

给申请人的建议

请仔细阅读。费用将不予退还。

- I. 可取消驱逐令的永久居民：**根据《移民和国籍法》(INA) 第 240A(a) 条，您可能符合取消驱逐令的资格。要获得此福利资格，您必须在移民法官的听证会上证明：
- A. 您已成为永久居民至少五 (5) 年；
 - B. 在送达出庭通知书之前，您以任何身份合法入境，或在犯下《移民和国籍法》第212(a)(2)和237(1)(2)条所述的刑事或相关罪行之前，或在犯下《移民和国籍法》第237(1)(4)条所述的安全或相关罪行之前，在美国连续居住至少七 (7) 年；并且
 - C. 您没有被判定犯有 **INA 第 101(a)(43) 条所定义**的严重罪行。

注释：如果您在美国武装部队服役至少 24 个月，则无需满足在美国持续逗留的要求。但是，当您进入武装部队时，您必须在美国境内。如果您不再留在武装部队中，您必须是名誉退伍。

- II. 无资格取消驱逐令的永久居民：**根据 INA 第 240A(a) 条，如果您有以下情况，则没有资格取消驱逐令：
- A. 1964年6月30日以后作为船员进入美国；
 - A. 以 INA 第 101(a) (15)(J) 条定义的非移民身份进入美国或后来成为非移民，以便接受研究生医学教育或培训，无论您是否受《移民和国籍法》第212(e)条规定的2年外国居留要求约束或已经满足；
 - B. 以 INA 第 101(a) (15)(J) 条定义的非移民身份进入美国或后来成为非移民，但接受研究生医学教育或培训除外，并受INA 第 212(e) 条的2年国外居住要求的影响，但既未满足也未获得对该要求的豁免；
 - C. 根据 INA 第 212(a)(3) 条，**您要么**不允许入境，要么根据 INA 第 237(a)(4) 条被驱逐出境；
 - D. **您**因个人的种族、宗教、国籍、特定社会团体的成员身份或政治见解，下令、煽动、协助或以其他方式参与迫害个人；或者
 - E. 根据 INA 第 212(c) 条或 INA 第 244(a) 条，**您之前**获得过救济，因为这些条文在 1996 年《非法移民改革和移民责任法》颁布之前就已生效，或者根据 INA 第 240A 条，您的驱逐令之前就已被取消过。

III. 外国永久居民如何申请取消驱逐令

如果您认为自己已满足取消驱逐令的所有要求，您必须完整准确地回答随附表格 EOIR-42A 中的所有问题。您必须支付申请费和生物识别费用，并遵守国土安全部 (DHS) 向美国公民及移民服务局 (USCIS) 提供的生物识别和履历表的指示 [可在 <http://uscis.gov> 获得]。您还必须按照本申请第 7 页上关于送达证明 (如适用) 的要求，将您的申请副本送达美国国土安全部、美国移民和海关执法局 (ICE) 的助理首席法律顾问，并且您必须向相应的移民法庭提交申请。在完成您的申请之前，请仔细阅读以下说明。

指示

1. 申请准备。

要根据《移民和国籍法》(INA) 第 240A(a) 条作为永久居民申请取消驱逐令，您必须完整准确地回答随附表格 EOIR-42A 上的所有问题。您还必须遵守此表格上的所有说明。这些指示是具有法律效力的。每个人都必须单独准备和执行取消驱逐令的申请。精神上无行为能力或 14 岁以下儿童的**非公民**的申请应由父母或监护人执行。

您的回答必须用墨水清晰地打字或打印。不要留下任何未回答或空白的问题。如果有任何问题不适用于您，请在适当的空白处填写“无”或“不适用”。

尽可能直接在表格上回答所有问题。如果没有足够的空间来回答全部问题，请在另一张纸上继续回答。请在附加页的回答旁边注明要回答问题的编号，写下您的外国人登记 (“A”) 号码，打印您的姓名，并签名、注明日期，并将每张附加页牢牢地附在 EOIR-42A 表格上。

2. 举证责任。

您有责任证明自己符合 INA 第 240A(a) 条下某些永久居民外国人取消驱逐令的所有法定要求，并且您有权酌情获得此类救济。为应对这一负担，您对申请问题的回答应尽可能详细和完整。您还应该在自己的申请中附上任何证明您有资格获得救济的文件（请参阅下面的“证明文件”）。

3. 证明文件。

您应在申请时提交国土安全部 (DHS)（前身为移民和归化局 (“INS”)）发给您的任何文件的副本。您应该提交证明自己**有资格取消驱逐令的文件**，包括证明您是一个需要适当行使自由裁量权的人的文件，例如**社区成员和雇主的推荐信、纳税申报表、就业记录、学校记录、志愿服务、教堂记录等**。您还必须提交与您犯罪历史相关的文件（**如果有的话**），包括定罪记录。移民法官可能会要求您提交与取消驱逐令请求相关的其他记录。

所有证明文件的原件必须在听证会上供查阅。如果您希望将原始文件退还给您，则您还应该出示**副本**。

4. 所需的生物特征和履历表信息。

每个 14 岁或以上的申请人还必须遵守提供生物特征和履历表信息的要求。您将获得有关如何完成此要求的说明。您将收到有关 **DHS USCIS** 申请支持中心 (ASC) 或指定执法机构所在地的书面通知，您必须前往该处提供**生物特征**和**个人信息**。您还将获得预约的日期和时间。提供所有必需的信息很重要。不遵守此要求可能会导致您的生物识别预约延迟或您的申请被移民法院视为放弃和驳回。

5. 翻译。

任何外语文件都必须附有英文翻译和由翻译人员签署的证明，证明他/她有能力翻译文件，并且翻译在翻译人员的能力范围内是真实和准确的。此类证明必须清晰打印或打字。

6. 费用。

在您向移民法庭提交 EOIR-42A 表格之前，您必须向 DHS 支付所需的 100 美元申请费和生物识别费用。以 USCIS ASC 费用收据通知副本和生物识别预约所说明的形式支付这些费用的证据必须随附您的 EOIR-42A 表格。无论您申请的结果如何，这些费用都不会退还。因此，在回复之前请仔细阅读建议、说明和申请是非常重要的。如果您无法支付申请费，您可以要求移民法官允许提交您的 EOIR-42A 表格，而无需支付费用，方法是在您的申请中附上一份完整的 EOIR-26A 费用豁免表格。

不要寄送现金。所有费用必须以准确的金额提交。可以通过个人支票、银行本票、经认证的银行支票、银行国际汇票或在美国金融机构开出的外国汇票进行汇款，并以美国货币支付给“国土安全部”。如果申请人居住在维尔京群岛，其支票或汇票的抬头必须是“维尔京群岛财务专员。”如果申请人居住在关岛，支票或汇票的抬头必须是“关岛司库”。可接受个人支票，但要查看是否能收回。无法收回的支票将使申请和据此签发的任何文件无效。如果开票银行不兑现支付费用的支票，则您将被收取 30.00 美元的费用。当支票是由申请人以外的人开出时，必须在支票正面输入申请人的姓名和外国人登记（“A”）号码。所有支票必须开在一个位于美国的银行。

7. 送达和提交您的申请。

- A. 您必须首先遵守 DHS 向 USCIS 提供生物特征和履历表信息的说明，其中包括将申请副本发送到相应的 USCIS 服务中心。国土安全部的说明还涉及申请费的支付。
- B. 然后，您必须将以下文件送达美国国土安全部 (DHS)、美国移民和海关执法局 (ICE) 的助理首席法律顾问：
 - 您的 EOIR-42A 表格副本，取消驱逐令的申请，以及所有证明文件和附加表格；
 - USCIS ASC 费用收据通知和生物识别预约说明的副本；以及
 - 履历表 G-325A 原件。

注意：如果对方参与 ECAS，则不需要电子报送人为对方送达。EOIR 的 ECAS 系统将向参与方提供电子送达通知。

您必须向相应的移民法庭提交以下文件：

- 表格 EOIR-42A 原件以及所有证明文件和附加页；
- USCIS ASC 费用收据通知和生物识别预约说明的副本；
- 履历表 G-325A 的副本；以及
- 一份完整的证明，证明这些文件已送达给 ICE 助理首席法律顾问（参见申请文件第 7 页的第 10 部分），或确认这些文件是通过 ECAS 以电子方式提交的，除非听证会上记录其已送达。
- 保留您的 USCIS ASC 生物识别确认文件或指纹卡 FD-258 的副本（如果适用），作为您的生物识别已被采集的证据，并将其带到您未来的移民法庭听证会上。

8. 处罚。

您必须如实回答表格 EOIR-42A 上的所有问题，并提交真实文件以支持您的申请。您将被要求宣誓或确认您的申请内容和支持文件在您所知的范围内是真实的。您对本表上问题的回答以及您出示的证明文件将用于确定是否应取消您的驱逐令以及是否应允许您保留您的永久居民身份。您提供的任何回答和您出示的任何证明文件也可以用作任何程序中的证据，以确定您是否有权利入境，或重新入境、重新进入、通过或居住在美国。如果您的任何答案或证明文件被发现是虚假的，您的申请可能会被拒绝。根据《美国法典》第18章第1546条，提供虚假答案或虚假文件也可能使您受到刑事起诉，和/或根据《美国法典》第8章第1324(c)条，如果您在提交申请时知道申请或任何支持性文件包含任何有关重大事实的虚假陈述，或者如果您在知道申请或任何支持性文件包含任何有关重大事实的虚假陈述的情况下，宣誓或确认您的申请和支持性文件内容是真实的，您将受到民事处罚。如果被定罪，您可能会被罚款高达25万美元，最高监禁十(10)年，或两者兼施。《美国法典》第18章第1546(a)、3559(a)(4)、3571(b)(3)条。如果确定您违反了文件欺诈的禁令并且您已被下达最终命令，在第一次违规中使用或创建的每份文件均被处以最高2000美元的民事罚款，而对于往后第二次或任何一次的违反，您可能会被处以每份文件最高5000美元的民事罚款。此外，如果您因违反与文件欺诈的民事处罚有关的《美国法典》第8章第1324(c)条，您将被驱逐出美国。

9. 文书减少法案通知。

根据《减少文书工作法》，除非您显示出目前有效的OMB控制号码，否则不需要对信息收集作出回应。我们试图创建准确的表格和说明，让其容易理解，并尽可能减少您向我们提供信息的负担。通常，这个过程是困难的，因为一些移民法是非常复杂的。这种信息收集的报告负担是按以下方式计算的。

(1)了解表格，50分钟；(2)填写表格，2小时；(3)封装和提交表格，3小时，平均每份申请耗时5小时50分钟。如果您对这一负担估计的准确性或这一信息收集的任何其他方面有意见，包括减少这一负担的建议，您可以写信给美国司法部，移民审查执行办公室，总顾问办公室，5107 Leesburg Pike, Suite 2600, Falls Church, Virginia 22041。

**Application for Cancellation of Removal for
Certain Permanent Residents**

**PLEASE READ ADVICE AND INSTRUCTIONS
BEFORE FILLING IN FORM**

PLEASE TYPE OR PRINT

Fee Stamp (Official Use Only)

PART 1 - INFORMATION ABOUT YOURSELF

1) My present true name is: <i>(Last, First, Middle)</i>		2) Alien Registration (or "A") Number(s):		
3) My name given at birth was: <i>(Last, First, Middle)</i>		4) Birth Place: <i>(City and Country)</i>		
5) Date of Birth: <i>(Month, Day, Year)</i>	6) Gender:	7) Height:	8) Hair Color:	9) Eye Color:
10) Current Nationality and Citizenship:	11) National ID/Passport Number:	12) Home Phone Number:	13) Work Phone Number:	
14) I currently reside at: _____ _____ _____		15) I have been known by these additional name(s): _____ _____ _____		

16) I have resided in the following locations in the United States: (List PRESENT ADDRESS FIRST, and work back in time for at least 7 years.)

Street and Number - Apt. or Room # - City or Town - State - Zip Code	Resided From: <i>(Month, Day, Year)</i>	Resided To: <i>(Month, Day, Year)</i>
		PRESENT

PART 2 - INFORMATION ABOUT THIS APPLICATION

17) I, the undersigned, hereby request that my removal be cancelled under the provisions of section 240A(a) of the Immigration and Nationality Act (INA). I believe that I am eligible for this relief because I have been a lawful permanent resident for 5 or more years, have 7 years of continuous residence in the United States, and have not been convicted of an aggravated felony. I was admitted as or adjusted to the status of a **noncitizen** lawfully admitted for permanent residence on

(Date)

at _____
(Place)

PART 3 - INFORMATION ABOUT YOUR PRESENCE IN THE UNITED STATES

18) My first arrival into the United States was under the name of: *(Last, First, Middle)* _____ 19) My first arrival to the United States was on: *(Month, Day, Year)* _____

20) Place or port of first arrival: *(Place or Port, City, and State)* _____

21) I: ☐ was inspected and admitted.
☐ I entered using my Lawful Permanent Resident card which is valid until _____.
Category on Lawful Permanent Resident card _____ *(Month, Day, Year)*
☐ I entered using a _____ visa which is valid until _____.
(Specify Type of Visa) _____ *(Month, Day, Year)*
☐ was not inspected and admitted.
☐ I entered without documents. Explain: _____
☐ I entered without inspection. Explain: _____
☐ Other. Explain: _____

22) I applied on _____ for additional time to stay and it was ☐ granted on _____.
(Month, Day, Year) _____ *(Month, Day, Year)*
and valid until _____, or ☐ denied on _____.
(Month, Day, Year) _____ *(Month, Day, Year)*

23) Since the date of my first entry, I departed from and returned to the United States at the following places and on the following dates:
(Please list all departures regardless of how briefly you were absent from the United States.)

If you have never departed from the United States since your original date of entry, please mark an X in this box: ☐

1	Place or area or port or city and state of departure	Departure Date <i>(Month, Day, Year)</i>	Purpose of Travel	Destination
	Place or area or port or city and state of return	Return Date <i>(Month, Day, Year)</i>	Manner of Return	Inspected and Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Place or area or port or city and state of departure	Departure Date <i>(Month, Day, Year)</i>	Purpose of Travel	Destination
	Place or area or port or city and state of return	Return Date <i>(Month, Day, Year)</i>	Manner of Return	Inspected and Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No

24) Have you ever departed the United States: a) under an order of deportation, exclusion, or removal? ☐ Yes ☐ No
b) pursuant to a grant of voluntary departure? ☐ Yes ☐ No

PART 4 - INFORMATION ABOUT YOUR MARITAL STATUS AND SPOUSE *(Continued on page 3)*

25) I am **divorced**: _____ 26) If married, the name of **current** spouse is: *(Last, First, Middle)* _____ 27) My spouse's name before marriage was: _____
I am married: **yes** **no**

28) The marriage took place in: *(City and Country)* _____

29) Date of marriage: *(Month, Day, Year)* _____

30) My spouse currently resides at:

_____ *Apt. number and/or in care of*

_____ *Number and Street*

_____ *City or Town*

_____ *State/Country Zip Code*

31) Place and date of birth of my spouse: *(City & Country; Month, Day, Year)* _____

32) My spouse is a citizen of: *(Country)* _____

33) If your spouse is other than a native born United States citizen, answer the following:

He/she arrived in the United States at: *(Place or Port, City and State)* _____

He/she arrived in the United States on: *(Month, Day, Year)* _____

His/her alien registration number(s) is: A# _____

He/she was naturalized on: *(Month, Day, Year)* _____ at _____ *(City and State)*

34) My spouse ☐ - is ☐ - is not employed. If employed, please give salary and the name and address of the place(s) of employment.

Full Name and Address of Employer	Earnings Per Week <i>(Approximate)</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please continue answers on a separate sheet as needed.

PART 4 - INFORMATION ABOUT YOUR MARITAL STATUS AND SPOUSE (Continued)

35) I ☐ - have ☐ - have not been previously married: (If previously married, list the name of each prior spouse, the dates on which each marriage began and ended, the place where the marriage terminated, and describe how each marriage ended.)

Name of prior spouse: (Last, First, Middle)	Date marriage began: Date marriage ended:	Place marriage ended: (City and Country)	Description or manner of how marriage was terminated or ended:

Name of prior spouse: (Last, First, Middle)	Date marriage began: Date marriage ended:	Place marriage ended: (City and Country)	Description or manner of how marriage was terminated or ended:

36) Have you been ordered by any court, or are otherwise under any legal obligation, to provide child support and/or spousal maintenance as a result of a separation and/or divorce? ☐ - Yes ☐ - No

PART 5 - INFORMATION ABOUT YOUR EMPLOYMENT AND FINANCIAL STATUS

37) Since my arrival into the United States, I have been employed by the following named persons or firms: (Please begin with present employment and work back in time. Any periods of unemployment or school attendance should be specified. Attach a separate sheet for additional entries if necessary.)

Full Name and Address of Employer	Earnings Per Week (Approximate)	Type of Work Performed	Employed From: (Month, Day, Year)	Employed To: (Month, Day, Year)
	\$			PRESENT
	\$			
	\$			

38) If self-employed, describe the nature of the business, the name of the business, its address, and net income derived therefrom:

39) My assets (and if married, my spouse's assets) in the United States and other countries, not including clothing and household necessities, are:

<u>Self</u>	<u>Jointly Owned With Spouse</u>
Cash, Stocks, and Bonds..... \$	Cash, Stocks, and Bonds..... \$
Real Estate..... \$	Real Estate..... \$
Auto (dollar value minus amount owed)..... \$	Auto (dollar value minus amount owed)..... \$
Other (describe on line below)..... \$	Other (describe on line below)..... \$
<u>TOTAL \$</u>	<u>TOTAL \$</u>

40) I ☐ - have ☐ - have not received public or private relief or assistance (e.g., Welfare, Unemployment Benefits, Medicaid, TANF, AFDC, etc.). If you have, please give full details including the type of relief or assistance received, date for which relief or assistance was received, place, and total amount received during this time: _____

41) Please list each of the years in which you have filed an income tax return with the Internal Revenue Service: _____

PART 6 - INFORMATION ABOUT YOUR FAMILY *(Continued on page 5)*

42) I have _____ *(Number of)* children. Please list information for each child below, include assets and earnings information for children over the age of 16 who have separate incomes:

Name of Child: <i>(Last, First, Middle)</i> Child's Alien Registration Number:	Citizen of What Country: Birth Date: <i>(Month, Day, Year)</i>	Now Residing At: <i>(City and Country)</i> Birth Place: <i>(City and Country)</i>	Immigration Status of Child
A#:			
Estimated Total of Assets: \$ _____ Estimated Average Weekly Earnings: \$ _____			
A#:			
Estimated Total of Assets: \$ _____ Estimated Average Weekly Earnings: \$ _____			
A#:			
Estimated Total of Assets: \$ _____ Estimated Average Weekly Earnings: \$ _____			

43) If your application is denied, would your spouse and all of your children accompany you to your:

Country of Birth - ☐ Yes ☐ No If you answered "No" to any of the responses, please explain:

Country of Nationality - ☐ Yes ☐ No

Country of Last Residence - ☐ Yes ☐ No

44) Members of my family, including my spouse and/or child(ren) ☐ - have ☐ - have not received public or private relief or assistance (e.g., Welfare, Unemployment Benefits, Medicaid, TANF, AFDC, etc.). If any member of your immediate family has received such relief or assistance, please give full details including identity of person(s) receiving relief or assistance, dates for which relief or assistance was received, place, and total amount received during this time: _____

45) Please give the requested information about your parents, brothers, sisters, aunts, uncles, and grandparents, living or deceased. As to residence, show street address, city, and state, if in the United States; otherwise show only country:

Name: <i>(Last, First, Middle)</i> Alien Registration Number:	Citizen of What Country: Birth Date: <i>(Month, Day, Year)</i>	Relationship to Me: Birth Place: <i>(City and Country)</i>	Immigration Status of Listed Relative
A#:			
Complete Address of Current Residence, if Living: _____			

A#:			
Complete Address of Current Residence, if Living: _____			

PART 7 - MISCELLANEOUS INFORMATION (Continued on page 6)

46) I ☐ - have ☐ - have not entered the United States as a crewman after June 30, 1964.

47) I ☐ - have ☐ - have not been admitted as, or after arrival in the United States acquired the status of, an **exchange** nonimmigrant.

48) I ☐ - have ☐ - have not submitted address reports as required by section 265 of the Immigration and Nationality Act.

49) I ☐ - have ☐ - have never (either in the United States or in any foreign country) been arrested, summoned into court as a defendant, convicted, fined, imprisoned, placed on probation, or forfeited collateral for an act involving a felony, misdemeanor, or breach of any public law or ordinance (including, but not limited to, traffic violations or driving incidents involving alcohol). (If answer is in the affirmative, please give a brief description of each offense including the name and location of the offense, date of conviction, any penalty imposed, any sentence imposed, and the time actually served. You are required to submit documentation of any such occurrences, **such as convictions records, dispositions, or court orders.**)

I have attached my criminal conviction records, dispositions and/or court orders, if any.

50) Have you ever served in the Armed Forces of the United States? ☐ - Yes ☐ - No. If "Yes" please state branch (Army, Navy, etc.) and service number: _____

Place of entry on duty: (City and State) _____

Date of entry on duty: (Month, Day, Year) _____ Date of discharge: (Month, Day, Year) _____

Type of discharge: (Honorable, Dishonorable, etc.) _____

I served in active duty status from: (Month, Day, Year) _____ to (Month, Day, Year) _____

51) Have you ever left the United States or the jurisdiction of the district where you registered for the draft to avoid being drafted into the military or naval forces of the United States?

☐ Yes ☐ No

52) Have you ever deserted from the military or naval forces of the United States while the United States was at war?

☐ Yes ☐ No

53) If male, did you register under the Military Selective Service Act or any applicable previous Selective Service (Draft) Laws?

☐ Yes ☐ No

If "Yes," please give date, Selective Service number, local draft board number, and your last draft classification: _____

54) Were you ever exempted from service because of conscientious objection, alienage, or any other reason?

☐ Yes ☐ No

55) Please list your present or past membership in or affiliation with every political organization, association, fund, foundation, party, club, society, or similar group in the United States or any other place since your 16th birthday. Include any foreign military service in this part. If none, write "None." Include the name of the organization, location, nature of the organization, and the dates of membership.

Name of Organization	Location of Organization	Nature of Organization	Member From: (Month, Day, Year)	Member To: (Month, Day, Year)

PART 7 - MISCELLANEOUS INFORMATION *(Continued)*

56) Have you ever:

- ☐ Yes ☐ No been ordered deported, excluded, or removed?
- ☐ Yes ☐ No overstayed a grant of voluntary departure from an Immigration Judge or the Department of Homeland Security (DHS), formerly the Immigration and Naturalization Service (INS)?
- ☐ Yes ☐ No failed to appear for deportation or removal?

57) Have you ever been:

- ☐ Yes ☐ No a habitual drunkard?
- ☐ Yes ☐ No one whose income is derived principally from illegal gambling?
- ☐ Yes ☐ No one who has given false testimony for the purpose of obtaining immigration benefits?
- ☐ Yes ☐ No one who has engaged in prostitution or unlawful commercialized vice?
- ☐ Yes ☐ No involved in a serious criminal offense and asserted immunity from prosecution?
- ☐ Yes ☐ No a polygamist?
- ☐ Yes ☐ No one who brought in or attempted to bring in another to the United States illegally?
- ☐ Yes ☐ No a trafficker of a controlled substance, or a knowing assister, abettor, conspirator, or colluder with others in any such controlled substance offense (not including a single offense of simple possession of 30 grams or less of marijuana)?
- ☐ Yes ☐ No inadmissible or deportable on security-related grounds under sections 212(a)(3) or 237(a)(4) of the INA?
- ☐ Yes ☐ No one who has ordered, incited, assisted, or otherwise participated in the persecution of an individual on account of his or her race, religion, nationality, membership in a particular social group, or political opinion?
- ☐ Yes ☐ No a person previously granted relief under sections 212(c) or 244(a) of the INA or whose removal has previously been cancelled under section 240A of the INA?

If you answered "Yes" to any of the above questions, explain:

58) Name of School, Type of School, Degree Earned / Date (if any), Location (City/Country), Attended From (MM/YY) To (MM/YY)

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59) The following certificates or other supporting documents are attached hereto as part of this application (Refer to the Instructions for documents which **should be attached**.)

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PART 8 - SIGNATURE OF PERSON PREPARING FORM, IF OTHER THAN APPLICANT

(Read the following information and sign below)

I declare that I have prepared this application at the request of the person named in Part 1, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant, and that the completed application was read to the applicant in a language the applicant speaks fluently for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form EOIR-42A may subject me to civil penalties under 8 U.S.C. § 1324(c).

Signature of Preparer:	Print Name:	Date:
Daytime Telephone #:	Address of Preparer: <i>(Number and Street, City, State, Zip Code)</i>	

PART 9 - SIGNATURE OF APPLICANT

I swear or affirm that I know the contents of this application that I am signing, including the attached documents and supplements, and that they are all true to the best of my knowledge.

Print Name

(Signature of Applicant or Parent or Guardian)

Date: (Month, Day, Year)

PART 10 - PROOF OF SERVICE

I hereby certify that a copy of the foregoing Form EOIR-42A was **sent** to to the Assistant Chief Counsel for the DHS (U.S. Immigration and Customs Enforcement-ICE) on _____ at:
(Month, Day, Year)

(Email Address or Physical Address (Number and Street, City, State, Zip Code))

☐ No service needed. I electronically filed this document, and the opposing party is participating in ECAS.

Signature of Applicant (or Attorney or Representative)