

**SPECIAL IMMIGRANT JUVENILE AND PROCESSING
THROUGH FAMILY COURT FACILITATING
PARENTAL INTERESTS**

by

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Special Immigrant Juvenile And Processing Through Family Court Facilitating Parental Interests

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Important Resources

- SIJS Manual at www.ilrc.org/sijs.php
- SIJS TVPRA Practice Advisory
- Citizenship and Immigration Services Website: www.uscis.gov
- National Children’s Center SIJS Resources at www.refugees.org

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Presentation Topics

- Overview of Changes to SIJS Eligibility Requirements by TVPRA
- Filing a Petition for Guardianship in New York Family Court
- Handling Affirmative SIJS Applications under the TVPRA
- Facilitating Parental Interests in the Course of Civil Immigration Enforcement Activities

SIJS Basics

- **Statutory Authority**
- **The Immigration and Nationality Act at § 101(a)(27)(J), codified at 8 USC § 1101(a)(27)(J).**
- **This statute is in turn implemented by standards set out in federal regulations, found in the Code of Federal Regulation at 8 CFR § 204.11. These regulations will need to be amended to reflect changes made to the underlying Special Immigrant Juvenile statute.**

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SIJS Basics Continued

- **On Dec 23, 2008 the Trafficking Victims Protection and Reauthorization Act (TVPRA) of 2008, Pub. L. No. 110-457, 122 Stat. 5044, was signed into law.**
- **This new law changes some SIJS requirements, codifies some of the SIJS regulation provisions, and streamlines SIJS procedures.**

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TVPRA Effective Dates

- **Effective March 23, 2009 for new SIJS applications. Effective now for SIJS cases pending on December 23, 2008.**
- **Currently though, the Department of Homeland Security and the Department of Health and Human Services do not appear to acknowledge the immediate effective date for pending SIJS cases.**

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New Expanded Definition for Special Immigrant Juvenile

- Under Section 235(d)(1) of the TVPRA a Special Immigrant Juvenile is now defined as an immigrant who is present in the United States:
- who has been declared dependent on a juvenile court located in the United States or
- whom such a court has legally committed to or placed under the custody of, an agency or department of a State, or
- an individual or entity appointed by a State or juvenile court located in the United States, and

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New Expanded Definition for Special Immigrant Juvenile

- Whose reunification with 1 or both of the immigrant's parents is not viable due to abuse, neglect, abandonment, or a similar basis found under State law;
- and- for whom it has been determined in administrative or judicial proceedings that it would not be in the alien's best interest to be returned to the alien's or parent's previous country of nationality or country of last habitual residence.

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"Eligible for Long-Term Foster Care" – (Eliminated by TVPRA)

- "Eligible for long-term foster care" means that family reunification is no longer a viable option... a child who has been adopted or placed in guardianship situation after having been found dependent upon a juvenile court in the United States will continue to be considered to be eligible for long-term foster care. See 8 CFR § 204.11(a).
- This term was eliminated by the TVPRA. New language is that the minor's "reunification with one or both parents is not viable due to abuse, neglect or abandonment, or other similar basis in state law." Makes clear that child need not be in actual state foster care to be SIJ-eligible.

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What's different about the SIJ definition? (part 1)

- Previously, the definition of Special Immigrant Juvenile required that:
- The juvenile is dependent on a juvenile court or the juvenile court has committed or placed the juvenile into custody of an agency or department of the state;
- The Juvenile is eligible for long-term foster care due to abuse, neglect, or abandonment; AND residence
- It is not in the juvenile's best interests to return to his or her country of residence, or his or her parent's country of residence

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What's different about the SIJ definition? (part 2)

- Now, the definition of Special Immigrant Juvenile requires that:
- The juvenile is dependent on a juvenile court or the juvenile court has committed or placed the juvenile into custody of an agency or department of the state, or to an entity or individual appointed by a State or juvenile court;

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What's different about the SIJ definition? (part 2 cont'd)

- Reunification with 1 or both parents is not viable due to abuse, neglect, abandonment, or other similar basis found under State law;
- AND- It is not in the juvenile's best interests to return to his or her country of residence, or his or her parent's country of residence

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Current Eligibility Requirements per 8 CFR § 204.11

- 1) Is under twenty-one years of age;
- 2) Is unmarried;
- 3) Has been declared dependent upon a juvenile court or committed to or placed under the custody of an agency or department of a State; *(needs to be amended)*
- 4) *Has been deemed eligible by the juvenile court for long-term foster care due to neglect, abandonment or abuse; (needs to be amended)*
- 5) *Continues to be dependent upon the juvenile court and eligible for long-term foster care in that reunification with parents is not viable; and (needs to be amended)*
- 6) *Juvenile court has determined that it is not in the young person's best interest to be returned to the country of nationality or last residence.*

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Dependent on a Juvenile Court

- The term "juvenile court" is a court located in the United States having jurisdiction under State law to make judicial determinations about the custody and care of juveniles.
- In many states this could be a dependency case, delinquency or probate/guardianship. See 8 C.F.R. § 204.11(a).
- TVPRA adds clarification that juvenile court may commit minor to care of State OR individual OR entity. Makes clear guardianships are within the meaning of the statute.

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Abuse, Neglect or Abandonment

- In November 1997, the statute was amended to require that the young person must be eligible for long-term foster care "due to abuse, neglect or abandonment."
- New language in TVPRA is that the minor's "reunification with one or both parents is not viable due to abuse, neglect or abandonment, or other similar basis in state law."

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Best Interests

- A juvenile court determines that it is in the young person’s best interests to stay in the U.S., as opposed to return to their home country.
- Factors such as family/friend support system, emotional well-being, as well as medical and educational resources may be included.

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Continues to be dependent upon the juvenile court

- The current regulations require that a child remain under juvenile court jurisdiction until the entire immigration process is complete.
- TVPRA appears to eliminate this requirement. No child can be denied SIJS on account of “age” as long as he/she was a child (under 21) when he/she applied for SIJS.

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Inadmissibility Exemptions and Waivers

- SIJS applicants are specifically exempted from several grounds of inadmissibility, including:
- INA § 212(a)(4)(Public Charge)
- INA § 212(a)(5)(A)(Labor Certification)
- INA § 212(a)(7)(A)(Lack of Valid Entry Documentation)

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Inadmissibility Exemptions and Waivers continued

- The TVPRA expands the inadmissibility grounds for which SIJS applicants are specifically exempted to include:
- **INA § 212(a)(6)(A) (Present Without Admission or Parole)**
- **INA § 212(a)(6)(C) (Document Fraud and Misrepresentation, including false claim to U.S. citizenship)**
- **INA § 212(a)(6)(D) (Stowaway)**
- **INA § 212(a)(9)(B) (Unlawful Presence)**

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Inadmissibility Grounds that may need a Discretionary Waiver

- Persons who have a “mental or physical disorder” that poses a risk to people or property
- HIV positive could be an issue
- People who have been prostitutes or procurers
- People who are or have been drug addicts or abusers
- People who helped others enter the U.S. illegally
- **INA § 212(a)** for list of grounds of inadmissibility

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Statutory Authority of Waivers

- The authority for discretionary waivers for non-exempted grounds of inadmissibility is found at **INA § 245(h)(2)(B); 8 USC § 1255(h)(2)(B)**
- NOTE: the waiver standard in this section is the same as that for refugees (See **INA § 209(c); 8 USC § 1159(c)**) – “for humanitarian purposes, family unity, or when it is otherwise in the public interest.”

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Criminal Bars

- Like all other applicants for adjustment of status, SIJS applicants may be inadmissible if they have been convicted of any number of adult offenses, e.g., a **crime of moral turpitude and drug related offenses.**
- **This analysis is complicated and there may not be any waivers available.**

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Juvenile Delinquency Adjudications

- Juvenile delinquency adjudications and youthful offender adjudications are not considered convictions for immigration purposes.
- Some juvenile adjudications, however, may be trigger inadmissibility grounds under the conduct grounds – watch out for drug offenses esp. drug trafficking!
- Also delinquency can serve as negative evidence in the discretionary phase of SIJS. It must be mitigated by positive equities.

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II. Affirmative Applications for SIJS

- A. Intake Stage: When the child’s eligibility and red flags are assessed
- B. Juvenile Court Stage: When the juvenile court makes the required SIJS findings
- C. Immigration Service Stage: When immigration counsel or trained social workers use the SIJS findings to obtain LPR status for the child through CIS

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A. Intake Stage

- Determine SIJS eligibility & any inadmissibility issues using new TVPRA standards
- Age & marital status –
- Abandonment, abuse, or neglect
- Viability of family reunification
- Best interests If the child does not already have an open juvenile court case, identify potential guardianship resources or the appropriateness of foster care

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Special Considerations That Need To Be Addressed

- Client has an arrest record
- Client has been deported before or has an outstanding deportation order
- Client has a substance abuse problem
- Client has serious mental health issues
- Client is in removal proceedings

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Factors to Consider When Counseling Clients about SIJS vs. Other Relief

- A child granted SIJS cannot later petition for her biological or prior adoptive parent/s
- SIJS creates an immediate route to LPR status, in contrast to asylum or U or T visas
- SIJS is a fairly efficient and fairly predictable process (by CIS standards)
- Youth granted T visas or asylum are eligible for federal foster care until age 21

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B. Juvenile Court Stage

- ESTABLISH COURT JURISDICTION
- If the child already has an open dependency or delinquency case, no action is needed
- If the child would become SIJS-eligible through a legal guardianship, file for and establish the guardianship via the court
- Procedures vary state-by-state

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New York: File in Family Court

- OBTAIN THE SIJS FINDINGS
- Motion typically filed by attorney filing the Guardianship Petition

NEW YORK FAMILY COURT: Prepare Documents

- Check Filing Procedures for the Family Court in Each Respective County
- Form 6-1: Petition for Appointment As Guardian of a Person or Permanent Guardian
- Guardianship Application Worksheet
- Notarized Affidavit of Petitioner

New York Family Court: Prepare Documents

- Copy of Child's Birth Certificate with certified English Translation
- Copy of Petitioner's Valid Picture Identification and Proof of Residence
- Copies of Parents Death Certificates (If Parent(s) are Deceased)
- Proof of Current School Attendance (If applicable)
- Must Bring Originals to Court

NEW YORK FAMILY COURT: PREPARE DOCUMENTS

- Request for Information Guardianship Form (DCFS-3909)
 - Must list all residences for the past 28 years
 - All members living in household 18+ years old
- Affidavit Consent to Fingerprinting
 - All members living in household 18+ years of age must be fingerprinted
- Case will be delayed if forms are not submitted

NEW YORK FAMILY COURT: PREPARE DOCUMENTS

- Form 6-4 Consent to Letters of Guardianship
 - Parents permission
 - Submit if parents unable to come to court
 - May need to be translated into parents native language
 - Case will be delayed if this is not submitted
- Form 6-3 Preference of Minor Over 14 Years of Age

New York Family Court: Prepare Documents

- Notice of Motion For Special Findings Order
- Order Regarding Minor’s Eligibility for Special Immigrant Juvenile Status
- Attorney’s Affirmation
- Submit Motion Materials Separately from Rest of Guardianship Petition Packet

New York Family Court: File Petition with the Court

- File Petition
- No Fee to File Petition
- Ensure that Clerk is aware of all of the materials that are being filed to avoid delays in processing
- In Some Courts it is Possible to See Judge on the Same Day that Petition is Filed; request to see Judge at time of filing
- Law Guardian will be assigned to represent Minor
- Attorney represents Petitioner
- OR, Attorney Can Represent Minor and Petitioner Can Proceed *Pro Se*

NEW YORK FAMILY COURT: GUARDIANSHIP PROCEEDINGS

- During guardianship hearing, court takes testimony concerning person seeking guardianship to determine whether it would be in child’s best interests to allow that person to take responsibility for child’s care.
- If the child is over 14 years of age, the court may consider the child’s own preference.

**New York Family Court:
Guardianship Proceedings**

- TIPS ON OBTAINING THE SIJS FINDINGS:
- Do this only after the court has determined that child will not reunify with parent/s– Convince the court it has the jurisdiction to make SIJS findings in general and it is appropriate to do so in this particular case
- Work with those within the court system
- Be creative with evidence and arguments!

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New York Family Court is a Juvenile Court for Guardianship Proceedings.

**NEW YORK FAMILY COURT:
Guardianship Proceedings**

- ASSEMBLE DOCUMENTS FROM COURT– Certified copy of SIJS findings
- Arrest record printout for delinquency cases
- Certified copies of juvenile court minute orders corresponding to each petition filed for delinquency cases

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New York Family Court is a Juvenile Court for Guardianship Proceedings.

**New York Family Court:
Guardianship Proceedings**

- MAKE SURE THE CHILD REMAINS SIJS ELIGIBLE
- Resolve delinquency petitions to avoid grounds of inadmissibility

C. Immigration Service Stage: Step One

- ASSEMBLE THE IMMIGRATION APPLICATION PACKET
- Obtain birth certificate and passport
- Arrange for payment of fees or fee waiver
- Arrange for photos and for a medical exam from a CIS-approved doctor
- Prepare all immigration forms; available at <http://www.uscis.gov>

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Immigration Service Stage: Step One

- CONTENTS OF APPLICATION PACKET
- Cover Letter
- SIJS Findings & Case Summary
- Forms I-360, I-485, I-765, G-28, G-325A
- Proof of Age & Identity (Birth Certificate)
- CIS Medical Exam I-693 in Sealed Envelope
- Photos
- CIS Fees or Fee Waiver
- Proof of School Attendance (Report Card, School Letter)

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Immigration Service Stage: Step Two

- FILE THE APPLICATION PACKET
- Do this ASAP after getting SIJS findings
- Check the CIS website for filing information – currently packets are mailed to the CIS Chicago Lockbox
- Be sure before filing to remind your client not to get married or arrested or leave the country
- or s/he can lose SIJS eligibility!

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Immigration Service Stage: Step Three

- COMPLETE BIOMETRICS PROCESSING
- The child should have a valid government-issued ID
- For children 14 and older, background checks are done for criminal and security clearance
- The child's work permit is often issued soon after the biometrics appointment

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Immigration Service Stage: Step Four

- THE ADJUSTMENT OF STATUS (AOS) INTERVIEW
- At the interview, the CIS officer will determine if the child is SIJS eligible and is admissible. The officer will evaluate the child's credibility and may request information about abuse, abandonment or neglect. Interview practices vary by CIS office.

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Immigration Service Stage: Step Four

- PREPARE THE CHILD FOR THE AOS INTERVIEW
- Review all applications with the child
- Update applications if necessary
- Update School Records, if applicable
- Perform a mock interview with the child

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Immigration Service Stage: Step Four

- ATTEND THE AOS INTERVIEW WITH THE CHILD
- Bring photo ID and birth certificate along
- Attend the interview with the child and assist him if s/he needs guidance
- CIS may approve applications on the day of the interview or may have to wait for background checks

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Immigration Service Stage: Step Five

- MONITOR THE APPLICATIONS
- If the child is not approved on the interview date, follow up on the case using local procedures
- Note that the TVPRA requires SIJS-based I-360s to be adjudicated within 180 days
- Provide status reports to the juvenile court for hearings

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Immigration Service Stage: Step Six

- WRAP UP AFTER THE CASE IS APPROVED
- Wait for the child's green card from CIS
- Provide a final status report to the juvenile court
- Advise the child of his rights and responsibilities as an LPR

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Immigration Service Stage: Step Six

- IF THE CASE IS NOT APPROVED
- You can appeal a denial of an I-360 to the AAO or re-file a new I-360 with CIS
- You can re-file the I-485 with CIS if the child is not placed into removal proceedings
- An IJ can adjudicate an I-485 anew if the child is placed in removal proceedings.

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Facilitating Parental Interests in the Course of Civil Immigration Enforcement Activities

- Memo Issued by U.S. Immigrations and Customs Enforcement on August 23, 2013
- Purpose is to enforce immigration law fairly and with respect for a parent's rights and responsibilities
- Each Enforcement Removal Operations Field Office Director shall designate specially trained coordinator at the supervisory level to serve as the Field Point of Contact for Parental Rights

FOD's Responsibilities and Duties

- Prosecutorial Discretion: consider all factors including whether alien is a parent, legal guardian or primary caretaker of a USC or LPR minor
- Identification: If alien is identified with sufficiently credible evidence that they are a parent, legal guardian or primary caretaker of a USC or LPR, FODs should reevaluate any custody determination for the alien to extent permitted by law

Initial Placement and Transfers

- If alien's child(ren) or family court/welfare proceedings are within AOR of initial apprehension, FOD should refrain from placing or transferring the alien outside of the AOR of apprehension
- FOD will initially place detained alien parent as close as practicable to alien's child(ren) and to location of family court/welfare proceeding
- FOD shall arrange for alien parent/legal guardian's in-person appearance at family court or child welfare proceedings, if practicable

Visitation/Coordinating Care

- If required by family court or child welfare agency FOD shall facilitate the required visitation between the detained parent or legal guardian and minor child(ren)
- FOD may permit visitation through video or standard teleconferencing from the detention facility or Field Office
- FOD should accommodate the detained parent or legal guardian's efforts to make provisions for their minor child(ren)

Facilitation of Return

- ICE may facilitate the return of the alien to the U.S. by grant of parole for sole purpose of participation in termination of parental rights proceedings
- Alien will be responsible for incurring all costs associated with return, parental rights hearings, and departure from the United States
- Requests to facilitate return will be considered and accommodated on case-by-case basis

Parental Rights Coordinator

- Designated by the Enforcement Removal Operations Executive Associate Director
- Primary point of contact and subject matter expert for all Field Office Directors and Field Point of Contacts regarding parental rights of detained aliens
- Coordinates with ERO program offices, FODs, state or local family court or child welfare authority personnel, consular officials and others to facilitate timely response to issues or complaints

ADDITIONAL RESOURCES/INFORMATION

- U.S. ICE Enforcement Memo 11064.1: Facilitating Parental Interests in the Course of Civil Immigration Enforcement Activities, Issue Date: August 23, 2013
- Immigrant Legal Resource Center, San Francisco CA
1/415-255-9499; www.ilrc.org
 - Publications
 - Seminars
 - Webinars
 - Technical Assistance through Attorney of the Day

***SPECIAL IMMIGRANT JUVENILE AND PROCESSING THROUGH FAMILY COURT
FACILITATING PARENTAL INTERESTS***

Presented by Marie-Eleana First, Attorney at Law

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PowerPoint presentation on SIJ, Family Court Procedure and Facilitating Parental Interests

MATERIALS FOR FAMILY COURT

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Sample Preference of Minor Over 14 Years of Age (County of Kings)
Sample Request for Information Guardianship Form (New York State)
Sample Guardian Application Worksheet
Sample Affidavit Consent to Fingerprinting (County of Kings)
Sample of Notice of Motion for Special Findings Order
Sample Attorney's Affirmation for Special Findings Order
Sample Order Regarding Minor's Eligibility for Special Immigrant Juvenile Status

MATERIALS FOR SPECIAL IMMIGRANT JUVENILE PETITION

Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
Form I-360, Petition for Amerasian, Widow(er), or Special Immigrant
Form I-485, Application to Register Permanent Residence or Adjust Status
Form G-325A, Biographic Information
Form I-765, Application for Employment Authorization
Form I-693 (Report of Medical Examination and Vaccination Record,
to be completed by Civil Surgeon)

MEMO ISSUED BY U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT

Facilitating Parental Interests in the Course of Civil Immigration Enforcement Activities

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FACILITATING PARENTAL INTERESTS**

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Proceeding for the Appointment of a
Guardian of the Person or Permanent Guardian of

Docket No.
Family File No.
PETITION FOR
APPOINTMENT AS
Guardian of Person
Permanent Guardian

A Person Under the Age of 21
.....

TO THE FAMILY COURT:

The Petitioner respectfully alleges to this Court that:

1. I am [specify relationship]: _____ of the person under the age of
21 who is the subject of this petition and I am submitting this petition in order to be appointed
[check applicable box]: Guardian of the Person Permanent Guardian.¹

2. My name is [specify]: _____ and I live at [specify
name and complete address of residence]:²

3. The name, date of birth and residence of the person under the age of 21 who is the
subject of this proceeding are as follows:

Name:

Date of Birth:

Complete address:³

¹ A "permanent guardian" may be appointed, pursuant to Family Court Act §661(b) and Surrogate's Court Procedure Act §1702(2), if the Court finds that it is in the best interests of a person under the age of 21, who has been committed to an authorized agency through termination of parental rights or surrender or whose birth parents or other persons entitled to notice of, or to consent to, adoption are deceased. Persons over the age of 18 must consent to such an appointment, which may last until the person reaches the age of 21.

² Unless the Court has ordered the address to be confidential on the ground that disclosure would pose an unreasonable health or safety risk. See Family Court Act §154-b; Form 21 (available at www.nycourts.gov).

³ Unless the Court has ordered the address to be confidential on the ground that disclosure would pose an unreasonable health or safety risk. See Family Court Act §154-b; Form 21 (available at www.nycourts.gov).

4. The subject of this proceeding is is not a Native American child under the age of 18 who is subject to the *Indian Child Welfare Act of 1978* (25 U.S.C. §§1901-1963). If so, the following have been notified [check applicable box(es)]:

- parent/custodian [specify name and give notification date]:
- tribe/nation [specify name and give notification date]:
- United States Secretary of the Interior [give notification date]:

5. The name and relationship of person with whom the subject of this proceeding resides are as follows:

Person with whom subject resides [specify name]:

Relationship to subject:

Address [include street, city, village or town, county and state]:⁴

6. (Upon information and belief) The religion of the person who is the subject of this proceeding is

7. The names, relationship and post office addresses of the birth parents of the subject of the proceeding, the name and address of the person with whom the subject resides, if other than the parent(s), on whom process should issue; and such other persons concerning whom the court is required to have information, are as follows: [If either birth parent is dead or has surrendered or has had parental rights terminated (TPR) , so allege; if both parents are dead, indicate nearest adult next of kin]:

<u>Relationship</u>	<u>Name</u>	<u>Complete Address</u>	<u>Deceased?</u>	<u>TPR?</u>	<u>Surrender?</u>
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Birth mother:

Birth father:

Person with whom
the subject resides,
if other than parents:

Adult next of kin, if
birth parents are dead:

Other [specify]: ⁵

⁴ Unless the Court has ordered the address to be confidential on the ground that disclosure would pose an unreasonable health or safety risk. See Family Court Act §154-b; Form 21 (available at www.nycourts.gov).

⁵ Include Mental Hygiene Legal Services, if the subject of the proceeding is mentally retarded or developmentally disabled and has been admitted to a facility, and any person entitled to notice of or consent to the adoption of the subject of the proceeding.

8. a. Appointing me as the guardian of the person permanent guardian would be in [subject's name]: best interests and would preserve his/her legal rights because [specify facts regarding the suitability, ability and commitment of the proposed guardian to assume full legal responsibility and raise him/her to adulthood]:

b. [Required where appointment of permanent guardian is requested, pursuant to Family Court Act §661(b) or S.C.P.A. §1702(2); delete if inapplicable]:

(i) [Check applicable box]:

guardianship and custody have been committed to the following authorized agency [specify, include whether by surrender or termination of parental rights and attach certified copies of the orders terminating parental rights or approving the surrenders, as applicable]:

both parents of the child, whose consent to or notice of an adoption would have been required, are deceased [attach death certificates].

(ii) The local social services district performed an assessment, as required by S.C.P.A. §1704(8), that recommended the following [specify and attach a copy of the assessment]:

9: [Applicable to cases in which child protective petition or permanency hearing report has been filed regarding the children and in which petitioner is a relative or other non-parent; delete if inapplicable]:

a. A child protective petition, Docket # [specify]: _____, was filed in Family Court, [specify county]: _____ on [specify date]: _____ alleging that [specify names of respondents on that petition]: _____ neglected or abused the above-named child(ren). The petition resulted in [specify whether finding was made and, if so, the disposition; if the disposition has been adjourned pending a consolidated hearing with this petition, pursuant to F.C.A. §1055-b, so indicate and give next court date]: _____

b. A permanency report, Docket # [specify]: _____, pursuant to Article 10-A of the Family Court Act, was filed in Family Court, [specify county]: _____ on [specify date]: _____ indicating a permanency plan of guardianship of the child(ren) with Petitioner in this proceeding. The permanency hearing was adjourned to [specify date]: _____ pending a consolidated hearing with this petition, pursuant to F.C.A. §1089-a.

c. The child's birth mother has has not consented to the award of guardianship to the Petitioner. If not, the following extraordinary circumstances support Petitioner's standing to seek

guardianship of the child(ren) [specify]:

d. The child's legally-established birth father has has not consented to the award of guardianship to the Petitioner. If not, the following extraordinary circumstances support Petitioner's standing to seek guardianship of the child(ren) [specify]:

e. The child has been living with the following foster parent(s)[specify]:
since [specify date]: The foster parent(s)
 has/have has/have not consented to the award of guardianship to the Petitioner. [If unaware whether they have consented, so state]:

f. The local department of social services [specify]: in the related child abuse or neglect permanency proceeding has has not consented to the award of guardianship to the Petitioner. [If unaware whether they have consented, so state]:

g. The attorney for the child(ren) [specify]: in the related child abuse or neglect permanency proceeding has has not consented to the award of guardianship to the Petitioner. [If unaware whether they have consented, so state]:

9. (Upon information and belief) No guardian pursuant to will or deed, or guardian of the person pursuant to Section 384 or 384-b of the Social Services Law, has been previously appointed for the subject of this proceeding, except [specify]:

10. Upon information and belief, [Check all applicable box(es)]:

a. I have never been the subject of an indicated report, as such term is defined in of the Social Services Law §412, that has been filed with the statewide register of child abuse and maltreatment pursuant Social Services Law §422.

I was the subject of an indicated report, as defined in of the Social Services Law §412, that was filed with the statewide register of child abuse and maltreatment pursuant Social Services Law §422. [Specify the date of the report, determination of whether "indicated" or "unfounded," status and circumstances to the extent known]:

I am the subject of a report, as defined in of the Social Services Law §412, filed with the statewide register of child abuse and maltreatment pursuant Social Services Law §422, that remains under investigation. [Specify the date of the report, status and circumstances to the extent known]:

b. I have never been the subject of, or the respondent in, a child protective proceeding pursuant to Article Ten of the Family Court Act.

I have been the subject of, or the respondent in, a child protective proceeding pursuant to Article Ten of the Family Court Act. [Specify whether the proceeding resulted in an order finding that a child or children was/were abused or neglected, indicate whether the subject of this proceeding was found to be abused or neglected and provide the date and status of the proceeding to the extent known]:

c. I have never been the subject of an Order of Protection or Temporary Order of Protection in any criminal, matrimonial or Family Court proceeding(s).

I have been the subject of an Order of Protection or Temporary Order of Protection in a criminal, matrimonial or Family Court proceeding(s) as follows [specify the court, docket or index number, whether I was protected or restrained by the order, date of order, expiration date of order, next court date and status of case to the extent known]:

11. Upon information and belief, [check applicable box(es)]:

a. The following adults who are age 18 or older live in my home:

<u>Name</u>	<u>Relationship, if any, to subject of proceeding</u>	<u>Date of Birth</u>
-------------	---	----------------------

b. None of the adults 18 or older living in my home has ever been the subject of any indicated reports, as defined in of the Social Services Law §412, that were filed with the statewide register of child abuse and maltreatment pursuant Social Services Law §422.

The following adults 18 or older living in my home have been the subjects of indicated reports, as defined in of the Social Services Law §412, that were filed with the statewide register of child abuse and maltreatment pursuant Social Services Law §422. [Specify the name(s) of the adults, date(s) of the report(s), whether the subject of this proceeding was the subject of the report(s), status and circumstances to the extent known]:

The following adults 18 or older living in my home are the subjects of reports, as defined in of the Social Services Law §412, filed with the statewide register of child abuse and maltreatment pursuant Social Services Law §422, that remain under investigation [Specify the name(s) of the adults, whether the subject of this proceeding is the subject of the report(s), date(s) of the report(s), status and circumstances to the extent known]:

c. None of the adults 18 or older living in my home has ever been the subjects of, or the respondents in, child protective proceedings pursuant to Article Ten of the Family Court Act.

the following adults 18 or older living in my home have been the subjects of, or the respondents in, child protective proceedings pursuant to Article Ten of the Family Court Act, as follows [Specify the names of the adults, whether the proceedings have resulted in orders finding that the child is an abused or neglected child, whether the subject of this proceeding was a subject of those proceedings and the date and status of the proceedings to the extent known]:

d. None of the adults 18 or older living in my home has ever been the subjects of an Order of Protection or Temporary Order of Protection in any criminal, matrimonial or Family Court proceeding(s).

the following adults 18 or older living in my home have been the subjects of Orders of Protection or Temporary Orders of Protection in criminal, matrimonial or Family Court proceeding(s), as follows [specify the names of the adults, whether the adults are or were restrained or protected by the order(s), court, docket or index number, date of order, expiration date of order, next court date and status of cases to the extent known]:

12. The birth parent(s) of the child [specify]:
although living, should not be appointed guardian of the person of the child because:

13. a. [Applicable where the subject of the proceeding is 18 years of age or older; delete if inapplicable]: The person who is the subject of this proceeding is over the age of 18 and has consented to the appointment of the guardian, a copy of which is attached.

b. [Applicable where the child is over 14 years of age but less than 18; delete if inapplicable]: The child, who is over the age of 14, has expressed a preference for the appointment of the guardian, a copy of which is attached.

14. There are no persons interested in this proceeding other than those mentioned above.

15. No prior application has been made to any court, including a Native- American tribunal, for the relief requested herein (except [specify]:).

WHEREFORE, Petitioner requests that an order be entered appointing me to be the guardian of the person permanent guardian of [specify]:
until the child reaches the age of 18 21 upon his/her consent,
and that letters of guardianship issue.

Dated:

Signature of Petitioner

Print or type name

Signature of Attorney, if any

Attorney's Name (Print or Type)

Attorney's Address and Telephone Number

VERIFICATION

STATE OF NEW YORK)

)ss.:

COUNTY OF)

,being duly sworn, says that (s)he is the Petitioner in the above-named proceeding and that the foregoing petition is true to (his)(her) own knowledge, except as to matters therein stated to be alleged on information and belief and as to those matters (s)he believes it to be true.

Sworn to before me this
day of

Petitioner

(Deputy)Clerk of the Court
Notary Public

Guardianship Application Worksheet

1) Your Name: _____ Social Security # _____

Home Address: _____ City _____ Zip Code _____

Phone Number: Home () _____ Work () _____ Your Date of Birth ____/____/____

How are you related to the child(ren)? _____ What is your religion? _____

Please circle one: I am a United States Citizen or I am a Resident of the United States

2) Child(ren)'s Mothers Name: _____

Her Address: _____ City _____ Zip Code _____

Her Date of Birth ____/____/____ Is the Mother still living? Yes No If the mother is deceased please provide:

Her Date of Death ____/____/____ Do you have a copy of the Death Certificate? Yes No

3) Child(ren)'s Fathers Name: _____

His Address: _____ City _____ Zip Code _____

His Date of Birth ____/____/____ Is the Father still living? Yes No If the father is deceased please provide:

His Date of Death ____/____/____ Do you have a copy of the Death Certificate? Yes No

4) If both parents are deceased who is the child's next of kin? _____

What is that person's relationship to the subject child (ren)? _____

5) List the child(ren) that you are asking for Guardianship of:

Child's name	Sex	D.O.B.	Current Address	Child's Religion

6) To your knowledge has there ever been a guardian appointed for this child(ren)? Yes No if Yes, where?

_____ when was it issued? ____/____/____

7) Why would it be in the child(ren)'s best interest for you to have Guardianship?

8) Have there ever been any other proceedings in any Court regarding what you are filing today? Yes No

If Yes, where? _____ What was the outcome? _____

9) Is / are the child(ren) a Native American Child subject to the Indian Child Welfare Act of 1978? Yes No

STATE OF NEW YORK)
) ss:
COUNTY OF NEW YORK)

I, _____, do under oath, duly sworn depose and say:

1. I am making this affidavit in support of my Petition for ____ [name of minor] _____ in Family Court, Brooklyn, NY.
2. I reside at _____. I have lived there since _____.
I live there together with _____.
3. [Cite Additional Facts about case]

Signature of Petitioner

Sworn to and Signed before me
on this _____ day of March, 2013

Notary Public

NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
 REQUEST FOR INFORMATION GUARDIANSHIP FORM
 FOR COURT USE ONLY

SCR USE ONLY:
 Request I.D. #

RESOURCE ID# 122	COURT-LIAISON James O'Connor	AREA CODE/PHONE # (247) 401 - 9790
DOCKET FILE #	COURT NAME AND ADDRESS Kings County Family Court, 330 Jay Street, Brooklyn NY	ZIP CODE 11201

Section 1706 of the Surrogate's Court Procedure Act requires that an inquiry be made of the New York Statewide Central Register of Child Abuse and Maltreatment as to whether the proposed guardian or any other individual eighteen years of age or over who resides in the home of the proposed guardian is a Subject of an indicated child abuse or maltreatment report.

Date of Request / /

INFORMATION CONCERNING PROPOSED GUARDIAN(S)
 AND MEMBERS OF THE HOUSEHOLD

Relationship To Guardian	LAST NAME (Print one letter in each box)	FIRST NAME (Print one letter in each box)	MI	SEX	DATE OF BIRTH		
					M	D	Y
Guardian							
Maiden or Alias							
Guardian							

Please provide your current address and any other addresses at which you have resided for the last 28 years, including city and state for each individual being cleared. (Attach additional page if necessary).

CURRENT ADDRESS: STREET	CITY	STATE	ZIP	FROM	TO
					<u>PRESENT</u>
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM	TO
PREVIOUS ADDRESS: STREET	CITY	STATE	ZIP	FROM	TO

ADDRESS HISTORY FOR OTHER PERSON(S) 18 YEARS OLD OR OLDER, RESIDING WITH PROPOSED GUARDIAN

LAST NAME & MAIDEN/ALIAS	FIRST NAME	MI

PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO

RESOURCE ID # Record Resource ID # as appropriate. If you need assistance, email:
ocfs.sm.conn_app@ocfs.state.ny.us

DOCKET/FILE #: Record your Court Docket File # as appropriate.

COURT LIAISON: Record Name of Court Liaison.

Relationship to Applicant

- G – Guardian (S) (at least one person must be so designed)
- M – Maiden Name/Alias must be completed for every guardian ("G")
- E – 18 Year old or older residing in a proposed Guardian's household
- F – Family Member under 18 years of age
- O – Other Household Member under 18 years of age

Inquiry concerning Guardianship/Statewide Central Register completed form (OCFS-3909) should be sent to:

The New York Statewide Central Register
 Of Child Abuse and Maltreatment
 P.O. Box 4480, Attn: Service Center Unit
 Albany, N.Y. 12204-0480

ADDITIONAL ADDRESSES

LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	

TO ORDER A SUPPLY OF OCFS-3909 FORMS:

Please access the Request for Forms and Publications, (OCFS-4627) from the internet:
http://www.ocfs.state.ny.us/main/forms/management_services/

Mail your completed Request for Forms and Publications, (OCFS-4627) to the Office of Children and Family Services, Forms Management Unit, Resource Distribution Center, 11, Fourth Ave, Rensselaer, NY 12144-2629. If you have difficulty accessing the form from the web-site, you can call The Forms Hot Line at: 518-473-0971.

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

Proceeding for the Appointment of a
Guardian of the Person

File #:
Docket #:

of
a Minor

AFFIDAVIT
(Consent to Fingerprinting)

Fingerprints are required by the Court on guardianship matters. In an effort to expedite my case processing, I wish to voluntarily submit to fingerprinting.

I voluntarily request that fingerprints be taken for the sole purpose of this guardianship proceeding before I see the Judge or Referee.

Signature

Name Printed

Date

VERIFICATION

STATE OF NEW YORK)
)ss.:
COUNTY OF)

_____, being duly sworn, says that (s)he is the Petitioner in the above-named proceeding and that the foregoing petition is true to (his)(her) own knowledge, except as to matters therein stated to be alleged on information and belief and as to those matters (s)he believes it to be true.

Sworn to before me this
day of _____.

(Deputy)Clerk of the Court
Notary Public

Petitioner

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

Proceedings for the appointment of
a Guardian of the Person of

Docket No.

a minor

Consent To Letters
of Guardianship

The undersigned _____, whose domiciliary address
is _____, and whose
interest in the above-entitled is as follows:

Parent of the above named Minor, hereby personally appears in the Family Court of
Kings County and consents that _____ be appointed
the Guardian of the person of said minor.

(PRINT NAME)

(SIGNATURE)

SWORN TO THIS DAY

_____, 20

DEPUTY CLERK OF COURT
NOTARY PUBLIC

(SIGNATURE)

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

Proceedings for the Appointment of a (Guardian) (Standby)
of the Person

Docket No.

of

PREFERENCE OF MINOR
OVER 14 YEARS OF AGE

a Minor

State of New York :
: s.:
County of :

I am the Minor named in the petition filed in the above-mentioned proceeding. I am over the age of 14 years, have read the petition filed herein and believe it to be true, and join in the prayer for the relief asked.

(Signature)

Petitioner

Print or type name

Signature of Attorney (if any)

Sworn to this day
of _____, 20

(Deputy Clerk of the Court)
Notary Public

Attorney's Name (Print or Type)

Attorney's Address & Telephone No.

¹May be used in proceedings to appoint a Guardian or Standby Guardian; delete inapplicable provisions.

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

_____X

Proceedings for the Appointment of a
Guardian of the Person
of _____

Docket No.

[NAME OF MINOR]

NOTICE OF MOTION FOR
SPECIAL FINDINGS ORDER

A Minor

_____X

PLEASE TAKE NOTICE, that upon the annexed affirmation of [ATTORNEY NAME], Esq. the attorney for the Petitioner herein, dated _____, and upon all of the proceedings heretofore had herein, the aforementioned will move this Court, in part ___ located at 330 Jay Street, Brooklyn NY on the ___th day of _____, 2013, for an order pursuant to Family Court Act Section 661, Article 17 of the Surrogate's Court Procedure Act, Immigration and Nationality Act Section 101(a)(27)(J), codified as 8 USC Section 1101(a)(27)(j) and 8 CFR Section 204.11 finding:

1. that the minor is a citizen of [COUNTRY OF CITIZENSHIP];
2. that the minor is unmarried;
3. that the minor is within the jurisdiction of and dependent on the family court;
4. that the minor has no planning resources in [COUNTRY OF CITIZENSHIP] and it is not in his best interest to be returned there;

PRESENT: _____, J.H.O. X

In the Matter of a Proceeding for the
Appointment of a Guardian of the Person of

Docket No.

[NAME]
(D.O.B. 01-01-2013)

A minor subject to Guardianship Proceeding

**ORDER REGARDING
MINOR'S ELIGIBILITY
FOR SPECIAL IMMIGRANT
JUVENILE STATUS**

_____ X

After due consideration of the proof submitted, and having heard the arguments of counsel for the Child and the Petitioner at a hearing on _____ date the Court makes the following findings:

1. The minor (NAME) is a citizen of COUNTRY and has not yet attained his twenty-first birthday.
2. The minor is unmarried.
3. The minor is dependent on the Family Court, and said minor having been declared subject to the Jurisdiction of the Family Court of the State of New York, County of Kings, on [DATE].
4. A final order of Guardianship of the minor was issued to the Petitioner on [DATE].
5. It is not in the best interest of the minor to be returned to his parent's previous country of nationality or country of last habitual residence, [COUNTRY OF CITIZENSHIP]. It is in the minor's best interest to remain in the United States.
6. The minor's parents are unable to provide a safe home or otherwise properly care for the minor and have neglected and abandoned him. Reunification of the minor with one or both parents is not viable due to abuse, abandonment or neglect.

Dated:

Family Court Judge

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

_____X
In the Matter of a Proceeding for the
Appointment of a Guardian of the Person of

Docket No.

[NAME of MINOR]

ATTORNEY'S AFFIRMATION

A Minor
_____X

[ATTORNEY NAME], Esq., an attorney duly licensed in the State of New York,
affirms the following, upon information and belief, under penalty of perjury:

1. I am attorney for the Petitioner and am familiar with the facts and
circumstances of this matter. I make this affirmation in support of the
Petitioner's motion for an order finding the subject-child eligible for "Special
Immigrant Juvenile Status." (see proposed order, annexed).
2. A minor granted this Special Immigrant Juvenile Status is defined, under 8
U.S.C. Section 1101(a)(27)(J)(i)-(iii) (2009), as an immigrant who is present
in the United States and
 - (i) who has been declared dependent on a juvenile court located in the
United States.. and whose reunification with one or both of the
immigrant's parents is not viable due to abused, neglect,
abandonment, or a similar basis found under state law
 - (ii) for whom it has been determined in administrative or judicial
proceedings that it would not be in the alien's best interest to be
returned to the alien's or parent's previous country of nationality or
country of last habitual residence; and
 - (iii) in whose case the Secretary of Homeland Security expressly consents
to the grant of special immigrant juvenile status...
3. For the reasons stated in the petition in this matter it is in child's best
interest that guardianship be awarded to the Petitioner. Returning to

5. that the minor's parent(s) are unable and/or unwilling to provide adequate care and supervision and have neglected/abused/abandoned the minor.
6. that it is not in the minor's best interest to be returned to [COUNTRY OF CITIZENSHIP].
7. Reunification with the parent(s) is not viable due to abuse, neglect or abandonment. The minor has no other relatives in [COUNTRY OF CITIZENSHIP] who are willing and able to provide adequate care and supervision and
8. granting such other and further relief as this Court deems just and proper.

Dated: New York, NY
[Month, day, year]

NAME OF ATTORNEY
Attorney for Petitioner
123 Main Street
New York NY 00000
(212) 555-5555

**G-28, Notice of Entry of Appearance
as Attorney or Accredited Representative**

Department of Homeland Security

Part 1. Notice of Appearance as Attorney or Accredited Representative

A. This appearance is in regard to immigration matters before:

- USCIS - List the form number(s): _____ CBP - List the specific matter in which appearance is entered: _____
- ICE - List the specific matter in which appearance is entered: _____

B. I hereby enter my appearance as attorney or accredited representative at the request of:

List Petitioner, Applicant, or Respondent. **NOTE:** Provide the mailing address of Petitioner, Applicant, or Respondent being represented, and **not** the address of the attorney or accredited representative, except when filed under VAWA.

Principal Petitioner, Applicant, or Respondent			A Number or Receipt Number, if any	<input type="checkbox"/> Petitioner <input type="checkbox"/> Applicant <input type="checkbox"/> Respondent
Name: Last	First	Middle		
Address: Street Number and Street Name Apt. No. City State Zip Code				

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, USCBP, or USICE.

Signature of Petitioner, Applicant, or Respondent

Date

Part 2. Information about Attorney or Accredited Representative *(Check applicable item(s) below)*

- A. I am an attorney and a member in good standing of the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia: _____
 I am not or am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law (If you are subject to any order(s), explain fully on reverse side).
- B. I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 1292.2. Provide name of organization and expiration date of accreditation: _____
- C. I am associated with _____
 The attorney or accredited representative of record previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request (If you check this item, also complete item A or B above in Part 2, whichever is appropriate).

Part 3. Name and Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

Name of Attorney or Accredited Representative	Attorney Bar Number(s), if any
Signature of Attorney or Accredited Representative	Date
Complete Address of Attorney or Organization of Accredited Representative (Street Number and Street Name, Suite No., City, State, Zip Code)	
Phone Number (Include area code)	Fax Number, if any (Include area code)
E-Mail Address, if any	

I-360, Petition for Amerasian, Widow(er), or Special Immigrant

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

START HERE - Type or print in black ink

Part 1. Information About Person or Organization Filing This

Petition (Individuals use the top name line; organizations use the second line.) If you are a self-petitioning spouse or child and do not want USCIS to send notices about this petition to your home, you may show an alternate mailing address here. If you are filing for yourself and do not want to use an alternate mailing address, skip to Part 2.

1a. Family Name	1b. Given Name	1c. Middle Name
2. Company or Organization Name		
3. Address - C/O		
4. Street Number and Name		5. Apt. #
6. City	7. State or Province	
8. Country	9. Zip/Postal Code	
10. U.S. Social Security Number	11. A-Number	12. IRS Tax # (if any)

Part 2. Classification Requested (Check one):

- a. Amerasian
- b. Widow(er) of a U.S. citizen
- c. Special Immigrant Juvenile
- d. Special Immigrant Religious Worker
Will the alien be working as a minister? Yes No
- e. Special Immigrant based on employment with the Panama Canal Company, Canal Zone Government, or U.S. Government in the Canal Zone
- f. Special Immigrant Physician
- g. Special Immigrant International Organization Employee or family member
- h. Special Immigrant Armed Forces Member
- i. Self-Petitioning Spouse of Abusive U.S. Citizen or Lawful Permanent Resident
- j. Self-Petitioning Child of Abusive U.S. Citizen or Lawful Permanent Resident
- k. Special Immigrant Afghanistan or Iraq National who worked with the U.S. Armed Forces as a translator
- l. Special Immigrant Iraq National who was employed by or on behalf of the U.S. Government
- m. Other, explain: _____

For USCIS Use Only

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Petitioner/ Applicant <input type="checkbox"/> Interviewed <input type="checkbox"/> Beneficiary <input type="checkbox"/> Interviewed	
<input type="checkbox"/> I-485 Filed Concurrently <input type="checkbox"/> Bene "A" File Reviewed	
Classification	
Consulate	
Priority Date	
Remarks:	
Action Block	
<input type="checkbox"/> To Be Completed By Attorney or Representative, if any Fill in box if Form G-28 is attached to represent the applicant	
VOLAG#	
ATTY State License #	



Part 3. Information About the Person for Whom This Petition Is Being Filed

1a. Family Name (<i>Last Name</i>)	1b. Given Name (<i>First Name</i>)	1c. Middle Name
--------------------------------------	--------------------------------------	-----------------

2. Address - C/O

3a. Street Number and Name	3b. Apt. Number
----------------------------	-----------------

4. City	5. State or Province
---------	----------------------

6. Country	7. Zip/Postal Code
------------	--------------------

8. Date of Birth (<i>mm/dd/yyyy</i>)	9. Country of Birth	10. U.S. Social Security #	11. A-Number (<i>if any</i>)
---	---------------------	----------------------------	--------------------------------

12. Marital Status: Single Married Divorced Widowed

13. Complete the items below if this person is in the United States:

a. Date of Arrival (<i>mm/dd/yyyy</i>)	c. I-94 Number
b. Current Nonimmigrant Status	d. Expires on (<i>mm/dd/yyyy</i>)

Part 4. Processing Information

1. Provide information on which U.S. consulate you want notified if this petition is approved, and if any requested adjustment of status cannot be granted.

a. U.S. Consulate: City	b. Country
-------------------------	------------

2. If you gave a U.S. address in **Part 3**, print the person's foreign address below. If his or her native alphabet does not use Roman letters, print his or her name and foreign address in the native alphabet.

a. Name	b. Address
---------	------------

- c. Gender of the person for whom this petition is being filed: Male Female
- d. Are you filing any other petitions or applications with this one? No Yes (How many? _____)
- e. Is the person this petition is for in deportation or removal proceedings? No Yes (Explain on a separate sheet of paper)
- f. Has the person for whom this petition is being filed ever worked in the U.S. without permission? No Yes (Explain on a separate sheet of paper)
- g. Is an application for adjustment of status attached to this petition? No Yes (Attach a full explanation)



Part 5. Complete Only If Filing for an Amerasian

Section A. Information about the mother of the Amerasian

1a. Family Name	1b. Given Name	1c. Middle Name
2. Living? <input type="checkbox"/> No (Give date of death _____) <input type="checkbox"/> Yes (Complete address line below) <input type="checkbox"/> Unknown		
3. Address		

Section B. Information about the father of the Amerasian:

If possible, attach a notarized statement from the father regarding parentage. Explain on a separate paper any question you cannot fully answer in the space provided on this form. (Attach a full explanation.)

1a. Family Name	1b. Given Name	1c. Middle Name
2. Date of Birth (mm/dd/yyyy)	3. Country of Birth	
4. Living? <input type="checkbox"/> No (Give date of death _____) <input type="checkbox"/> Yes (Complete address line below) <input type="checkbox"/> Unknown		
5. Home Address		
6. Home Phone Number	7. Work Phone Number	

8. At the time the Amerasian was conceived:

- a. The father was in the military (indicate branch of service below and give service number here): _____
 Army Air Force Navy Marine Corps Coast Guard
- b. The father was a civilian employed abroad. Attach a list of names and addresses of organizations which employed him at that time.
- c. The father was not in the military and was not a civilian employed abroad. (Attach a full explanation of the circumstances.)

Part 6. Complete Only If Filing for a Special Immigrant Juvenile Court Dependent

Section A. Information about the juvenile

List any other names used

Answer the following questions regarding the person for whom the petition is being filed. If you answer "No," explain on a separate sheet of paper.

- a. Have you been declared dependent upon a juvenile court in the United States, or have you been legally committed to, or placed under the custody of, an agency or department of a State, or an individual or entity appointed by a State or juvenile court? No Yes
- b. Has a juvenile court declared that reunification with one or both of your parents is not viable due to abuse, neglect, abandonment, or a similar basis under State law? No Yes
- c. Have you been the subject of proceedings in which it was determined that it would not be in your best interest to be returned to your or your parent's country of nationality or last habitual residence? No Yes



Part 7. Complete Only if Filing as a Widow/Widower, a Self-petitioning Spouse of an Abuser, or as a Self-petitioning Child of an Abuser

Section A. Information about the U.S. citizen husband or wife who died or about the U.S. citizen or lawful permanent resident abuser

1a. Family Name	1b. Given Name	1c. Middle Name
2. Date of Birth (mm/dd/yyyy)	3. Country of Birth	4. Date of Death (mm/dd/yyyy)

5. He or she is now, or was, at time of death a (check one):
- a. U.S. citizen born in the United States
 - b. U.S. citizen born abroad to U.S. citizen parents
 - c. U.S. lawful permanent resident (Provide A#) _____
 - d. U.S. citizen through naturalization (provide A#) _____
 - e. Other, explain _____

Section B. Additional information about you

1. How many times have you been married?	2. How many times was the person in Section A married?	3. Give the date and place where you and the person in Section A were married. (If you are a self-petitioning child, write "N/A")
---	---	--

4. When did you live with the person named in Section A? From (Month/Year) _____ until (Month/Year) _____

5. If you are filing as a widow/widower, were you legally separated at the time of the U.S citizen's death? No Yes (Attach explanation)

6. Give the last address at which you lived together with the person named in Section A, and show the last date that you lived together with that person at that address:

7. If you are filing as a self-petitioning spouse, have any of your children filed separate self-petitions? No Yes (Show child(ren)'s full names):



Part 8. Complete Only If Filing a Special Immigrant Religious Worker Petition

Employer Attestation

1. Provide the following information about the prospective employer:

- a. Number of members of the prospective employer's organization: []
- b. Number of employees working at the same location where the beneficiary will be employed: []
- c. Number of aliens holding special immigrant or nonimmigrant religious worker status currently employed or employed within the past 5 years: []
- d. Number of Special Immigrant Religious Worker I-360 and Nonimmigrant Religious Worker I-129 Petitions submitted by the prospective employer within the past 5 years: []

2. Has the alien or any of the alien's dependent family members previously been admitted to the United States for a period of stay in the R classification for the last 5 years? No Yes

If "Yes," complete the table below. List the alien and any dependent family member's prior periods of stay in the R classification in the United States for the last 5 years. Be sure to list only those periods in which the alien and/or family members were actually in the United States in the R classification.

NOTE: Submit photocopies of Form I-94 (Arrival-Departure Record), Form I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R classification. If more space is needed, provide the information on additional sheets of paper.

Alien or Dependent Family Member's Name	Period of Stay (mm/dd/yyyy)	
	From:	To:



3. Provide a summary of the type of responsibilities of those employees who work at the same location where the beneficiary will be employed. If additional space is needed, provide the information on additional sheets of paper.

Position	Summary of the Type of Responsibilities for That Position

4. Describe the relationship, if any, between the religious organization in the United States and the organization abroad of which the alien is a member.

5. Provide the following information about the prospective employment:

a. Title of position offered.

b. Detailed description of the alien's proposed daily duties.



c. Description of the alien's qualifications for the position offered.

d. Description of the proposed salaried and/or non-salaried compensation.

e. List of the specific address(es) or location(s) where the alien will be working.

Does the prospective employer attest to all of the requirements described in statements 6 through 12 below?

6. The prospective employer is a bona fide non-profit religious organization or a bona fide organization that is affiliated with the religious denomination and is tax exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the prospective employer is affiliated with the religious denomination, complete the Religious Denomination Certification included in this form.

Yes No (If "No," attach explanation(s))

7. The prospective employer is willing and able to provide salaried and/or non-salaried compensation at a level that the alien and any dependents will not become a public charge.

Yes No (If "No," attach explanation(s))

8. The funds to pay the prospective employee's compensation do not include any monies obtained from the alien, excluding reasonable donations or tithing to the religious organization.

Yes No (If "No," attach explanation(s))

9. If the position is not a religious vocation, the prospective employee will not engage in secular employment, and the prospective employer will provide salaried and/or non-salaried compensation.

Yes No (If "No," attach explanation(s))



10. The offered position is full time, requiring at least an average of 35 hours of work per week.

Yes No (If "No," attach explanation(s))

11. The alien has been a religious worker for at least 2 years immediately before Form I-360 was filed and is otherwise qualified for the position offered.

Yes No (If "No," attach explanation(s))

12. The alien has been a member of the prospective employer's denomination for at least 2 years immediately before Form I-360 was filed.

Yes No (If "No," attach explanation(s))

I certify or attest under penalty of perjury under the laws of the United States of America that the contents of this attestation, and the evidence submitted, are true and correct.

Signature

Date (mm/dd/yyyy)

Printed Name

Title

Employer/Organization Name

Employer/Organization Street Address (Do not use a post office or private mail box)

Suite Number

City

State

Zip Code

Daytime Phone Number
(with area code)

Fax Number (if any)

E-Mail Address (if any)



Religious Denomination Certification

I certify under penalty of perjury under the laws of the United States of America that:

Name of Employing Organization

is affiliated with:

Name of Religious Denomination

and that the attesting organization within the religious denomination is tax exempt as described in section under 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. The contents of this certification are true and correct to the best of my knowledge.

Signature

Printed Name

Title

Date (mm/dd/yyyy)

Attesting Organization Name

Attesting Organization Street Address
(Do not use a post office or private mail box)

Suite Number

City

State

Zip Code

Daytime Phone Number *(with area code)*

Fax Number *(if any)*

E-Mail Address *(if any)*



Part 9. Information About the Spouse and Children of the Person for Whom This Petition Is Being Filed

A widow/widower or a self-petitioning spouse of an abusive citizen or lawful permanent resident should also list the children of the deceased spouse or of the abuser.

1a. Family Name		1b. Given Name		1c. Middle Name	
1d. Date of Birth <i>(mm/dd/yyyy)</i>	1e. Country of Birth		1f. Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child		1g. A-Number
2a. Family Name		2b. Given Name		2c. Middle Name	
2d. Date of Birth <i>(mm/dd/yyyy)</i>	2e. Country of Birth		2f. Relationship <input type="checkbox"/> Child		2g. A-Number
3a. Family Name		3b. Given Name		3c. Middle Name	
3d. Date of Birth <i>(mm/dd/yyyy)</i>	3e. Country of Birth		3f. Relationship <input type="checkbox"/> Child		3g. A-Number
4a. Family Name		4b. Given Name		4c. Middle Name	
4d. Date of Birth <i>(mm/dd/yyyy)</i>	4e. Country of Birth		4f. Relationship <input type="checkbox"/> Child		4g. A-Number
5a. Family Name		5b. Given Name		5c. Middle Name	
5d. Date of Birth <i>(mm/dd/yyyy)</i>	5e. Country of Birth		5f. Relationship <input type="checkbox"/> Child		5g. A-Number
6a. Family Name		6b. Given Name		6c. Middle Name	
6d. Date of Birth <i>(mm/dd/yyyy)</i>	6e. Country of Birth		6f. Relationship <input type="checkbox"/> Child		6g. A-Number



Part 9. Information About the Spouse and Children of the Person for Whom This Petition Is Being Filed

A widow/widower or a self-petitioning spouse of an abusive citizen or lawful permanent resident should also list the children of the deceased spouse or of the abuser. (Continued)

7a. Family Name	7b. Given Name	7c. Middle Name
-----------------	----------------	-----------------

7d. Date of Birth (mm/dd/yyyy)	7e. Country of Birth	7f. Relationship <input type="checkbox"/> Child	7g. A-Number
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8a. Family Name	8b. Given Name	8c. Middle Name
-----------------	----------------	-----------------

8d. Date of Birth (mm/dd/yyyy)	8e. Country of Birth	8f. Relationship <input type="checkbox"/> Child	8g. A-Number
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9a. Family Name	9b. Given Name	9c. Middle Name
-----------------	----------------	-----------------

9d. Date of Birth (mm/dd/yyyy)	9e. Country of Birth	9f. Relationship <input type="checkbox"/> Child	9g. A-Number
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Part 10. Signature

Read the information on penalties in the instructions before completing this part. If you will be filing this petition at a USCIS office in the United States, sign below. If you will be filing it at a U.S. consulate or USCIS office overseas, sign in front of a USCIS or consular official.

I certify, or, if outside the United States, I swear or affirm, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. If filing this on behalf at an organization, I certify that I am empowered to do so by that organization. I authorize the release of any information from my records, or from the petitioning organization's records, that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.

Signature	Date	E-Mail Address
-----------	------	----------------

Signature of USCIS or Consular Official	Print Name	Date
--	------------	------

NOTE: If you do not completely fill out this petition or fail to submit required documents listed in the instructions, the person(s) filed for may not be found eligible for a requested benefit, and the petition may be denied.



Part 11. Signature of Person Preparing Form, If Other Than Above (Sign below)

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

Signature	Date	E-Mail Address
Print Your Name		
Firm Name and Address		



**Form I-485, Application to Register
Permanent Residence or Adjust Status**

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

START HERE - Type or Print (Use black ink)

For USCIS Use Only

Part 1. Information About You

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address - Street Number and Name		Apt. #
<input type="text"/>		<input type="text"/>
C/O (in care of)		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Country of Birth	
<input type="text"/>	<input type="text"/>	
Country of Citizenship/Nationality	U.S. Social Security # (if any)	A # (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Last Arrival (mm/dd/yyyy)	I-94 #	
<input type="text"/>	<input type="text"/>	
Current USCIS Status	Expires on (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	

Returned	Receipt
<input type="text"/>	<input type="text"/>
Resubmitted	<input type="text"/>
<input type="text"/>	<input type="text"/>
Reloc Sent	<input type="text"/>
<input type="text"/>	<input type="text"/>
Reloc Rec'd	<input type="text"/>
<input type="text"/>	<input type="text"/>
Applicant Interviewed	<input type="text"/>
<input type="text"/>	<input type="text"/>

Part 2. Application Type (Check one)

I am applying for an adjustment to permanent resident status because:

- a. An immigrant petition giving me an immediately available immigrant visa number that has been approved. (Attach a copy of the approval notice, or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b. My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
- c. I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate.)
- d. I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. I am a native or citizen of Cuba admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- f. I am the husband, wife, or minor unmarried child of a Cuban described above in (e), and I am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- g. I have continuously resided in the United States since before January 1, 1972.
- h. Other basis of eligibility. Explain (for example, I was admitted as a refugee, my status has not been terminated, and I have been physically present in the United States for 1 year after admission). If additional space is needed, see Page 2 of the instructions.

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and: (Check one)

- i. I am a native or citizen of Cuba and meet the description in (e) above.
- j. I am the husband, wife, or minor unmarried child of a Cuban and meet the description in (f) above.

Section of Law

- Sec. 209(a), INA
- Sec. 209(b), INA
- Sec. 13, Act of 9/11/57
- Sec. 245, INA
- Sec. 249, INA
- Sec. 1 Act of 11/2/66
- Sec. 2 Act of 11/2/66
- Other _____

Country Chargeable

Eligibility Under Sec. 245

- Approved Visa Petition
- Dependent of Principal Alien
- Special Immigrant
- Other _____

Preference

Action Block

To be Completed by
Attorney or Representative, if any

- Fill in box if Form G-28 is attached to represent the applicant.

VOLAG #

ATTY State License #



Part 3. Processing Information

A. City/Town/Village of Birth **Current Occupation**

Your Mother's First Name **Your Father's First Name**

Give your name exactly as it appears on your Form I-94, Arrival-Departure Record

Place of Last Entry Into the United States (City/State) **In what status did you last enter? (Visitor, student, exchange visitor, crewman, temporary worker, without inspection, etc.)**

Were you inspected by a U.S. Immigration Officer? Yes No

Nonimmigrant Visa Number **Consulate Where Visa Was Issued**

Date Visa Issued (mm/dd/yyyy) **Gender** **Marital Status**
 Male Female Married Single Divorced Widowed

Have you ever applied for permanent resident status in the U.S.? Yes (If "Yes" give date and place of filing and final disposition.) No

B. List your present spouse and all of your children (include adult sons and daughters). (If you have none, write "None." If additional space is needed, see Page 2 of the instructions.)

Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of Birth	Relationship	A # (if any)	Applying with you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of Birth	Relationship	A # (if any)	Applying with you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of Birth	Relationship	A # (if any)	Applying with you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of Birth	Relationship	A # (if any)	Applying with you? Yes <input type="checkbox"/> No <input type="checkbox"/>



Part 3. Processing Information (Continued)

C. List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society, or similar group in the United States or in other places since your 16th birthday. Include **any military service** in this part. If none, write "None." Include the name of each organization, location, nature, and dates of membership. If additional space is needed, attach a separate sheet of paper. Continuation pages must be submitted according to the guidelines provided on **Page 2** of the instructions under "What Are the General Filing Instructions?"

Name of Organization	Location and Nature	Date of Membership From	Date of Membership To

Answer the following questions. (If your answer is "Yes" to any question, explain on a separate piece of paper. Continuation pages must be submitted according to the guidelines provided on **Page 2** of the instructions under "What Are the General Filing Instructions?" Information about documentation that must be include with your application is also provide in this section.) Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for permanent residence.

1. Have you **EVER**, in or outside the United States:
 - a. Knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? Yes No
 - b. Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? Yes No
 - c. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action? Yes No
 - d. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes No

2. Have you received public assistance in the United States from any source, including the U.S. Government or any State, county, city, or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? Yes No

3. Have you **EVER**:
 - a. Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? Yes No
 - b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes No
 - c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes No
 - d. Illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes No

4. Have you **EVER** engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity? Yes No



Part 3. Processing Information (Continued)

5. Do you intend to engage in the United States in:
- a. Espionage? Yes No
 - b. Any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means? Yes No
 - c. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes No
6. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? Yes No
7. Did you, during the period from March 23, 1933, to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion? Yes No
8. Have you **EVER** been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal, or rescission proceedings? Yes No
9. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States, or any immigration benefit? Yes No
10. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces? Yes No
11. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? Yes No
12. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? Yes No
13. Do you plan to practice polygamy in the United States? Yes No
14. Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- a. Acts involving torture or genocide? Yes No
 - b. Killing any person? Yes No
 - c. Intentionally and severely injuring any person? Yes No
 - d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes No
 - e. Limiting or denying any person's ability to exercise religious beliefs? Yes No
15. Have you **EVER**:
- a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? Yes No
 - b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No
16. Have you **EVER** been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes No



Part 3. Processing Information *(Continued)*

17. Have you EVER assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes No
18. Have you EVER received any type of military, paramilitary, or weapons training? Yes No

Part 4. Accommodations for Individuals With Disabilities and/or Impairments *(See Page 10 of the instructions before completing this section.)*

Are you requesting an accommodation because of your disability(ies) and/or impairment(s)? Yes No

If you answered "Yes," check any applicable box:

- a. I am deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):

- b. I am blind or sight-impaired and request the following accommodation(s):

- c. I have another type of disability and/or impairment (describe the nature of your disability(ies) and/or impairment(s) and accommodation(s) you are requesting):

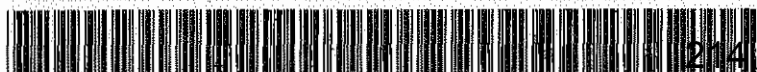
Part 5. Signature *(Read the information on penalties on Page 10 of the instructions before completing this section. You must file this application while in the United States.)*

Your Registration With U.S. Citizenship and Immigration Services

"I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (INA), as an alien who has been or will be in the United States for more than 30 days, I am required to register with U.S. Citizenship and Immigration Services (USCIS). I understand and acknowledge that, under section 265 of the INA, I am required to provide USCIS with my current address and written notice of any change of address within 10 days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested, and removed from the United States."

Selective Service Registration

The following applies to you if you are a male at least 18 years of age, but not yet 26 years of age, who is required to register with the Selective Service System: "I understand that my filing Form I-485 with U.S. Citizenship and Immigration Services (USCIS) authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth, and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached 26 years of age."



Part 5. Signature (Continued)

Applicant's Statement (Check one)

- I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question.
- Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the _____ language, a language in which I am fluent, by the person named in **Interpreter's Statement and Signature**. I understand each and every question and instruction on this form, as well as my answer to each question.

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this application is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this application.

I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

Signature (Applicant)	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit, and this application may be denied.

Interpreter's Statement and Signature

I certify that I am fluent in English and the below-mentioned language.

Language Used (language in which applicant is fluent)

I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.

Signature (Interpreter)	Print Your Full Name	Date (mm/dd/yyyy)	Phone Number (include area code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 6. Signature of Person Preparing Form, If Other Than Above

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

Signature	Print Your Full Name	Date (mm/dd/yyyy)	Phone Number (include area code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Firm Name and Address

E-Mail Address (if any)



G-325A, Biographic Information

(Family Name)	(First Name)	(Middle Name)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	Citizenship/Nationality	File Number A
All Other Names Used (include names by previous marriages)			City and Country of Birth		U.S. Social Security # (if any)	
Family Name	First Name	Date of Birth (mm/dd/yyyy)	City, and Country of Birth (if known)		City and Country of Residence	
Father Mother (Maiden Name)						
Current Husband or Wife (If none, so state) Family Name (For wife, give maiden name)	First Name	Date of Birth (mm/dd/yyyy)	City and Country of Birth	Date of Marriage	Place of Marriage	
Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name)	First Name	Date of Birth (mm/dd/yyyy)	Date and Place of Marriage		Date and Place of Termination of Marriage	

Applicant's residence last five years. List present address first.

Street and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
							Present Time

Applicant's last address outside the United States of more than 1 year.

Street and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year

Applicant's employment last five years. (If none, so state.) List present employment first.

Full Name and Address of Employer	Occupation (Specify)	From		To	
		Month	Year	Month	Year
					Present Time

Last occupation abroad if not shown above. (Include all information requested above.)

This form is submitted in connection with an application for:		Signature of Applicant	Date
<input type="checkbox"/> Naturalization	<input type="checkbox"/> Other (Specify):		
<input type="checkbox"/> Status as Permanent Resident			

If your native alphabet is in other than Roman letters, write your name in your native alphabet below:

--

Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.

Applicant: Print your name and Alien Registration Number in the box outlined by heavy border below.

Complete This Box (Family Name)	(Given Name)	(Middle Name)	(Alien Registration Number)
			A

**I-765, Application For
Employment Authorization**

Do not write in this block.

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (<i>Circle One</i>) until _____ (Date). Subject to the following conditions: _____ (Date). Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

I am applying for: Permission to accept employment.
 Replacement (*of lost employment authorization document*).
 Renewal of my permission to accept employment (*attach previous employment authorization document*).

1. Name (Family Name in CAPS) (First)	(Middle)	Which USCIS Office?	Date(s)
2. Other Names Used (include Maiden Name)		Results (Granted or Denied - attach all documentation)	
3. Address in the United States (Street Number and Name) (Apt. Number)		12. Date of Last Entry into the U.S. (mm/dd/yyyy)	
(Town or City)	(State/Country)	(ZIP Code)	13. Place of Last Entry into the U.S.
4. Country of Citizenship/Nationality		14. Manner of Last Entry (Visitor, Student, etc.)	
5. Place of Birth (Town or City) (State/Province) (Country)		15. Current Immigration Status (Visitor, Student, etc.)	
6. Date of Birth (mm/dd/yyyy)	7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	16. Go to the "Who May File Form I-765?" section of the instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. (For example, (a)(8), (c)(17)(iii), etc.) () () ()	
8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	17. If you entered the eligibility category, (c)(3)(C), in Question 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below. Degree: _____ Employer's Name as listed in E-Verify: _____ Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number: _____		
9. Social Security Number (include all numbers you have ever used) (if any)			
10. Alien Registration Number (A-Number) or I-94 Number (if any)			
11. Have you ever before applied for employment authorization from USCIS? <input type="checkbox"/> Yes (If "Yes," complete below) <input type="checkbox"/> No			

Certification

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "Who May File Form I-765?" section of the instructions and have identified the appropriate eligibility category in Question 16.

Signature _____ Telephone Number _____ Date _____

Signature of Person Preparing Form, If Other Than Above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name _____ Address _____ Signature _____ Date _____

Remarks	Initial Receipt	Resubmitted	Relocated			Completed		
			Received	Sent	Approved	Denied	Returned	



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

Form I-693, Report of Medical Examination and Vaccination Record

START HERE - Type or print in CAPITAL letters (Use black ink)

Part 1. Information About You *(To be completed by the person requesting a medical examination, not the civil surgeon)*

Family Name (Last Name)		Given Name (First Name)		Full Middle Name	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Home Address: Street Number and Name				Apt. Number	Gender:
<input style="width: 100%;" type="text"/>				<input style="width: 50%;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
City	State	Zip Code		Phone # (Include Area Code) no dashes or ()	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Date of Birth <i>(mm/dd/yyyy)</i>	Place of Birth <i>(City/Town/Village)</i>	Country of Birth	A-Number <i>(if any)</i>	U.S. Social Security # <i>(if any)</i>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

Applicant's Certification

I certify under penalty of perjury under United States law that I am the person who is identified in **Part 1** of this Form I-693, Report of Medical Examination and Vaccination Record, and that the information in **Part 1** of this form is true to the best of my knowledge. I understand the purpose of this medical exam, and I authorize the required tests and procedures to be completed. If it is determined that I willfully misrepresented a material fact or provided false/altered information or documents with regard to my medical exam, I understand that any immigration benefit I derived from this medical exam may be revoked, that I may be removed from the United States, and that I may be subject to civil or criminal penalties.

Signature - Do not sign or date this form until instructed to do so by the civil surgeon	Date <i>(mm/dd/yyyy)</i>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
To be completed by civil surgeon: Form of applicant ID presented <i>(e.g., passport, driver's license)</i>	ID Number <i>(if any)</i>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Part 2. Summary of Medical Examination *(To be completed by the civil surgeon)*

Summary of Overall Findings:

- | | |
|--|--|
| <input type="checkbox"/> No Class A or Class B Condition | <input type="checkbox"/> Class A Conditions <i>(see Civil Surgeon Worksheet, sections 1-3)</i> |
| | <input type="checkbox"/> Class B Conditions <i>(see Civil Surgeon Worksheet, sections 1-4)</i> |

Date of First Examination <i>(mm/dd/yyyy)</i>	Date(s) of Follow-up Examination(s) if Required:		
<input style="width: 100%;" type="text"/>	Date of Exam <i>(mm/dd/yyyy)</i>	Date of Exam <i>(mm/dd/yyyy)</i>	Date of Exam <i>(mm/dd/yyyy)</i>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Part 3. Civil Surgeon's Certification *(Do not sign form or have the applicant sign in Part 1 until all health follow-up requirements have been met)*

I certify under penalty of perjury under United States law that: I am a civil surgeon designated to examine applicants seeking certain immigration benefits in the U.S. OR a physician who qualifies under a blanket designation specified by policy or law; I have a currently valid and unrestricted license to practice medicine in the state where I am performing medical examinations unless otherwise exempted; I performed this examination of the person identified in Part 1 of this Form I-693, after having made every reasonable effort to verify that the person whom I examined is in fact the person identified in Part 1; that I performed the examination in accordance with the Centers for Disease Control and Prevention's *Technical Instructions*, and all supplemental information or updates; and that all information provided by me on this form is true and correct to the best of my knowledge, and belief.

Type or Print Full Name <i>(First, Middle, Last)</i>	<i>(For Health Departments Only: Place official stamp or seal here)</i>
<input style="width: 100%;" type="text"/>	
Address <i>(Street Number and Name, City, State, and Zip Code)</i>	
<input style="width: 100%;" type="text"/>	
Name of Medical Practice or Health Department	Signature
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
E-Mail/Daytime Phone # <i>(Include Area Code)</i>	Date <i>(mm/dd/yyyy)</i>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Family Name (Last Name)

Given Name (First Name)

Full Middle Name

A-Number (if any)

CIVIL SURGEON WORKSHEET

(To be completed by the civil surgeon, according to the Technical Instructions at <http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html>)

1. Communicable Diseases of Public Health Significance

A. Tuberculosis (TB): An initial screening test, either a Tuberculin Skin Test (TST) or an Interferon Gamma Release Assay (IGRA) is required for all applicants 2 years of age and older; for children under 2 years of age, see *Technical Instructions*. The civil surgeon should perform **one type of initial screening test only**, followed by further evaluation, if needed (chest X-ray).

1. Tuberculin Skin Test (TST):

Not administered (TST exception applies; please explain in Remarks section below)

Date TST Applied (mm/dd/yyyy)

Date TST Read (mm/dd/yyyy)

Size of Reaction (mm)

Result: Negative (4mm or less of induration) Positive (≥ 5 mm; chest X-ray required)

2. Interferon Gamma Release Assay (IGRA) (for acceptable IGRAs consult the Technical Instructions and any updates posted on CDC's Web site):

Not administered (IGRA exception applies; please explain in Remarks section below)

Name of Test

Date Blood Sample Drawn (mm/dd/yyyy)

IU/ml:

Result: Negative (including indeterminate, or borderline/equivocal) (no chest X-ray required)
 Positive (chest X-ray required)

3. Initial Screening Test Result and Chest X-Ray Determination:

- Chest X-ray not required (medically cleared for TB for USCIS)
- Chest X-ray required due to initial screening test results
- Chest X-ray required due to TB signs or symptoms, or due to immunosuppression (e.g. HIV)
- Chest X-ray required due to TST or IGRA exception (The civil surgeon must clearly specify the TST or IGRA exception in the Remarks section below)

4. Chest X-Ray: Required based on TST or IGRA result, or if specific TST or IGRA exceptions apply, or for an applicant with TB signs or symptoms or immunosuppression (e.g., HIV). **Attach a copy of X-ray report.**

Date Chest X-Ray Taken (mm/dd/yyyy)

Date Chest X-Ray Read (mm/dd/yyyy)

Result: Normal Abnormal (describe results in remarks)

TB Classification/Findings (check only if chest x-ray was performed):

- No Class A or Class B TB
- Class A Pulmonary TB Disease
- Class B1 Pulmonary TB
- Class B1 Extra Pulmonary TB
- Class B2 Pulmonary TB
- Class B, Latent TB Infection
- Class B, Other Chest Condition (non-TB)

Remarks: (If needed, include any signs or symptoms of TB, additional tests and therapy given, with start and stop dates and any changes. If tests were not administered, give reason why exception applies).

Family Name (Last Name)

Given Name (First Name)

Full Middle Name

A-Number (if any)

CIVIL SURGEON WORKSHEET (Continued)

B. Syphilis

Serologic Test for Syphilis (Required for applicants 15 years and older)

Date Screening Run (mm/dd/yyyy)

Screening Nonreactive

Screening Reactive, Titer 1: _____

If Reactive, Date Confirmation Run (mm/dd/yyyy)

Confirmation Nonreactive

Confirmation Reactive

Findings:

No Class A or Class B Syphilis

Syphilis, Class A (untreated)

Syphilis, Class B (with residual deficit, and treated in the past year)

Remarks: (Include any therapy given with doses and dates)

C. Other Class A/Class B Conditions for Communicable Diseases of Public Health Significance

Findings:

No Class A/B Condition

Gonorrhea, Class A

Hansen's Disease (Leprosy, Noninfectious), Class B

Chancroid, Class A

Lymphogranuloma Venereum, Class A

Granuloma Inguinale, Class A

Hansen's Disease (Leprosy, Infectious), Class A

Remarks: (Include any therapy given and any counseling or referrals)

2. Physical or Mental Disorders With Associated Harmful Behavior

* (Include here any diagnosis of substance abuse/addiction based on DSM criteria for a substance that is not listed in Schedule I, II, III, IV, or V under Section 202 of the Controlled Substance Act with current associated harmful behavior or history of associated harmful behavior judged likely to recur. This category includes diagnosis of alcohol abuse/dependence.)

No Class A or B Physical or Mental Disorder*

Current Physical/Mental Disorder with Associated Harmful Behavior,* Class A

History of Physical/Mental Disorder with Associated Harmful Behavior Likely to Recur, Class A*

Current Physical/Mental Disorder without Associated Harmful Behavior,* Class B

History of Physical/Mental Disorder with Associated Harmful Behavior Unlikely to Recur,* Class B

Remarks: (Include diagnosis, likelihood of recurrence of the harmful behavior, therapy given, and any counseling, or referrals. Attach a separate sheet of paper (with applicant's name and A#) if more space is necessary)

3. Drug Abuse/Drug Addiction

** ("Drug Abuse/Drug Addiction" addresses non-medical use only with respect to substances listed in Schedule I, II, III, IV, or V under Section 202 of the Controlled Substances Act. Include here any diagnosis of substance abuse/dependence based on DSM criteria for a substance listed in Schedule I, II, III, IV, or V of section 202 of the Controlled Substances Act. See CDC's Technical Instructions for more information.)

No Class A or B Substance (Drug) Abuse/Addiction**

Substance (Drug) Abuse/Addiction, Listed in Section 202 of the Controlled Substances Act,** Class A

Substance (Drug) Abuse/Addiction in Full Remission, Listed in Section 202 of the Controlled Substances Act,** Class B

Family Name (Last Name)	Given Name (First Name)	Full Middle Name	A-Number (if any)

CIVIL SURGEON WORKSHEET (Continued)

3. Drug Abuse/Drug Addiction (Continued)

Remarks: (Include any therapy given, rehabilitation, counseling, or referrals. Attach a separate sheet of paper (with applicant's name and A#) if more space is necessary)

4. Other Medical Conditions (List any other Class B conditions, e.g., hypertension, diabetes)

5. Referral to Health Department or Other Doctor (To be completed by civil surgeon, if referral was medically required)

Type or Print Name of Doctor or Health Department Receiving Required Referral

Address (Street Number and Name, City, State, and Zip Code)

Date of Referral (mm/dd/yyyy)

Remarks: (Include name of medical condition and reasons for referral)

6. Referral Evaluation (To be completed by the health department or other doctor performing the referral evaluation)

The applicant identified on this form was referred to me by the civil surgeon named in **Part 3** of this form. I have provided appropriate evaluation/treatment, having made every reasonable effort to verify that the person whom I evaluated/treated is the person identified in **Part 1**.

Type or Print Full Name of Evaluating Physician or Health Department

Signature

Address (Street Number and Name, City, State, and Zip Code)

Date (mm/dd/yyyy)

Name of Medical Practice or Health Department

Daytime Phone # (Include Area Code) no dashes or ()

Remarks: (Attach a separate sheet of paper, if needed)

Family Name (Last Name)	Given Name (First Name)	Full Middle Name	A-Number (if any)

VACCINATION RECORD

(See Technical Instructions at <http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html> for list of required vaccines)

Please make sure every row is marked. Reserve all comments for the Remarks section below. **Note:** For purposes of the influenza vaccine, the flu season is October 1 through March 31. **For certain applicants who only require a vaccination assessment:** You need only submit this page with Page 1 of Form I-693. See Form Instructions - FAQ section for more information.

Vaccine History Transferred From a Written Record				Vaccine Given	Completed Series	Waiver(s) to Be Requested From USCIS			
Vaccine	Date Received	Date Received	Date Received	Date Given by Civil Surgeon	Mark an X if complete; write date of lab test if immune or "VH" if varicella history	Blanket			
	mm/dd/yy	mm/dd/yy	mm/dd/yy			Not Medically Appropriate			
						Not Age Appropriate	Contra-indication	Insufficient Time Interval	Not Flu Season
Specify DT <input type="checkbox"/> Vaccine: DTP <input type="checkbox"/> DTaP <input type="checkbox"/>									
Specify Td <input type="checkbox"/> Vaccine: Tdap <input type="checkbox"/>									
Specify OPV <input type="checkbox"/> Vaccine: IPV <input type="checkbox"/>									
MMR (Measles Mumps-Rubella) or if monovalent or other combination of the vaccines are given, specify vaccine(s):									
Hib									
Hepatitis B									
Varicella									
Pneumococcal									
Influenza									
Rotavirus									
Hepatitis A									
Meningococcal									

Give a Copy to Applicant

FOR USCIS USE ONLY

- Results: Applicant may be eligible for blanket waiver(s) as indicated above
 Applicant will request an individual waiver based on religious or moral convictions
 Vaccine history complete for each vaccine, all requirements met
 Applicant does not meet immunization requirements

Remarks: *(If needed, provide any remarks: e.g., reason for contraindication)*

Remarks (if any):

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT

11064.1: Facilitating Parental Interests in the Course of Civil Immigration Enforcement Activities

Issue Date: August 23, 2013
Effective Date: August 23, 2013
Superseded: N/A

Federal Enterprise Architecture Number: 306-112-002b

- 1. Purpose/Background.** U.S. Immigration and Customs Enforcement (ICE) is committed to intelligent, effective, safe and humane enforcement of the nation's immigration laws. ICE seeks to enforce immigration laws fairly and with respect for a parent's rights and responsibilities. This directive supplements existing ICE enforcement priority memoranda. This Directive establishes ICE policy and procedures to address the placement, monitoring, accommodation, and removal of certain alien parents. The Directive is particularly concerned with the placement, monitoring, accommodation, and removal of alien parents or legal guardians who are: 1) primary caretakers of minor children without regard to the dependent's citizenship; 2) parent and legal guardians who have a direct interest in family court proceeding involving a minor or child welfare proceedings in the United States; and 3) parents or legal guardians whose minor children are U.S. citizens (USCs) or lawful permanent residents (LPRs).

This Directive is intended to complement the immigration enforcement priorities and prosecutorial discretion memoranda, as well as other related detention standards and policies that govern the intake, detention, and removal of alien parents. The security and safety of any ICE employee, detainee, ICE detention staff or member of the public will be paramount in the exercise of the procedures and requirements of this Directive.

- 2. Policy.** ICE personnel should ensure that the agency's immigration enforcement activities do not unnecessarily disrupt the parental rights of both alien parents or legal guardians of minor children. Particular attention should be paid to immigration enforcement activities involving: 1) parents or legal guardians who are primary caretakers; 2) parents or legal guardians who have a direct interest in family court or child welfare proceedings; 3) parents or legal guardians whose minor children are physically present in the United States and are USCs or LPRs. ICE will maintain a comprehensive process for identifying, placing, monitoring, accommodating, and removing alien parents or legal guardians of minor children while safeguarding their parental rights.
- 3. Definitions.** The following definitions apply for the purposes of this Directive only.

and Development, Office of Detention Policy and Planning, and the DHS Office for Civil Rights and Civil Liberties – shall develop training materials to assist FODs, Field POCs, and other relevant Field Office personnel in the implementation of this Directive.

- 2) Training shall cover, at a minimum, the means by which ICE officers and personnel will safeguard the parental rights of aliens they encounter – through identification, placement, monitoring, accommodation, and removal – while fulfilling their obligation to enforce the immigration laws.

6. Recordkeeping. None.

7. Authorities/References.

- 7.1. INA § 212(d)(5), 8 U.S.C. § 1182(d)(5).
- 7.2. 8 Code of Federal Regulations (CFR) §212.5
- 7.3. ICE Policy 10075.1, Exercising Prosecutorial Discretion Consistent with the Civil Immigration Enforcement Priorities of the Agency for the Apprehension, Detention, and Removal of Aliens (June 17, 2011).
- 7.4. ICE Policy 10072.1, Civil Immigration Enforcement: Priorities for the Apprehension, Detention, and Removal of Aliens (March 2, 2011).
- 7.5. 2011 Performance-Based National Detention Standard, “5.2 Trips for Non-medical Emergencies.”
- 7.6. ICE Policy 11022.1, Detainee Transfers (January 4, 2012).

8. Attachments.

- 8.1. Detainee Transfer Checklist (updated).

9. **No Private Right.** Notwithstanding the provisions of this Directive, ICE retains its discretion to remove or detain any alien to the extent permitted by law, irrespective of an alien’s pending family court or child welfare proceeding. These guidelines and priorities are not intended to, do not, and may not be relied upon to create any right or benefit, substantive or procedural, enforceable at law by any party in any administrative, civil, or criminal matter.



John Sandweg
Acting Director
U.S. Immigration and Customs Enforcement

- iii. the appropriate provision of escorted trips to family court or child welfare proceedings for detained alien parents or legal guardians;
 - iv. appropriate visitation within ICE facilities; and
 - v. appropriate efforts, to the extent practicable, to allow a detained alien parent or legal guardian to make provisions for their minor children, including through increased access to counsel, consular officials, family and dependency courts, child welfare authorities personnel, and/or family members or friends in order to arrange guardianship, or to obtain travel documents or otherwise make necessary travel arrangements, for his or her children.
- d) Coordinating as necessary with other relevant ERO program offices, FODs, state or local family court or child welfare authority personnel, consular officials and others to facilitate the timely response to issues or complaints relating to the parental rights of detained aliens received by ICE.
 - e) Working as necessary with relevant ICE program offices and consular officials to facilitate the return to the United States of certain lawfully removed aliens by grant of parole for the sole purpose of participation in the termination of parental rights proceedings.
- 3) To the extent practicable, the FODs and the Field POCs shall utilize information collected from ENFORCE, RCA, and other relevant ICE information technology systems regarding detained alien parents and legal guardians to perform the functions described in Section 5.8(2)(c) of this Directive.

5.9. Outreach.

- 1) With support from other relevant ICE program offices and in coordination with U.S. Department of Homeland Security (DHS) entities and the U.S. Department of Health and Human Services' Administration for Children and Families, the ERO EAD or his or her designee shall work with representatives of family and dependency courts and child welfare authorities to develop methods for improving communication and cooperation between the immigration enforcement, family or dependency court, and child welfare systems.
- 2) In cooperation with non-governmental organization stakeholders, the ERO EAD or his or her designee shall ensure the dissemination to all over-72-hour facility law libraries relevant resource guides, including materials prepared by non-governmental organizations and reviewed by ICE, regarding dependency proceedings and the intersection of these proceedings with immigration enforcement and detention.

5.10. Training.

- 1) The Parental Rights Coordinator, in consultation with relevant ICE and DHS program offices – to include other relevant ERO program offices, the ICE Office of Training

orderly visa and immigration processing; (iv) that they will depart the United States without delay following the conclusion of the final parental rights termination hearing for which they traveled to the United States; and (v) that they understand that if they do not depart the United States promptly upon the completion of such hearing, they may be subject to removal from the United States without further hearing as an arriving alien. Additionally, facilitation of return under this Directive will not relieve an alien of any ground of inadmissibility, deportability, or ineligibility for immigration benefits or relief or protection from removal.

- 3) The alien will be responsible for incurring all costs associated with returning to United States to participate in the termination of parental rights hearings; the alien will also incur all costs for departing the United States at the conclusion of the hearing.
- 4) Requests to facilitate return will be considered and accommodated on a case-by-case basis, taking into account security and public safety considerations and other relevant factors, such as whether the family court or relevant child welfare authority will permit the removed alien to participate through alternative means, e.g., through video or standard teleconferencing.

5.8. Implementation through Collaboration and Information Sharing.

- 1) The ERO EAD shall designate a Parental Rights Coordinator.
- 2) The Parental Rights Coordinator shall be responsible for:
 - a) Serving as the primary point of contact and subject matter expert for all FODs and Field POCs, regarding the parental rights of detained aliens.
 - b) With the assistance of relevant ERO divisions responsible for data collection and analysis, evaluating on an ongoing basis information collected from ENFORCE, Risk Classification Assessment (RCA) and other relevant ICE information technology systems regarding detained alien parents or legal guardians and sharing with FODs and Field POCs, on an ongoing basis, relevant information about detained alien parents and legal guardians within each AOR.
 - c) Assisting FODs and Field POCs in utilizing information about detained alien parents and legal guardians to help ensure compliance with this directive, including:
 - i. the appropriate exercise of prosecutorial discretion with respect to detained aliens who are determined to be the primary caretaker of a minor child, or who are determined to be the parent or legal guardian of a USC or LPR child;
 - ii. appropriate initial placement decisions and transfer decisions for detained alien parents or legal guardians;

5.6. Coordinating Care or Travel of Minor Children Pending Removal of a Parent or Legal Guardian.

- 1) Where detained alien parents or legal guardians who maintain their parental rights are subject to a final order of removal and ICE is effectuating their removal, FODs or their appropriate designees should accommodate, to the extent practicable, the detained parent or legal guardian's individual efforts to make provisions for their minor children. Such provisions may include the parent or legal guardian's attempt to arrange guardianship for his/her minor children to remain in the United States, or to obtain travel documents for their child(ren) to accompany them to their country of removal.
- 2) FODs will coordinate, to the extent practicable, within their local detention facilities and within the Field Office to afford detained alien parents or legal guardians access to counsel, consulates and consular officials, courts and/or family members in the weeks preceding removal in order to execute signed documents (e.g., powers of attorney, passport applications, appointments of guardians or other permissions), purchase airline tickets, and make other necessary preparations prior to removal.
- 3) In addition, the FOD may, subject to security considerations, provide sufficient notice of the removal itinerary to the detainee or through the detained alien's attorney or other representative, so that coordinated travel arrangements may be made for the alien's minor child(ren).

5.7. Facilitation of Return.

- 1) If a lawfully removed alien (or his or her attorney, family member, consular official or other representative) provides to ICE verifiable evidence indicating that he or she has a hearing or hearings related to his or her termination of parental or legal guardianship rights before a family court or child welfare authority in the United States, and the court or child welfare authority has determined that the removed parent or legal guardian must be physically present, rather than participating via other means, ICE may, on a case-by-case basis, while taking into account security and public safety considerations, facilitate the return of the alien to the United States by grant of parole for the sole purpose of participation in the termination of parental rights proceedings.
- 2) ICE shall consider facilitating the return of a removed parent or legal guardian in compelling humanitarian cases. Aliens who are allowed to return must acknowledge in writing that they may be subject to additional safeguards, including but not limited to, detention, electronic monitoring or routine reporting requirements. Prior to being paroled back into the United States, alien parents or legal guardians must confirm, in writing: (i) that their sole purpose in traveling to the United States is to attend their termination of parental rights hearings; (ii) that the grant of parole can be terminated at any time; (iii) that they are not traveling to the United States in order to pursue immigration benefits or relief or protection from removal, or to otherwise circumvent

court or child welfare proceeding, due to distance or safety or security concerns, the FOD should work with both the detained alien parent or legal guardian and the family court or child welfare authority to identify alternative means for the detained alien parent or legal guardian to participate in the proceeding. For instance, if it is technologically feasible, and approved by the family court or child welfare authority, the FOD may facilitate a detained alien parent's or legal guardian's appearance or participation through video or standard teleconferencing from the detention facility or the Field Office.

In all cases, if the detained alien parent or legal guardian does not wish to attend and/or participate in a family court or child welfare proceeding, ICE will not interfere with the detained alien parent's or legal guardian's decision, which shall be documented in the detainee's A-File.

5.5. Visitation.

- 1) In some cases, parent-child visitation may be required by the family court or child welfare authority in order for a detained alien parent or legal guardian to maintain or regain custody of his or her minor child(ren). If a detained alien parent or legal guardian, or his or her family member, attorney, or other representative produces documentation (e.g. a reunification plan, scheduling letter, court order, or other such documentation) of such a requirement, FODs shall facilitate, to the extent practicable, the required visitation between the detained alien parent or legal guardian and his or her minor child(ren).¹
 - a) Such special visitation may include contact visitation, within the constraints of safety and security for both facility staff and detainees.
 - b) These special arrangements shall not limit or otherwise adversely affect the detained alien parent or legal guardian's normal visitation rights under the relevant detention standards, or the safe and efficient operation of the detention facility.
- 2) While in-person visitation is preferred and should be made available whenever practicable, if it is technologically feasible and approved by the family court or child welfare authority, FODs may permit parent-child visitation through video or standard teleconferencing from the detention facility or the Field Office.

¹ Pursuant to ICE detention standards, at facilities where there is no provision for visits by minors, upon request, FODs shall arrange for a visit by children, stepchildren, and/or foster children within the first 30 days. After that time, upon request, ICE shall consider a request for transfer, when possible, to a facility that will allow such visitation. Upon request, FODs shall continue monthly visits, if transfer is not approved, or until an approved transfer can be effected. See NDS 2000 (Section H.2.d); PBND 2008 (Section H.2.d); PBND 2011 (Section I.2.b).

5.3. Initial Placement and Subsequent Transfers.

- 1) If the alien's child, children, or family court or child welfare proceedings are within the AOR of initial apprehension, the FOD shall refrain from making an initial placement or from subsequently transferring the alien outside of the AOR of apprehension, unless deemed necessary by the FOD for the reasons outlined in Section 5.2(3) of ICE Policy 11022.1, Detainee Transfers (January 4, 2012) ("Detainee Transfer Directive"). FODs shall also note any transfers outside the AOR in the updated Detainee Transfer Checklist (attached).
- 2) Further, and subject to detention space availability, the FOD will initially place the detained alien parent as close as practicable to the alien's child(ren) and/or to the location of the alien's family court or child welfare proceedings (if any).

5.4. Nature of the Individual's Participation in Family Court or Child Welfare Proceedings.

- 1) *In-person appearance* -- When a detained alien parent or legal guardian's presence is required to participate in family court or child welfare proceedings in order for him or her to maintain, or regain, custody of his or her child(ren) and:
 - a) The detained alien parent or legal guardian or his or her attorney or other representative requests with reasonable notice an opportunity to participate in such hearings;
 - b) The detained alien parent or legal guardian, or his or her attorney or other representative, has produced evidence of a family court or child welfare proceeding, including but not limited to, a notice of hearing, scheduling letter, court order, or other such documentation;
 - c) The family court or child welfare proceedings are located within a reasonable driving distance of the detention facility where the detained alien parent or legal guardian is housed;
 - d) Transportation and escort of the detained alien parent or legal guardian would not be unduly burdensome on Field Office operations; and
 - e) Such transportation and/or escort of the detained alien parent or legal guardian to participate in family court or child welfare proceedings does not present security and/or public safety concerns,

The FOD shall arrange for the detained alien parent or legal guardian's in-person appearance at family court or child welfare proceedings, if practicable.

- 2) *Participation by video or standard teleconferencing* -- If it is impracticable to transport the detained alien parent or legal guardian to appear in-person in a family

5.1. Field Points of Contact for Parental Rights (“Field POCs”).

- 1) Each ERO FOD shall designate a specially trained coordinator at the supervisory level in his or her Field Office to serve as the Field POC for Parental Rights for his/her area of responsibility (AOR). These Field POCs will regularly communicate with the Parental Rights Coordinator (See 5.8) and report to ERO HQ on the progress of implementing this Directive. The Field POCs will also participate in all relevant training offered by HQ ERO on the subject of this Directive.
- 2) Each Field POC shall receive and address public inquiries related to the parental rights or family ties of detained alien parents or legal guardians of minor children. Careful consideration should be given to cases involving parents or legal guardians who are primary caretakers, those who have a direct interest in family court or child welfare proceedings, and those whose minor children are USCs or LPRs. Inquiries may be received from detained or non-detained aliens, their family members, attorneys or representatives, advocacy groups, state and local family courts, and/or child welfare services, among others.
- 3) Information regarding how to contact the Field POCs shall be posted and publicized at detention facilities within each AOR and on the ICE website. Information will be made available in multiple languages to the extent practicable.

5.2. Prosecutorial Discretion and Identification.

- 1) ***Prosecutorial Discretion.*** FODs shall continue to weigh whether an exercise of prosecutorial discretion may be warranted for a given alien and shall consider all relevant factors in this determination, including whether the alien is a parent or legal guardian of a USC or LPR minor, or is a primary caretaker of a minor. While the FODs may exercise prosecutorial discretion at any stage of an enforcement proceeding, it is generally preferable to exercise such discretion as early in the case or proceeding as possible.
- 2) ***Identification.*** ICE may receive information that identifies an alien as a parent or legal guardian of a USC or LPR minor, or as a primary caretaker of a minor at any time during the alien’s arrest, processing or detention.

If such information is sufficiently credible to confirm the alien’s status as a parent or legal guardian of a USC or LPR minor, or as a primary caretaker of a minor, FODs should reevaluate any custody determination for the alien to the extent permitted by law and in accordance with existing ICE policy.

Once a detained alien has been determined to be a parent or legal guardian of a USC or LPR minor, or as a primary caretaker of a minor, the FOD or Field POC should also enter this information into ENFORCE.

- 3.1. **Custody.** The period of time during which a person has been arrested or detained by ICE under its civil immigration enforcement authorities, is physically present in an ICE-owned, -leased, or -contracted detention facility pursuant to such authorities, or is being transported by ICE or an ICE contractor (including for the purposes of removal from the United States) pursuant to such authorities. Custody ends when the person is released from ICE's physical confinement or restraint, including upon transfer to another agency.
- 3.2. **Initial Placement.** The first facility where an alien is detained by ICE.
- 3.3. **Parental Rights.** The fundamental rights of parents to make decisions concerning the care, custody, and control of their minor children without regard to the child's citizenship, as provided for and limited by applicable law. The rights of legal guardians of minor children to make decisions concerning those children as provided for and limited by applicable law.
- 3.4. **Family Court or Child Welfare Proceeding.** A proceeding in which a family or dependency court or child welfare agency adjudicates or enforces the rights of parents or minor children through determination or modification of parenting plans, child custody, visitation, or support, or the distribution of property or other legal obligations in the context of parental rights.
4. **Responsibilities.**
 - 4.1. **Enforcement and Removal Operations (ERO) Field Office Directors (FODs)** and their staff or designees have responsibilities under Sections 5.1 through 5.7.
 - 4.2. The **ERO Executive Associate Director (EAD)** has responsibilities under Section 5.8 and 5.9.
 - 4.3. The **ERO Field Operations Division** has responsibilities under Section 5.7 (Facilitation of Return).
 - 4.4. The **Parental Rights Coordinator** has responsibilities under Sections 5.1, 5.8, and 5.10 (Training).
 - 4.5. The **Field Point of Contact (POC) for Parental Rights** in each ERO Field Office have responsibilities under Sections 5.1, 5.2, and 5.8 (Implementation through Collaboration and Information Sharing).
 - 4.6. **ICE Office of Detention Policy and Planning (ODPP)** has responsibilities under Section 5.10 (Training).
5. **Procedures/Requirements.**

