



**Notice of Appeal or Motion**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-290B**  
OMB No. 1615-0095  
Expires 08/31/2021

<b>For USCIS Use Only</b>	Returned	Reloc Sent	<b>Receipt</b>	<b>Remarks</b>
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<b>To be completed by an attorney or accredited representative (if any).</b>	<input type="checkbox"/> <b>Select this box if Form G-28 is attached.</b>	<b>Attorney State Bar Number</b> (if applicable) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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Please visit [www.uscis.gov/i-290b/jurisdiction](http://www.uscis.gov/i-290b/jurisdiction) for information on the immigration benefit types that are eligible for an appeal or motion using this form.

► **START HERE - Type or print in black ink.**

If you do not properly complete this form or fail to submit required documents listed in the Instructions, we may dismiss or reject your appeal or motion.

**Part 1. Information About the Applicant or Petitioner**

If a business or organization is filing this appeal or motion, skip to **Item Number 3.** and do not complete **Item Numbers 1.** or **2.**

**1.a.** Family Name (Last Name)

**1.b.** Given Name (First Name)

**1.c.** Middle Name

**2.** Date of Birth (mm/dd/yyyy)

**3.** Business or Organization Name (if applicable)

**4.** Alien Registration Number (A-Number, if any)  
► **A-**

**5.** USCIS Online Account Number (if any)  
►

**Mailing Address (or Military APO/FPO Address, if applicable)** [\(USPS ZIP Code Lookup\)](#)

**6.a.** In Care Of Name (if any)

**6.b.** Street Number and Name

**6.c.** ☐ Apt. ☐ Ste. ☐ Flr.

**6.d.** City or Town

**6.e.** State **6.f.** ZIP Code

**6.g.** Province

**6.h.** Postal Code

**6.i.** Country

## Part 1. Information About the Applicant or Petitioner (continued)

### Alternate or Safe Mailing Address

If you are filing an appeal or motion related to a decision on a Violence Against Women Act (VAWA) petition, human trafficking victim (T nonimmigrant) application, or victim of a qualifying crime (U nonimmigrant) petition, and you do not want USCIS to send notices about the appeal or motion to your home, you may provide a safe mailing address. If you are filing an appeal or motion related to a decision in a Special Immigrant Juvenile petition, you may provide an alternate mailing address.

7.a. In Care Of Name (if any)

7.b. Street Number and Name

7.c. ☐ Apt. ☐ Ste. ☐ Flr.

7.d. City or Town

7.e. State

7.f. ZIP Code

7.g. Province

7.h. Postal Code

7.i. Country

## Part 2. Information About the Appeal or Motion

Please indicate whether you are filing an appeal to the Administrative Appeals Office (AAO) or a motion. You cannot file both an appeal and a motion on a single form. **If you select both an appeal and a motion, we may dismiss or reject your filing.**

**NOTE: DO NOT use this form to file an appeal with the Board of Immigration Appeals (BIA). You must instead use Form EOIR-29.**

I am filing an **appeal** to the AAO.

1.a. ☐ I have attached a brief and/or additional evidence.

1.b. ☐ I will submit a brief and/or additional evidence directly to the AAO within 30 calendar days of filing this appeal.

1.c. ☐ I will not be submitting any brief or additional evidence in support of this appeal.

I am filing a **motion**.

2.a. ☐ I am filing a **motion to reopen**. I have attached a brief and/or additional evidence.

2.b. ☐ I am filing a **motion to reconsider**. I have attached a brief.

2.c. ☐ I am filing a **motion to reopen** and a **motion to reconsider**. I have attached a brief and/or additional evidence.

3. Immigration Form That is the Subject of This Appeal or Motion (for example, Form I-140, I-360, I-129, I-485, I-601) (list **only one** form number)

4. Receipt Number for the Application, Petition, or Other Request (list **only one** Receipt Number)

5. Requested Immigrant or Nonimmigrant Classification (for example, H-1B, R-1, O-1, EB-1, EB-2) (if applicable)

6. Date of the Unfavorable Decision (mm/dd/yyyy)

7. Office That Issued the Unfavorable Decision

## Part 3. Basis for the Appeal or Motion

**You must provide a statement regarding the basis for your appeal or motion in the space provided on the next page. If you need additional space to provide your explanation, use Part 7. Additional Information or a separate sheet of paper.**

**Appeal:** Provide a statement that specifically identifies an erroneous conclusion of law or statement of fact in the decision you are appealing. **You MUST provide this information with your Form I-290B even if you intend to submit a brief later.**

**NOTE: Your appeal must address all grounds of ineligibility identified in the unfavorable decision. If you do not address an issue in a statement on this form or in a supporting brief, we may deem it waived for the appeal. A waived ground of ineligibility may be the sole basis for a dismissed appeal.**

**Motion to Reopen:** A motion to reopen must state new facts and must be supported by documentary evidence demonstrating eligibility for the requested immigration benefit at the time you filed the application or petition.

**Motion to Reconsider:** A motion to reconsider must state the reasons for reconsideration and must be supported by any pertinent precedent decisions to establish that the decision was based on an incorrect application of law or service policy, if applicable. A motion to reconsider must also establish that the decision was incorrect based on the evidence of record at the time of the decision.

**Part 3. Basis for the Appeal or Motion**  
(continued)

**Part 4. Applicant's or Petitioner's Statement,  
Contact Information, Certification, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-290B Instructions before completing this part.

**Section A**

If you are filing an appeal or motion based on an **application or petition filed by an individual (not a business or organization)**, complete this section:

***Applicant's or Petitioner's Statement***

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.
- 1.b. ☐ The interpreter named in **Part 5.** read to me every question and instruction on this form, and my answer to every question, in ,  
a language in which I am fluent, and I understood everything.
2. ☐ At my request, the preparer named in **Part 6.** prepared this form for me based only upon information I provided or authorized.

***Applicant's or Petitioner's Contact Information***

3. Daytime Telephone Number
4. Mobile Telephone Number (if any)
5. Email Address (if any)

If an authorized signatory is completing **Part 4., Section A.**, provide the following information:

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name

7. Title

***Applicant's or Petitioner's Certification***

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I further authorize release of information contained in this form, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I certify, under penalty of perjury, that I provided or authorized all of the information in my form. I understood all of the information contained in, and submitted with, my form, and that all of this information is complete, true, and correct.

If filing this petition on behalf of someone else, I certify that I am authorized to do so by that person.

***Applicant's or Petitioner's Signature***

- 8.a. Applicant's or Petitioner's Signature
- 8.b. Date of Signature (mm/dd/yyyy)

***Section B***

If you are filing an appeal or motion based on a **petition filed by a business or organization (not an individual)**, complete this section:

***Petitioner's Statement***

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.
- 1.b. ☐ The interpreter named in **Part 5.** read to me every question and instruction on this form, and my answer to every question, in ,  
a language in which I am fluent, and I understood all of this information as interpreted.
2. ☐ At my request, the preparer named in **Part 6.** prepared this form for me based only upon information I provided or authorized.

**Part 4. Applicant's or Petitioner's Statement, Contact Information, Certification, and Signature**  
(continued)

***Petitioner's Contact Information***

Provide the following information about the petitioner's authorized signatory.

- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
4. Title
5. Daytime Telephone Number
6. Mobile Telephone Number (if any)
7. Email Address (if any)

***Petitioner's Certification***

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information contained in this form, in supporting documents, and in the petitioning organization's USCIS records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this form using publicly available open source information. I also recognize that any supporting evidence submitted in support of this form may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this form on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I provided or authorized all of the information in my form. I understood all of the information contained in, and submitted with, my appeal or motion, and all of this information is complete, true, and correct.

***Signature of Authorized Signatory***

- 8.a. Petitioner's Signature
- 8.b. Date of Signature (mm/dd/yyyy)

**Part 5. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

***Interpreter's Full Name***

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

***Interpreter's Mailing Address***

- 3.a. Street Number and Name
- 3.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 3.c. City or Town
- 3.d. State  3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

***Interpreter's Contact Information***

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

**Part 5. Interpreter's Contact Information, Certification, and Signature (continued)**

***Interpreter's Certification***

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 4., Item Number 1.b. in Section A or Section B**, and I have read to this applicant or petitioner in the identified language every question and instruction on this form and his or her answer to every question. The applicant or petitioner informed me that he or she understands every instruction, question, and answer on the form, including the **Applicant's or Petitioner's Certification**, and has verified the accuracy of every answer.

***Interpreter's Signature***

**7.a.** Interpreter's Signature

**7.b.** Date of Signature (mm/dd/yyyy)

**Part 6. Contact Information, Declaration, and Signature of the Person Preparing This Form, if Other Than the Applicant or Petitioner**

Provide the following information about the preparer.

***Preparer's Full Name***

**1.a.** Preparer's Family Name (Last Name)

**1.b.** Preparer's Given Name (First Name)

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

***Preparer's Mailing Address***

**3.a.** Street Number and Name

**3.b.** ☐ Apt. ☐ Ste. ☐ Flr.

**3.c.** City or Town

**3.d.** State

**3.e.** ZIP Code

**3.f.** Province

**3.g.** Postal Code

**3.h.** Country

***Preparer's Contact Information***

**4.** Preparer's Daytime Telephone Number

**5.** Preparer's Mobile Telephone Number (if any)

**6.** Preparer's Email Address (if any)

***Preparer's Statement***

- 7.a.** ☐ I am not an attorney or accredited representative but have prepared this form on behalf of the applicant or petitioner and with the applicant's or petitioner's consent.
- 7.b.** ☐ I am an attorney or accredited representative and my representation of the applicant or petitioner in this case ☐ extends ☐ does not extend beyond the preparation of this form.

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the applicant or petitioner. The applicant or petitioner then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her form, including the **Applicant's or Petitioner's Certification**, and that all of this information is complete, true, and correct. I completed this form based only on information that the applicant or petitioner provided to me or authorized me to obtain or use.

***Preparer's Signature***

**8.a.** Preparer's Signature

**8.b.** Date of Signature (mm/dd/yyyy)

## Part 7. Additional Information

If you need extra space to provide any additional information within this form, 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 form or attach a separate sheet of paper. Type or print your name and A-Number 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.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ► A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d.

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d.

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d.

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d.

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d.