

START HERE - Please Type or Print

FOR INS USE ONLY

Part 1. Information about you.

Family Name	Given Name	Middle Initial
Address - In Care of:		
Street # and Name	Apt. #	
City	State	
Zip Code		
Date of Birth (month/day/year)	Country of Birth	
Social Security # (if any)	A# (if any)	
Date of Last Arrival Into the U.S.	I-94#	
Current Nonimmigrant Status	Expires on (month/day/year)	

Part 2. Application Type.

(See instructions for fee.)

- I am applying for: (check one)
 - an extension of stay in my current status
 - a change of status. The new status I am requesting is: _____
- Number of people included in this application: (check one)
 - I am the only applicant
 - Members of my family are filing this application with me.
The Total number of people included in this application is _____
(complete the supplement for each co-applicant)

Part 3. Processing Information.

- I/We request that my/our current or requested status be extended until (month/day/year) _____
- Is this application based on an extension or change of status already granted to your spouse, child or parent?
 No Yes (receipt # _____)
- Is this application being filed based on separate petition or application to give your spouse, child or parent an extension or change of status?
 No Yes, filed with this application Yes, filed previously and pending with INS
- If you answered yes to question 3, give the petitioner or applicant name:

If the application is pending with INS, also give the following information.
Office filed at _____ Filed on _____ (date)

Part 4. Additional Information.

- For applicant #1, provide passport information:

Country of issuance	Valid to: (month/day/year)
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- Foreign Address:

Street # and Name	Apt#
City or Town	State or Province
Country	Zip or Postal Code

Returned Date _____	Receipt
Resubmitted Date _____	
Reloc Sent Date _____	
Reloc Rec'd Date _____	
Date _____ <input type="checkbox"/> Applicant Interviewed	
<input type="checkbox"/> Extension Granted to (date): _____	
<input type="checkbox"/> Change of Status/Extension Granted New Class: _____ To (date): _____	
If denied: <input type="checkbox"/> Still within period of stay <input type="checkbox"/> V/D to: _____ <input type="checkbox"/> S/D to: _____ <input type="checkbox"/> Place under docket control	
Remarks	
Action Block	
<p style="text-align: center;">To be completed by Attorney or Representative, if any</p> <input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant	
VOLAG#	
ATTY State License #	

Part 4. Additional Information. (continued)

3. Answer the following questions. If you answer yes to any question, explain on separate paper.	Yes	No
a. Are you, or any other person included in this application, an applicant for an immigrant visa or adjustment of status to permanent residence?		
b. Has an immigrant petition ever been filed for you, or for any other person included in this application?		
c. Have you, or any other person included in this application ever been arrested or convicted of any criminal offense since last entering the U.S.?		
d. Have you, or any other person included in this application done anything which violated the terms of the nonimmigrant status you now hold?		
e. Are you, or any other person included in this application, now in exclusion or deportation proceedings?		
f. Have you, or any other person included in this application been employed in the U.S. since last admitted or granted an extension or change of status?		

If you answered YES to question 3f, give the following information on a separate paper: Name of person, name of employer, address of employer, weekly income, and whether specifically authorized by INS.

If you answered No to question 3f, fully describe how you are supporting yourself on a separate paper. Include the source and the amount and basis for any income.

Part 5. Signature

Read the information on penalties in the instruction before completing this section. You must file this application while in the United States.

I certify under penalty of perjury under the laws of the United States of America that this application, and the evidence submitted with it, is all true and correct. I authorize the release of any information from my record which the Immigration and Naturalization Service needs to determine the eligibility for the benefit I am seeking.

Signature	Print your name	Date
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Please Note: If you do not completely fill out this form, or fail to submit required documents listed in the instructions, you cannot be found eligible for the requested document and this application will have to be denied.

Part 6. 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	Print your name	Date
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Firm Name and Address

(Please remember to enclose the mailing label with your application)

Where To File.

File this application at your local INS office if you are filing:

- for an extension as a B-1 or B-2, or change to such status;
- for reinstatement as an F-1 or M-1 or filing for change to F or M status; or
- for an extension as a J, or change to such status.

In all other instances, file your application at an INS Service Center, as follows:

If you live in Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont, Virgin Islands, Virginia, or West Virginia, mail your application to: USINS Eastern Service Center, 75 Lower Welden Street, St. Albans, VT 05479-001.

If you live in Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, or Texas, mail your application to: USINS Southern Service Center, P.O. Box 152122, Dept. A, Irving, TX 75015-2122.

If you live in Arizona, California, Guam, Hawaii, or Nevada, mail your application to: USINS Western Service Center, P.O. Box 30040, Laguna Niguel, CA 92607-0040.

If you live elsewhere in the United States, mail your application to: USINS Northern Service Center, 100 Centennial Mall North, Room, B-26, Lincoln, NE 68508.

Fee.

The fee for this application is \$70.00 for the first person included in the application, and \$10.00 for each additional person,. The fee must be submitted in the exact amount. It cannot be refunded. DO NOT MAIL CASH.

All Checks and money orders must be drawn on a bank or other institution located in the United States and must be payable in United States currency. The check or money order should be made payable to the Immigration and Naturalization Service, except that:

- If you live in Guam, and are filing this application in Guam, make your check or money order payable to the "Treasurer, Guam."
- If you in the Virgin Islands, and are filing this application in the Virgin Islands, mad your check or money order payable to the "Commissioner of Finance of the Virgin Islands."

Checks are accepted subject to collection. An uncollected check will render the application and any document issued invalid. A charge of \$5.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn.

Processing Information.

Acceptance. Any application that is not signed or is not accompanied by the correct fee will be rejected with a notice that the application is deficient. You may correct the deficiency and resubmit the application. An Application is not considered properly filed until accepted by the Service.

Initial processing. Once the application has been accepted, it will be checked for completeness. If you so not completely fill out the form, or file it without required initial evidence, you will not establish a basis for eligibility, and we may deny your application.

Requests for more information or interview. We may request more information or evidence or we may request that you appear at an INS office for an interview. We may also request that you submit the originals of any copy. We will return these originals when they are no longer required.

Decision. An application for extension of stay, change of status, or reinstatement may be approved in the discretion of the Service. You will be notified in writing of the decision on your application.

Penalties.

If you knowingly and willfully falsify or conceal a material fact or submit a false document with this request, we will deny the benefit you are filing for, and may deny any other immigration benefit. In addition, you will face severe penalties provided by law, and may be subject to criminal prosecution.

Privacy Act Notice.

We ask for the information on this form, and associated evidence, to determine if you have established eligibility for the immigration benefit you are filing for. Our legal right to ask for this information is in 8 USC 1184, and 1258. We may provide this information of other government agencies. Failure to provide this information, and any requested evidence, may delay a final decision or result in denial of your request.

Paperwork Reduction Act Notice.

We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is as follows: (1) 10 minutes to learn about the law and form; (2) 10 minutes to complete the form; and (3) 25 minutes to assemble and file the application; for a total estimated average of 45 per application. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to both the Immigration and Naturalization Service, 425 I Street, N.W., Room 5304, Washington, D.C. 20536; and the Office of Management and Budget, Paperwork Reduction Project, OMB No. 1115-0093, Washington, D.C. 20503.

Mailing Label--Complete the following mailing label and submit this page with your application if you are required to submit your original Form I-94.

Name and address of applicant

Name

Street

City, State, Zip Code

Your I-94 Arrival-Departure Record is attached. It has been amended to show the extension of stay/change of status granted.