOTE: You must be residing in the United States to submit this form.)			
9. Mailing Address in the U.S. (if different than the address in Item Number 8)			
In Care Of (if applicable): Cousin Mary		Telephone Number ()	
Street Number and Name PO BOX 98765		Apt. Number	
City Seattle	State WA	Zip Code 980000	

Página 1. Información acerca de usted

10. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		11. Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
12. Date of Birth (mm/dd/yyyy) 01/01/1990		13. City and Country of Birth Caracas, Venezuela	
14. Present Nationality (Citizenship) Venezuelan/Colombian		15. Nationality at Birth Venezuelan	17. Religion Catholic
		16. Race, Ethnic, or Tribal Group	
18. Check the box, a through c, that applies: a. <input type="checkbox"/> I have never been in Immigration Court proceedings.			
b. <input checked="" type="checkbox"/> I am now in Immigration Court proceedings. c. <input type="checkbox"/> I am not now in Immigration Court proceedings, but I have been in the past.			
19. Complete 19 a through c.			
a. When did you last leave your country? (mm/dd/yyyy) <u>01/01/2023</u> b. What is your current I-94 Number, if any? _____			
c. List each entry into the U.S. beginning with your most recent entry. List date (mm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.)			
Date <u>01/01/2024</u>	Place <u>Texas</u>	Status <u>No Status</u>	Date Status Expires _____
Date _____	Place _____	Status _____	
Date _____	Place _____	Status _____	
20. What country issued your last passport or travel document? None		21. Passport Number Travel Document Number	22. Expiration Date (mm/dd/yyyy)
23. What is your native language (include dialect, if applicable)? Spanish		24. Are you fluent in English? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	25. What other languages do you speak fluently?
For EOIR use only.	For USCIS use only.	Action: Interview Date: _____ Asylum Officer ID No.: _____	Decision: Approval Date: _____ Denial Date: _____ Referral Date: _____



Passport Number
813106636 11

Department of Homeland Security
CBP I-94A (11/04)
Departure Record

L1
12345
09/17/2007

Roll's Name
SAMPLE
First Name
AHMET
Country of Citizenship
PAKISTAN
20041122 US-VISIT 20050207 MULTIPLE

See Other Side STAPLE HERE



Página 2. Información acerca de su familia

Part A.II. Information About Your Spouse and Children

Your spouse

I am not married. (Skip to **Your Children** below.)

1. Alien Registration Number (A-Number) <i>(if any)</i>	2. Passport/ID Card Number <i>(if any)</i>	3. Date of Birth (mm/dd/yyyy)	4. U.S. Social Security Number <i>(if any)</i>
5. Complete Last Name	6. First Name	7. Middle Name	8. Other names used (include maiden name and aliases)
9. Date of Marriage (mm/dd/yyyy)	10. Place of Marriage	11. City and Country of Birth	
12. Nationality (Citizenship)	13. Race, Ethnic, or Tribal Group	14. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
15. Is this person in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 16 to 24.) <input type="checkbox"/> No (Specify location):			
16. Place of last entry into the U.S.	17. Date of last entry into the U.S. (mm/dd/yyyy)	18. I-94 Number (if any)	19. Status w <i>(Visa typ</i>
20. What is your spouse's current status?	21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	22. Is your spouse in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	23. If previ previous
24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Your Children. List all of your children, regardless of age, location, or marital status

I do not have any children. (Skip to Part A.III., Information about your background.)

I have children. Total number of children: _____

(NOTE: Use Form I-589 Supplement A or attach additional sheets of paper and documentation if you have more than four children.)

1. Alien Registration Number (A-Number) <i>(if any)</i>	2. Passport/ID Card Number <i>(if any)</i>	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number <i>(if any)</i>
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S. ? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location):			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (if any)	17. Status when last admitted <i>(Visa type, if any)</i>
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Página 2. Información acerca de su familia

Part A.II. Information About Your Spouse and Children

Your spouse I am not married. (Skip to **Your Children** below.)

1. Alien Registration Number (A-Number) <i>(if any)</i>		2. Passport/ID Card Number <i>(if any)</i>		3. Date of Birth <i>(mm/dd/yyyy)</i>		4. U.S. Social Security Number <i>(if any)</i>	
123456789				01/01/1900			
5. Complete Last Name			6. First Name		7. Middle Name		8. Other names used <i>(include maiden name and aliases)</i>
Fulano de Tal			Don				
9. Date of Marriage <i>(mm/dd/yyyy)</i>		10. Place of Marriage			11. City and Country of Birth		
01/01/1900					Caracas, Venezuela		
12. Nationality <i>(Citizenship)</i>			13. Race, Ethnic, or Tribal Group			14. Gender	
Venezuela			Latino			<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
15. Is this person in the U.S.? <input checked="" type="checkbox"/> Yes <i>(Complete Blocks 16 to 24.)</i> <input type="checkbox"/> No <i>(Specify location):</i> _____							
16. Place of last entry into the U.S.		17. Date of last entry into the U.S. <i>(mm/dd/yyyy)</i>		18. I-94 Number <i>(if any)</i>		19. Status when last admitted <i>(Visa type, if any)</i>	
Texas		01/01/1900				No status	
20. What is your spouse's current status?		21. What is the expiration date of his/her authorized stay, if any? <i>(mm/dd/yyyy)</i>		22. Is your spouse in Immigration Court proceedings?		23. If previously in the U.S., date of previous arrival <i>(mm/dd/yyyy)</i>	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24. If in the U.S., is your spouse to be included in this application? <i>(Check the appropriate box.)</i>							
<input checked="" type="checkbox"/> Yes							
<input type="checkbox"/> No							

Páginas 2-3. Información acerca de su familia

Your Children. List **all** of your children, regardless of age, location, or marital status.

I do not have any children. *(Skip to Part A.III., Information about your background.)*

I have children. Total number of children: 2.

(NOTE: Use Form I-589 Supplement A or attach additional sheets of paper and documentation if you have more than four children.)

1. Alien Registration Number (A-Number) <i>(if any)</i> 123456789	2. Passport/ID Card Number <i>(if any)</i>	3. Marital Status <i>(Married, Single, Divorced, Widowed)</i> single	4. U.S. Social Security Number <i>(if any)</i>
5. Complete Last Name Doe	6. First Name Jane	7. Middle Name	8. Date of Birth <i>(mm/dd/yyyy)</i> 01/01/1990
9. City and Country of Birth Luanda, Angola	10. Nationality <i>(Citizenship)</i> Angolan	11. Race, Ethnic, or Tribal Group Ovimbundu	12. Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
13. Is this child in the U.S. ? <input type="checkbox"/> Yes <i>(Complete Blocks 14 to 21.)</i> <input checked="" type="checkbox"/> No <i>(Specify location):</i> Angola			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. <i>(mm/dd/yyyy)</i>	16. I-94 Number <i>(If any)</i>	17. Status when last admitted <i>(Visa type, if any)</i>
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? <i>(mm/dd/yyyy)</i>	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? <i>(Check the appropriate box.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			

Part A.III. Information About Your Background

1. List your last address where you lived before coming to the United States. If this is not the country where you fear persecution, also list the last address in the country where you fear persecution. *(List Address, City/Town, Department, Province, or State and Country.)*

(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Number and Street <i>(Provide if available)</i>	City/Town	Department, Province, or State	Country	Dates	
				From <i>(Mo/Yr)</i>	To <i>(Mo/Yr)</i>
Colonia Lopez Arellano	San Pedro Sula	Cortes	Honduras	06/1996	02/2023

2. Provide the following information about your residences during the past 5 years. List your present address first.

(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Number and Street	City/Town	Department, Province, or State	Country	Dates	
				From <i>(Mo/Yr)</i>	To <i>(Mo/Yr)</i>
3118 S 140th St	Tukwila	Washington	United States	03/2023	Present
					e

Página 4. Información acerca de sus antecedentes

3. Provide the following information about your education, beginning with the most recent school that you attended.

(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Name of School	Type of School	Location (Address)	Attended	
			From (Mo/Yr)	To (Mo/Yr)
School #4	University	Tegucigalpa, Honduras	08/2014	06/2016
School #3	High School	San Pedro Sula, Honduras	08/2010	05/2014
School #2	Middle School	San Pedro Sula, Honduras	08/2005	05/2010
School #1	Primary School	San Pedro Sula, Honduras	08/2001	05/2005

4. Provide the following information about your employment during the past 5 years. List your present employment first.

(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Name and Address of Employer	Your Occupation	Dates	
		From (Mo/Yr)	To (Mo/Yr)
Tienda Feliz, Tegucigalpa, Honduras	Owner	01/2017	01/2023

Página 4. Información acerca de sus antecedentes

5. Provide the following information about your parents and siblings (brothers and sisters). Check the box if the person is deceased.

(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Full Name	City/Town and Country of Birth	Current Location
<i>Mother</i> Maria Perez de Lopez	San Pedro Sula, Honduras	<input checked="" type="checkbox"/> Deceased
<i>Father</i> Juan Lopez Carrion	Tegucigalpa, Honduras	<input type="checkbox"/> Deceased Honduras
<i>Sibling</i> Juanito Lopez Perez	San Pedro Sula, Honduras	<input type="checkbox"/> Deceased Honduras
<i>Sibling</i> Juanita Lopez Perez	San Pedro Sula, Honduras	<input type="checkbox"/> Deceased Seattle, WA, USA
<i>Sibling</i>		<input type="checkbox"/> Deceased
<i>Sibling</i>		<input type="checkbox"/> Deceased



Página 5. Información acerca de su solicitud

Part B. Information About Your Application

(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part B.)

When answering the following questions about your asylum or other protection claim (withholding of removal under 241(b)(3) of the INA or withholding of removal under the Convention Against Torture), you must provide a detailed and specific account of the basis of your claim to asylum or other protection. To the best of your ability, provide specific dates, places, and descriptions about each event or action described. You must attach documents evidencing the general conditions in the country from which you are seeking asylum or other protection and the specific facts on which you are relying to support your claim. If this documentation is unavailable or you are not providing this documentation with your application, explain why in your responses to the following questions.

Refer to Instructions, Part 1: Filing Instructions, Section II, "Basis of Eligibility," Parts A - D, Section V, Completing the Form," Part B, and Section VII, "Additional Evidence That You Should Submit," for more information on completing this section of the form.

1. Why are you applying for asylum or withholding of removal under section 241(b)(3) of the INA, or for withholding of removal under the Convention Against Torture? Check the appropriate box(es) below and then provide detailed answers to questions A and B below.

I am seeking asylum or withholding of removal based on:

- | | |
|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Political opinion |
| <input checked="" type="checkbox"/> Religion | <input checked="" type="checkbox"/> Membership in a particular social group |
| <input type="checkbox"/> Nationality | <input checked="" type="checkbox"/> Torture Convention |

A. Have you, your family, or close friends or colleagues ever experienced harm or mistreatment or threats in the past by anyone?

- No Yes

If "Yes," explain in detail:

1. What happened;
2. When the harm or mistreatment or threats occurred;
3. Who caused the harm or mistreatment or threats; and
4. Why you believe the harm or mistreatment or threats occurred.

B. Do you fear harm or mistreatment if you return to your home country?

- No Yes

If "Yes," explain in detail:

1. What harm or mistreatment you fear;
2. Who you believe would harm or mistreat you; and
3. Why you believe you would or could be harmed or mistreated.

Raza

Opinión

política

Religión

Grupo social en particular

Nacionalidad

Convención contra la Tortura

¿Qué pasó?

¿Qué, quién y por qué?

Páginas 6-7. Información acerca de su solicitud

Part B. Information About Your Application (Continued)

2. Have you or your family members ever been accused, charged, arrested, detained, interrogated, convicted and sentenced, or imprisoned in any country other than the United States (including for an immigration law violation)?

No Yes

If "Yes," explain the circumstances and reasons for the action.

- 3.A. Have you or your family members ever belonged to or been associated with any organizations or groups in your home country, such as, but not limited to, a political party, student group, labor union, religious organization, military or paramilitary group, civil patrol, guerrilla organization, ethnic group, human rights group, or the press or media?

No Yes

If "Yes," describe for each person the level of participation, any leadership or other positions held, and the length of time you or your family members were involved in each organization or activity.

- 3.B. Do you or your family members continue to participate in any way in these organizations or groups?

No Yes

If "Yes," describe for each person your or your family members' current level of participation, any leadership or other positions currently held, and the length of time you or your family members have been involved in each organization or group.

4. Are you afraid of being subjected to torture in your home country or any other country to which you may be returned?

No Yes

If "Yes," explain why you are afraid and describe the nature of torture you fear, by whom, and why it would be inflicted.

Part C. Additional Information About Your Application

(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part C.)

1. Have you, your spouse, your child(ren), your parents or your siblings ever applied to the U.S. Government for refugee status, asylum, or withholding of removal?

No Yes

If "Yes," explain the decision and what happened to any status you, your spouse, your child(ren), your parents, or your siblings received as a result of that decision. Indicate whether or not you were included in a parent or spouse's application. If so, include your parent or spouse's A-number in your response. If you have been denied asylum by an immigration judge or the Board of Immigration Appeals, describe any change(s) in conditions in your country or your own personal circumstances since the date of the denial that may affect your eligibility for asylum.

- 2.A. After leaving the country from which you are claiming asylum, did you or your spouse or child(ren) who are now in the United States travel through or reside in any other country before entering the United States?

No Yes

- 2.B. Have you, your spouse, your child(ren), or other family members, such as your parents or siblings, ever applied for or received any lawful status in any country other than the one from which you are now claiming asylum?

No Yes

If "Yes" to either or both questions (2A and/or 2B), provide for each person the following: the name of each country and the length of stay, the person's status while there, the reasons for leaving, whether or not the person is entitled to return for lawful residence purposes, and whether the person applied for refugee status or for asylum while there, and if not, why he or she did not do so.

3. Have you, your spouse or your child(ren) ever ordered, incited, assisted or otherwise participated in causing harm or suffering to any person because of his or her race, religion, nationality, membership in a particular social group or belief in a particular political opinion?

No Yes

If "Yes," describe in detail each such incident and your own, your spouse's, or your child(ren)'s involvement.

Página 8. Información acerca de su solicitud

Part C. Additional Information About Your Application (Continued)

4. After you left the country where you were harmed or fear harm, did you return to that country?

No Yes

If "Yes," describe in detail the circumstances of your visit(s) (for example, the date(s) of the trip(s), the purpose(s) of the trip(s), and the length of time you remained in that country for the visit(s).)

5. Are you filing this application more than 1 year after your last arrival in the United States?

No Yes

If "Yes," explain why you did not file within the first year after you arrived. You must be prepared to explain at your interview or hearing why you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see Instructions, Part I: Filing Instructions, Section V, "Completing the Form," Part C.

6. Have you or any member of your family included in the application ever committed any crime and/or been arrested, charged, convicted, or sentenced for any crimes in the United States (including for an immigration law violation)?

No Yes

If "Yes," for each instance, specify in your response: what occurred and the circumstances, dates, length of sentence received, location, the duration of the detention or imprisonment, reason(s) for the detention or conviction, any formal charges that were lodged against you or your relatives included in your application, and the reason(s) for release. Attach documents referring to these incidents, if they are available, or an explanation of why documents are not available.

¿Se le pasó el plazo de un año?



Página 9. Su firma

Escriba su nombre

Y

No olvide de firmar la
aplicación

Part D. Your Signature

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. Title 18, United States Code, Section 1546(a), provides in part: Whoever knowingly makes under oath, or as permitted under penalty of perjury under Section 1746 of Title 28, United States Code, knowingly subscribes as true, any false statement with respect to a material fact in any application, affidavit, or other document required by the immigration laws or regulations prescribed thereunder, or knowingly presents any such application, affidavit, or other document containing any such false statement or which fails to contain any reasonable basis in law or fact - shall be fined in accordance with this title or imprisoned for up to 25 years. I certify that I am physically present in the United States or seeking admission at a Port of Entry when I execute this application. I authorize the release of any information from my immigration record that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

WARNING: Applicants who are in the United States unlawfully are subject to removal if their asylum or withholding claim: are not granted by an asylum officer or an immigration judge. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, removal proceedings; even if the application is later withdrawn. Applicants determined to have knowingly made a frivolous application for asylum will be permanently ineligible for any benefits under the Immigration and Nationality Act. You may not avoid a frivolous finding simply because someone advised you to provide false information in your asylum application. If filing with USCIS, unexcused failure to appear for an appointment to provide biometrics (such as fingerprints) and your biographical information within the time allowed may result in an asylum officer dismissing your asylum application or referring it to an immigration judge. Failure without good cause to provide DHS with biometrics or other biographical information while in removal proceedings may result in your application being found abandoned by the immigration judge. See sections 208(d)(5)(A) and 208(d)(6) of the INA and 8 CFR sections 208.10, 1208.10, 208.20, 1003.47(d) and 1208.20.

Print your complete name _____ Write your name in your native alphabet _____

Did your spouse, parent, or child(ren) assist you in completing this application? No Yes (If "Yes," list the name and relationship.)

(Name) (Relationship) _____ (Name) (Relationship)

Did someone other than your spouse, parent, or child(ren) prepare this application? No Yes (If "Yes," complete Part E.)

Asylum applicants may be represented by counsel. Have you been provided with a list of persons who may be available to assist you, at little or no cost, with your asylum claim? No Yes

Signature of Applicant (The person in Part A.1.)

➔ [_____] _____
Sign your name so it all appears within the brackets Date (mm/dd/yyyy)

Part E. Declaration of Person Preparing Form, if Other Than Applicant, Spouse, Parent, or Child

I declare that I have prepared this application at the request of the person named in Part D, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant, and that the completed application was read to the applicant in his or her native language or a language he or she understands for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form I-589 may also subject me to civil penalties under 8 U.S.C. 1324c and/or criminal penalties under 18 U.S.C. 1546(a).

Signature of Preparer _____		Print Complete Name of Preparer _____	
Daytime Telephone Number _____ () _____		Address of Preparer: Street Number and Name _____	
Apt. Number _____	City _____	State _____	Zip Code _____
To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) _____	Attorney or Accredited Representative USCIS Online Account Number (if any) _____



Documentos que debe presentar con su solicitud de asilo

Northwest
IMMIGRANT
RIGHTS
Project

Presente su solicitud de asilo

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Project

Presentación de la solicitud en el Tribunal de Inmigración

An official website of the United States government [Here's how you know](#)

EOIR | Automated Case Information

Court Closures Today June 15, 2022 | Please check <https://www.justice.gov/eoir-operational-status> for up to date closures.

English

Automated Case Information

Welcome to the Automated Case Information system. The following information relates to the primary case only. Please contact your local court if you need bond hearing information.

If you are a recent arrival and were apprehended between ports of entry on or after May 28, 2021, placed in removal proceedings, and enrolled in Alternatives to Detention, please see the [Family Group Legal](#)

Enter your A-Number

A-Number *Required [? What's an A-Number?](#)

9 9 9 9 9 9 9 9 9

SUBMIT

ⓘ Case information from this automated resource is provided for convenience only. Documents the immigration court or Board of Immigration Appeals issue to you or your representative are the only official determinations related to your case.

Enter your A-Number

A-Number *Required [? What's an A-Number?](#)

9 9 9 9 9 9 9 9 9

No case found for this A-Number.

SUBMIT

ⓘ Case information from this automated resource is provided for convenience only. Documents the immigration court or Board of Immigration Appeals issue to you or your representative are the only official determinations related to your case.

Presentación de la solicitud en el Servicio de Ciudadanía e Inmigración de EE. UU. (USCIS)



The screenshot shows the 'My Account' page of the U.S. Citizenship and Immigration Services (USCIS) website. The page features a navigation bar with the USCIS logo, 'My Account', 'My Account' (with a dropdown arrow), 'Resources' (with a dropdown arrow), and 'Sign Out'. The main heading reads 'Welcome To Your USCIS Account' with the sub-heading 'Select What You Want To Do'. Below this are four interactive cards:

- Add a paper-filed case**: View your case status and case history by adding your case to your account.
- File a form online**: Start a new form, upload evidence, and pay and submit online.
- Enter a representative passcode**: Review and sign forms prepared for you by your attorney or representative.
- Verify your identity**: Answer questions about your immigration history to verify your personal identity.

At the bottom, there is a 'Return to top' link and a navigation menu with the following items: Topics, Citizenship, Schedule an Appointment, Find a Doctor, and Find a Class.

Cita para datos biométricos



Department of Homeland Security Form I-797C, Notice of Action
U.S. Citizenship and Immigration Services

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

ASC Appointment Notice	APPLICATION NUMBER	APPLICANT'S NAME	APPLICANT'S DATE OF BIRTH
Case No. 8010-Consolidation of Selected Action for Different Arrivals	111-123456789	John Doe	01/15/1980
		123 Main St	01/15/1980
		Main City, ST 12345	

John Doe
123 Main St
Main City, ST 12345

To process your application, the U.S. Citizenship & Immigration Services (CIS) must capture your biometrics.
PLEASE APPEAR AT THE BELOW APPLICATION SUPPORT CENTER AT THE DATE AND TIME SPECIFIED.
IF YOU FAIL TO APPEAR AS SCHEDULED, YOUR APPLICATION WILL BE CONSIDERED ABANDONED.

APPLICATION SUPPORT CENTER:

USCIS Main City
123 Main City St
Main City, ST 12345

PLEASE READ THIS NOTICE CAREFULLY.

DATE AND TIME OF APPOINTMENT
08/17/2012
11:00 PM

WHEN YOU GO TO THE APPLICATION SUPPORT CENTER TO HAVE YOUR BIOMETRICS TAKEN, YOU MUST BRING:
1. THIS APPOINTMENT NOTICE, and

2. PROOF OF IDENTIFICATION. Applicants must bring their Permanent Resident Card/Valid State Card, or a passport, driver's license, national ID, military ID, or non-foreign passport. If you appear without proper identification, your biometrics may not be taken.

CELL PHONES, CAMERAS, OR OTHER RECORDING DEVICES ARE NOT PERMITTED.

REQUEST FOR RESCHEDULE

Please reschedule the appointment if you receive at your request, see us for the needed appointment work. Make a copy of this notice for our records. Attach the copy and write your request to RPL, Attention: ASC, Suite 500, 8900 Richmond Hwy., Alexandria, VA 22304-1136.

APPLICATION NUMBER
11111 111-123456789



BIOMETRICS PROCESSING STAMP

ASC SITE CODE: 111

BIOMETRICS AND REVIEW BY: JK

202203 ON 9-5-12

TRAVELER'S USE REVIEW BY:

202203 ON 9-5-12

If you have any questions regarding this notice, please call 1-800-375-5282.

WARNING: Due to limited working conditions in our facility, any person who are necessary to assist with transcription or completing the biometrics workflow should accompany you. If you have open records or background checks when you appear, the USCIS may not be able to process your application if it is determined your records will interfere with taking your biometrics.

Please see the back of this notice for important information.

Entrevista de asilo y tribunal de inmigración



Entrevista con un funcionario de asilo de USCIS



Representación de una audiencia típica en el tribunal de inmigración. Ilustración de Michael Elizabeth Johnson

Beneficios del asilo

- Estatus migratorio indefinido
- Autorización de empleo
- Acceso a ciertos beneficios públicos y asistencia para los refugiados
- Estatus derivado para su cónyuge y sus hijos solteros menores de 21 años (petición dentro de los 2 años de recibir asilo)
- Capacidad de viajar con un documento de viaje de refugiado
- Ajuste de estatus migratorio ("tarjeta de residencia") después de 1 año
- Camino a la ciudadanía

**Para obtener más ayuda en
materia de inmigración,
visite nwirp.org**

Northwest
**IMMIGRANT
RIGHTS**
Project