

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

**Form I-687, Application for Status as a
Temporary Resident Under Section 245A of the INA**

Do not write in this block. For USCIS Use Only.

Action Block	Fee Stamp	
	Waiver of Inadmissibility Under Section 212(a) <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Applicant's A#
Class of Admission	Place of Admission	Date of Adjustment

START HERE - Type or print in capital letters in black ink. (If you need more space, use a separate sheet of paper.)

1. I hereby apply for status as indicated by the block checked below:

- A.** Temporary Resident Status as an alien who illegally entered the U.S. prior to January 1, 1982.
- B.** Temporary Resident Status as an alien who entered the U.S. as a nonimmigrant prior to January 1, 1982, and whose authorized stay expired before such date or whose unlawful status was known to the Government as of January 1, 1982.

2. Name			3. Date of Birth
Family Name (Last Name)	Given Name (First Name)	Middle Name	(mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Other A#s and Names Used or Known By (including maiden name, if married)	5. Telephone Numbers (including area codes)
<input type="text"/>	Home <input type="text"/>
<input type="text"/>	Work <input type="text"/>

6. Home Address in the U.S.		U.S. Social Security #
In care of	<input type="text"/>	<input type="text"/>
Number and Street	<input type="text"/>	Apt. # <input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Mailing Address in the U.S. (if different from address in Number 6)		
In care of	<input type="text"/>	
Number and Street	<input type="text"/>	Apt. # <input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Country of Citizenship	<input type="text"/>
---------------------------	----------------------

9. Place of Birth		
City or Town	Country, Province, or State	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Marital Status				
<input type="checkbox"/> Now Married	<input type="checkbox"/> Never Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed

11. Gender	12. Race		
<input type="checkbox"/> Male	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black, not of Hispanic origin	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Female	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White, not of Hispanic origin	<input type="text"/>

13. Have you previously applied for temporary residence as a Legalization applicant?

No Yes

If Yes, give date, place of filing, and final disposition, if known.

14. Do you have other records with USCIS (or the former INS)?

No Yes

If Yes, give file numbers. A #

Other

15. When did you first come to the U.S.?
(mm/dd/yyyy)

16. Manner of Entry

Without a visa With a visa (visitor, student, etc.) specify:

17. Place of first entry into U.S. to reside: Port of Entry (City and State):

Border - Not through a Port of Entry (State):

18. Mother's Name

Living A #

(Maiden Name, Last Name, First Name)

Immigration Status

Deceased (year)

19. Father's Name

Living A #

(Last Name, First Name)

Immigration Status

Deceased (year)

20. List your present and past husbands/wives and all of your sons and daughters (if additional space is needed, use separate paper).

Family Name	Given Name	A #
Country of Birth	Relationship	
Family Name	Given Name	A #
Country of Birth	Relationship	
Family Name	Given Name	A #
Country of Birth	Relationship	
Family Name	Given Name	A #
Country of Birth	Relationship	
Family Name	Given Name	A #
Country of Birth	Relationship	
Family Name	Given Name	A #
Country of Birth	Relationship	

If you were admitted as a nonimmigrant prior to January 1, 1982, complete Numbers 21 through 29. If not, leave blank and go to Number 30.

21. Passport Number <input style="width:95%;" type="text"/>	22. Country that Issued Passport <input style="width:95%;" type="text"/>	23. Location Where Visa Issued (City and Country) <input style="width:95%;" type="text"/>	
24. Type of Visa Issued (B-2, F-1, etc.) <input style="width:95%;" type="text"/>	25. Date Visa Issued (mm/dd/yyyy) <input style="width:95%;" type="text"/>	26. Authorized Stay in U.S. Expired (mm/dd/yyyy) <input style="width:95%;" type="text"/>	27. Class of Admission (Student, Visitor, etc.) <input style="width:95%;" type="text"/>
28. Did you violate your legal status prior to January 1, 1982? <input type="checkbox"/> No <input type="checkbox"/> Yes	29. Was your status violation known to the Government prior to January 1, 1982? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, how was your status violation known to the Government? <input style="width:100%; height: 40px;" type="text"/>		

30. RESIDENCES IN THE UNITED STATES:

List all of your residences in the United States since your first entry, beginning with your present address. If you need more space to complete, use a separate sheet of paper. Write your name and Alien Registration Number (A-Number), if any, at the top of each sheet of paper and indicate on the sheet that the information refers to **Number 30**.

Number and Street Name <input style="width:95%;" type="text"/>				Apt. # <input style="width:20%;" type="text"/>
City <input style="width:35%;" type="text"/>	State <input style="width:10%;" type="text"/>	Zip Code <input style="width:15%;" type="text"/>	From (mm/yyyy) <input style="width:15%;" type="text"/>	To (mm/yyyy) <input style="width:15%;" type="text"/>
Number and Street Name <input style="width:95%;" type="text"/>				Apt. # <input style="width:20%;" type="text"/>
City <input style="width:35%;" type="text"/>	State <input style="width:10%;" type="text"/>	Zip Code <input style="width:15%;" type="text"/>	From (mm/yyyy) <input style="width:15%;" type="text"/>	To (mm/yyyy) <input style="width:15%;" type="text"/>
Number and Street Name <input style="width:95%;" type="text"/>				Apt. # <input style="width:20%;" type="text"/>
City <input style="width:35%;" type="text"/>	State <input style="width:10%;" type="text"/>	Zip Code <input style="width:15%;" type="text"/>	From (mm/yyyy) <input style="width:15%;" type="text"/>	To (mm/yyyy) <input style="width:15%;" type="text"/>
Number and Street Name <input style="width:95%;" type="text"/>				Apt. # <input style="width:20%;" type="text"/>
City <input style="width:35%;" type="text"/>	State <input style="width:10%;" type="text"/>	Zip Code <input style="width:15%;" type="text"/>	From (mm/yyyy) <input style="width:15%;" type="text"/>	To (mm/yyyy) <input style="width:15%;" type="text"/>
Number and Street Name <input style="width:95%;" type="text"/>				Apt. # <input style="width:20%;" type="text"/>
City <input style="width:35%;" type="text"/>	State <input style="width:10%;" type="text"/>	Zip Code <input style="width:15%;" type="text"/>	From (mm/yyyy) <input style="width:15%;" type="text"/>	To (mm/yyyy) <input style="width:15%;" type="text"/>
Number and Street Name <input style="width:95%;" type="text"/>				Apt. # <input style="width:20%;" type="text"/>
City <input style="width:35%;" type="text"/>	State <input style="width:10%;" type="text"/>	Zip Code <input style="width:15%;" type="text"/>	From (mm/yyyy) <input style="width:15%;" type="text"/>	To (mm/yyyy) <input style="width:15%;" type="text"/>

31. AFFILIATIONS OR ASSOCIATIONS: List all affiliations or associations, clubs, organizations, churches, unions, businesses, etc. to which you belong or have belonged. If you need more space to complete, use a separate sheet of paper. Write your name and Alien Registration Number (A-Number), if any, at the top of each sheet of paper and indicate on the sheet that the information refers to **Number 31**.

Name of Organization	Location (City and State)	From (mm/yyyy)	To (mm/yyyy)

32. ABSENCES FROM THE UNITED STATES SINCE FIRST ENTRY: List most recent absence first and then all previous absences dating back to your first entry. If you need more space to complete, use a separate sheet of paper. Write your name and Alien Registration Number (A-Number), if any, at the top of each sheet of paper and indicate on the sheet that the information refers to **Number 32**.

From (mm/yyyy)	To (mm/yyyy)	Purpose of Trip	Country	Manner of Reentry (type of visa, EWI)

33. EMPLOYMENT IN THE UNITED STATES SINCE FIRST ENTRY: Show most recent employment first and then all previous employment dating back to your first entry. If none, write "None." If you need more space to complete, use a separate sheet of paper. Write your name and Alien Registration Number (A-Number), if any, at the top of each sheet of paper and indicate on the sheet that the information refers to **Number 33**.

Full Name of Employer				
Number and Street Name				Suite #
City	State	Zip Code	Occupation	
Annual Wage	Hourly Wage	From (mm/yy)	To (mm/yy)	

Full Name of Employer				
Number and Street Name				Suite #
City	State	Zip Code	Occupation	
Annual Wage	Hourly Wage	From (mm/yy)	To (mm/yy)	

Full Name of Employer				
Number and Street Name				Suite #
City	State	Zip Code	Occupation	
Annual Wage	Hourly Wage	From (mm/yy)	To (mm/yy)	

Full Name of Employer				
Number and Street Name				Suite #
City	State	Zip Code	Occupation	
Annual Wage	Hourly Wage	From (mm/yy)	To (mm/yy)	

Full Name of Employer				
Number and Street Name				Suite #
City	State	Zip Code	Occupation	
Annual Wage	Hourly Wage	From (mm/yy)	To (mm/yy)	

33. EMPLOYMENT IN THE UNITED STATES SINCE FIRST ENTRY *(continued)*

Full Name of Employer

Number and Street Name

Suite #

City

State

Zip Code

Occupation

Annual Wage

Hourly Wage

From (mm/yy)

To (mm/yy)

Full Name of Employer

Number and Street Name

Suite #

City

State

Zip Code

Occupation

Annual Wage

Hourly Wage

From (mm/yy)

To (mm/yy)

Full Name of Employer

Number and Street Name

Suite #

City

State

Zip Code

Occupation

Annual Wage

Hourly Wage

From (mm/yy)

To (mm/yy)

Full Name of Employer

Number and Street Name

Suite #

City

State

Zip Code

Occupation

Annual Wage

Hourly Wage

From (mm/yy)

To (mm/yy)

Full Name of Employer

Number and Street Name

Suite #

City

State

Zip Code

Occupation

Annual Wage

Hourly Wage

From (mm/yy)

To (mm/yy)

34. I have registered under the Military Selective Service Act. My Selective Service Number is: _____

- I am a male over the age of 17 and under the age of 26 required to register under the Military Selective Service Act and have not done so. I wish to register at this time. My SSS Form 1 is attached.
- I am a male born after 1959 and over the age of 26 and cannot now register.
- I am exempt from Selective Service Registration either because I am a female or I was born before 1960.

35. Have you ever assisted in the persecution of any person or persons on account of race, religion, political opinion, nationality, or membership in a particular social group? Yes No

36. Have you ever been treated for a mental disorder, drug addiction, or alcoholism? Yes No

37. Have you **ever** committed a crime or offense for which you were **not** arrested? Yes No

Have you **ever** been arrested, cited, or detained by any law enforcement officer (including USCIS or former INS and military officers) for any reason? Yes No

Have you **ever** been charged with committing any crime or offense? Yes No

Have you **ever** been convicted of a crime or offense? Yes No

Have you **ever** been in jail or prison? Yes No

Have you **ever** been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)? Yes No

Have you **ever** received a suspended sentence, been placed on probation, or been paroled? Yes No

If you answered "Yes" to any of **Number 37**, complete the following table. If you need more space to complete, use a separate sheet of paper. Write your name and Alien Registration Number (A-Number), if any, at the top of each sheet of paper and indicate on the sheet that the information refers to **Number 37**.

Why were you arrested, cited, detained, or charged?	Date arrested, cited, detained, or charged (mm/dd/yyyy)	Where were you arrested, cited, detained, or charged? (City, State, Country)	Outcome or disposition of the arrest, citation, detention, or charge

Attach all certified police reports, indictments, and certified court dispositions for any arrests, citations, detentions, charges, or imprisonment.

38. Have you, or a dependent member of your immediate family, ever received public assistance from any source, including, but not limited to, the United States Government, any state, county, city, or municipality? Yes No

39. Have you ever:

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

Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes No

Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes No

Illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes No

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

Been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? Yes No

Engaged in genocide, or otherwise ordered, incited, assisted, or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion? Yes No

Been deported, excluded, or removed from the United States at government expense, or have you ever been or are you now in exclusion, deportation, removal, or rescission proceedings? Yes No

Left the United States to avoid being drafted into the United States Armed Forces? Yes No

Been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? Yes No

40. 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

41. 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

42. 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

43. Are you now withholding custody of a United States citizen child outside the United States from a person granted custody of the child? Yes No

44. Do you plan to practice polygamy in the United States? Yes No

45. If your native alphabet is in other than Roman letters, write your name in your native alphabet.

46. Language of your native alphabet.

47. Signature and Certification of Applicant *(Sign below)*

I CERTIFY, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. I hereby consent and authorize U.S. Citizenship and Immigration Services to verify the information provided and to conduct police, welfare, and other record checks pertinent to this application.

Signature

Date *(mm/dd/yyyy)*

48. 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(s), and it is based on all information provided to me by the person(s). I have not knowingly withheld any material information that would affect the outcome of this application.

Attorney or Representative Only: In the event of a Request for Evidence (RFE), may USCIS contact you by fax or e-mail?

Yes No

Preparer's Signature

Date *(mm/dd/yyyy)*

Print Preparer's Family Name *(Last Name)*

Print Preparer's Given Name *(First Name)*

Print Preparer's Middle Name

Preparer's Firm Name *(if applicable)*

Preparer's Address

Daytime Phone Number *(with area code)*

Fax Number *(with area code)*

USCIS Account # *(if any)*

E-mail Address *(if any)*