



Application for Relief Under Former Section 212(c) of the Immigration and Nationality Act (INA)

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

USCIS
Form I-191
OMB No. 1615-0016
Expires 02/28/2026

For USCIS Use Only	Date		Fee Stamp		Action Block
	RECEIVED	TRANS IN	RETD/TRANS OUT	COMPLETED	

To be completed by an Attorney or Accredited Representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <input type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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▶ **START HERE** - Type or print in black ink.

Part 1. Information About You

The individual applying for relief under former Immigration and Nationality Act (INA) section 212(c) completes this section.

1. Your Full Legal Name

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

2. Other Names Used

Provide any other names you have used at any time since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

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

3. Current Mailing Address

In Care Of Name (if any)

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

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

NOTE: If you answered "No" to **Item Number 4.**, provide your physical address below.

Part 1. Information About You (continued)

5. Current Physical Address (if different from the address above)

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Other Information

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

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

▶ A-

8. USCIS Online Account Number (if any)

▶

9. Your Country of Citizenship or Nationality

List the country where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 12. Additional Information.**

10. Place of Birth

List the city/town/village, state/ province, and country where you were born.

City/Town/Village of Birth

State/Province of Birth

Country of Birth

11. Information About Your Lawful Permanent Resident (LPR) Status

A. Date You Obtained Your LPR Status (mm/dd/yyyy)

B. How You Obtained Your LPR Status (select **only one** box)

- Admission with an Immigrant Visa at a Port of Entry (Complete **Item Number 12.**)
- Adjustment of Status Granted by USCIS While in the United States (Complete **Item Number 13.**)
- Adjustment of Status Granted by Immigration Judge or Board of Immigration Appeals While Inside the United States (Complete **Item Number 14.**)

12. If you selected "Admission with an Immigrant Visa at a Port of Entry," provide the information requested below.

Port-of-Entry City or Town

Port-of-Entry State

Means of Transportation

Part 1. Information About You (continued)

13. If you selected "Adjustment of Status Granted by USCIS While in the United States," provide the USCIS Office location that granted your adjustment of status application below.

USCIS Office Location

14. If you selected "Adjustment of Status by Immigration Judge or Board of Immigration Appeals While inside the United States" provide the date your status was granted and the location of the Immigration Judge below.

Date Adjustment of Status was Granted

Location of Immigration Judge

(mm/dd/yyyy)

Information About Your Last Arrival in the United States

15. Passport or Travel Document Number

16. Country That Issued Your Passport or Travel Document

17. Expiration Date for Your Passport or Travel Document

(mm/dd/yyyy)

18. Date of Your Last Arrival into United States, On or About

(mm/dd/yyyy)

Information About Your Travels From and To the United States

Provide the information requested below about your travels from and to the United States since you were admitted as, or adjusted your status to, an LPR. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

19. Trip 1

City of Departure

State of Departure

Date of Departure (mm/dd/yyyy)

Means of Transportation for Departure

City of Arrival

State of Arrival

Date of Arrival (mm/dd/yyyy)

Means of Transportation for Arrival

Purpose of Trip

Is this information approximate? Yes No

Part 1. Information About You (continued)

20. Trip 2

City of Departure State of Departure Date of Departure (mm/dd/yyyy)

Means of Transportation for Departure

City of Arrival State of Arrival Date of Arrival (mm/dd/yyyy)

Means of Transportation for Arrival

Purpose of Trip

Is this information approximate? Yes No

21. Trip 3

City of Departure State of Departure Date of Departure (mm/dd/yyyy)

Means of Transportation for Departure

City of Arrival State of Arrival Date of Arrival (mm/dd/yyyy)

Means of Transportation for Arrival

Purpose of Trip

Is this information approximate? Yes No

Part 2. Biographic Information

1. Ethnicity (Select only one box)

Hispanic or Latino Not Hispanic or Latino

2. Race (Select all applicable boxes)

White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

3. Height Feet Inches

4. Weight Pounds

5. Eye Color (Select only one box)

Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other

6. Hair Color (Select only one box)

Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/Other

Part 3. Information About Your Criminal Convictions

The information requested below relates to your criminal convictions for which you are seeking relief under former INA section 212(c).

1. Conviction 1

A. Date (mm/dd/yyyy)

B. Name of Court

C. Town or City of Court

State of Court

D. Court Case Number

E. Conviction Entered After Trial Based on Guilty or No Contest Plea

If you selected "Based on Guilty or No Contest Plea," provide the

date the plea was entered (mm/dd/yyyy)

F. Specific Offense as Stated in the Judgment of Conviction

NOTE: If the conviction is related to more than one offense, provide the name of each specific offense.

G. Citation to Federal, State, or Local Law, as Stated in the Judgment of Conviction

NOTE: If the conviction is related to more than one citation, provide each separate citation.

H. Sentence, Probation, or Other Punishment Imposed

Imprisonment Served From

(mm/dd/yyyy)

Imprisonment Served To

(mm/dd/yyyy)

2. Conviction 2

A. Date (mm/dd/yyyy)

B. Name of Court

C. Town or City of Court

State of Court

D. Court Case Number

E. Conviction Entered After Trial Based on Guilty or No Contest Plea

If you selected "Based on Guilty or No Contest Plea," provide the

date the plea was entered (mm/dd/yyyy)

F. Specific Offense as Stated in the Judgment of Conviction

NOTE: If the conviction is related to more than one offense, provide the name of each specific offense.

G. Citation to Federal, State, or Local Law, as Stated in the Judgment of Conviction

NOTE: If the conviction is related to more than one citation, provide each separate citation.

Part 3. Information About Your Criminal Convictions (continued)

H. Sentence, Probation, or Other Punishment Imposed

[Empty text box for sentence, probation, or other punishment imposed]

Imprisonment Served From

Imprisonment Served To

(mm/dd/yyyy)

[Empty date box for imprisonment served from]

(mm/dd/yyyy)

[Empty date box for imprisonment served to]

3. Conviction 3

A. Date (mm/dd/yyyy)

[Empty date box]

B. Name of Court

[Empty text box for name of court]

C. Town or City of Court

[Empty text box for town or city of court]

State of Court

[Empty text box for state of court]

D. Court Case Number

[Empty text box for court case number]

E. Conviction Entered After Trial Based on Guilty or No Contest Plea

If you selected "Based on Guilty or No Contest Plea," provide the

date the plea was entered (mm/dd/yyyy)

[Empty date box for plea entry]

F. Specific Offense as Stated in the Judgment of Conviction

[Empty text box for specific offense]

NOTE: If the conviction is related to more than one offense, provide the name of each specific offense.

G. Citation to Federal, State, or Local Law, as Stated in the Judgment of Conviction

[Empty text box for citation]

NOTE: If the conviction is related to more than one citation, provide each separate citation.

H. Sentence, Probation, or Other Punishment Imposed

[Empty text box for sentence, probation, or other punishment imposed]

Imprisonment Served From

Imprisonment Served To

(mm/dd/yyyy)

[Empty date box for imprisonment served from]

(mm/dd/yyyy)

[Empty date box for imprisonment served to]

NOTE: If you have more than three convictions (including conviction after trial, guilty pleas, and no contest pleas), use the space provided in **Part 12. Additional Information** to provide the requested information about each additional conviction.

Part 4. Information About Your Residences

Provide the following information about where you have lived during the last seven years. List your most recent residence first and then every residence where you have lived during the last seven years. You should not have any gaps in time. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

1. Physical Address 1

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

2. Physical Address 2

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

3. Physical Address 3

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

4. Physical Address 4

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

Part 5. Information About Your Employment

Provide the following information about where you have worked full-time or part-time during the last seven years. List your most recent employer first and then list every other employer where you worked at any time during the last seven years. If you were unemployed, type or print "Unemployed" in the "Name of Employer" field and provide applicable information. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

1. Employer 1

Name of Employer

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Employed From (mm/dd/yyyy)

Employed To (mm/dd/yyyy)

Your Occupation

2. Employer 2

Name of Employer

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Employed From (mm/dd/yyyy)

Employed To (mm/dd/yyyy)

Your Occupation

Part 5. Information About Your Employment (continued)

3. Employer 3

Name of Employer

Street Number and Name

Apt. Ste. Fl. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Employed From (mm/dd/yyyy)

Employed To (mm/dd/yyyy)

Your Occupation

4. Employer 4

Name of Employer

Street Number and Name

Apt. Ste. Fl. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Employed From (mm/dd/yyyy)

Employed To (mm/dd/yyyy)

Your Occupation

Part 6. Information About Your Family

Provide the following information about your spouse, **all** children, and your parents. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

Spouse's Information

1. Spouse's Current Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. A-Number

▶ A-

3. USCIS Online Account Number

▶

4. Spouse's Gender

Male Female

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

6. Country of Birth

Part 6. Information About Your Family (continued)

7. Country of Citizenship or Nationality

8. Spouse's Physical Address

Same as applicant's

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Information for Child 1

9. Current Legal Name of Child 1

Family Name (Last Name)

Given Name (First Name)

Middle Name

10. A-Number

▶ A-

11. USCIS Online Account Number

▶

12. Child's Gender

Male Female

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

14. Country of Birth

15. Country of Citizenship or Nationality

16. Physical Address of Child 1

Same as applicant's

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Information for Child 2

17. Current Legal Name of Child 2

Family Name (Last Name)

Given Name (First Name)

Middle Name

18. A-Number

▶ A-

19. USCIS Online Account Number

▶

20. Child's Gender

Male Female

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

22. Country of Birth

Part 6. Information About Your Family (continued)

23. Country of Citizenship or Nationality

24. Physical Address of Child 2

Same as applicant's

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Information for Child 3

25. Current Legal Name of Child 3

Family Name (Last Name)

Given Name (First Name)

Middle Name

26. A-Number

▶ A-

27. USCIS Online Account Number

▶

28. Child's Gender

Male Female

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

30. Country of Birth

31. Country of Citizenship or Nationality

32. Physical Address of Child 3

Same as applicant's

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Information for Child 4

33. Current Legal Name of Child 4

Family Name (Last Name)

Given Name (First Name)

Middle Name

34. A-Number

▶ A-

35. USCIS Online Account Number

▶

36. Child's Gender

Male Female

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

38. Country of Birth

Part 6. Information About Your Family (continued)

39. Country of Citizenship or Nationality

40. Physical Address of Child 4

Same as applicant's

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Information About Your Parents

Information for Parent 1

41. Current Legal Name of Parent 1

Family Name (Last Name)

Given Name (First Name)

Middle Name

42. A-Number

▶ A-

43. USCIS Online Account Number

▶

44. Gender

Male Female

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

46. Country of Birth

47. Country of Citizenship or Nationality

48. Physical Address of Parent 1

Same as applicant's

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Information for Parent 2

49. Current Legal Name of Parent 2

Family Name (Last Name)

Given Name (First Name)

Middle Name

50. A-Number

▶ A-

51. USCIS Online Account Number

▶

52. Gender

Male Female

Part 6. Information About Your Family (continued)

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

54. Country of Birth

55. Country of Citizenship or Nationality

56. Physical Address of Parent 2

Same as applicant's

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Part 7. Other Grounds for Removal

NOTE: If you need extra space to complete this section, use the space provided in **Part 12. Additional Information.**

1. Provide an explanation in the space provided why you may be subject to removal on any grounds besides the criminal convictions listed in **Part 3. Information About Your Criminal Convictions.** The other grounds of removal may include any inadmissibility grounds in INA section 212(a) or any deportability grounds in INA section 237(a).

2. In addition to the criminal convictions listed in **Part 3.**, list and provide a full explanation of any other time you committed, or were accused of committing, a criminal offense inside or outside of the United States, as well as any other time you were arrested, cited, detained, charged, investigated, received deferred adjudication of guilt, withholding of adjudication of guilt, or pretrial diversion, or plead guilty to or were convicted of a criminal offense inside or outside of the United States.

NOTE: If you were ever arrested, detained, or investigated by any law enforcement officer for any reason, and no charges were filed, include an original official statement by the arresting or detaining agency or applicable court order confirming that no charges were filed. If you were ever arrested, detained, or investigated by any law enforcement officer for any reason and charges were filed, or if charges were filed against you without an arrest, submit an original or court-certified copy of the complete arrest record and/or disposition for each incident (for example, a dismissal order or an acquittal order).

Part 10. Interpreter's Contact Information, Certification, and Signature***Interpreter's Full Name***

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

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

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

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

5. Interpreter's Email Address (if any)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that they understood every instruction, question, and answer on the application.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 11. Contact Information, Declaration, and Signature of the Person Preparing This Application, if Other Than the Applicant***Preparer's Full Name***

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

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

5. Preparer's Email Address (if any)

Part 11. Contact Information, Declaration, and Signature of the Person Preparing This Application, if Other Than the Applicant (continued)

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that they understand the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)

Part 12. Additional Information

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

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

2. A-Number (if any) ▶ A-

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

D.

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

D.

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

D.

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

D.

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

D.

NOTE TO ALL APPLICANTS: Do not complete Part 13. USCIS will complete this section.

Part 13. USCIS Decision (*For Official Use Only*)

1. This application is:

Granted

Denied

2. Terms and Conditions

3. Date of Action (mm/dd/yyyy)