



Instructions for Request for Fee Waiver

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

USCIS
Form I-912
OMB No. 1615-0116
Expires 05/31/2015

What Is the Purpose of Form I-912?

U.S. Citizenship and Immigration Services (USCIS) is funded largely by application and petition filing fees. By waiving a filing fee, USCIS transfers the cost of processing applications and petitions to others seeking USCIS benefits through higher filing fees. However, we recognize that some individuals may not be able to pay these filing fees.

If you want USCIS to consider waiving your filing fee or biometric services fee, follow the instructions below to complete Form I-912, Request for Fee Waiver. When you request a fee waiver, you must clearly demonstrate that you are unable to pay the filing fees. USCIS will evaluate all factors, circumstances, and evidence you provide in support of a fee waiver request when deciding to approve or deny your request. Each case is unique and is considered on its own merits.

For further guidance on fee waiver requests, visit our Web site at www.uscis.gov/feewaiver.

Who Should File Form I-912?

You may file this request if you are unable to pay the filing fees and the application or petition is eligible for a fee waiver. You do not need to file Form I-912 for applications and petitions that do not require a filing fee. If you have an approved or pending Form I-360, Petition for Amerasian, Widow(er), or Special Immigrant, or if you filed Form I-360 with Form I-485, Application to Register Permanent Residence or Adjust Status, with a status based on Special Immigrant Juvenile (SIJ), Violence Against Women Act (VAWA), or T or U nonimmigrant status, USCIS may waive any associated fee.

You can file one fee waiver request covering all application and petition filing fees and biometric services fees filed for the same applicant or petitioner in the same envelope. You do not have to file a separate Form I-912 for the filing fee and the biometric services fee. If USCIS approves your Form I-912, USCIS will waive both the filing fee and biometric services fee.

You may file one Form I-912 for all family-related applications or petitions filed at the same time with your application or petition. For example, if you file Form N-400, and your spouse and children are filing their separate Form N-400s at the same time, you only need to file one Form I-912 fee waiver request for all Form N-400s. You should send all forms together.

Some USCIS applications and petitions have fee exemption requirements for certain types of applicants and petitioners. In these cases, USCIS forms and instructions will outline the filing fee exemption and you do not need to submit Form I-912. Consult our Web site for the instructions and filing fees for specific USCIS applications and petitions at www.uscis.gov/forms.

Identify the forms you are filing together, including any applications or petitions from your family. See **Part 4., Item Number 1.** in the **Specific Instructions** section of these Instructions for more information.

General Eligibility Requirements

You may file this request if the application or petition you file is eligible for a fee waiver and you demonstrate an inability to pay the filing fees.

To file your completed Form I-912, attach it and all supporting documentation to the applications or petitions that you are submitting.

Mail your completed USCIS applications or petitions, Form I-912, and all supporting documentation to the USCIS office according to the **Where to File** section in the Instructions of the application or petition for which you are requesting a fee waiver. You cannot submit Form I-912 after USCIS has received the underlying applications or petitions.

If we deny your fee waiver request, we will mail you a notice explaining the reasons for the denial along with the rejection of your applications or petitions. We will return your complete package to you. You may resubmit your applications or petitions with either payment of the filing fee or you may resubmit the fee waiver request with the required additional documentation and your applications or petitions.

The applications and petitions USCIS will consider for a fee waiver can be found at www.uscis.gov/i-912 or refer to 8 CFR 103.7(c)(3) for a list of USCIS filing fees that may be waived.

IMPORTANT NOTE: If USCIS denies your fee waiver request, the notice will include information on resubmitting your application or petition. For certain immigration benefits, you may have only a limited period of time in which to resubmit your application or petition with the proper filing fee.

General Instructions

USCIS provides forms free of charge through the USCIS Web site. In order to view, print, or fill out our forms, you should use the latest version of Adobe Reader, which you can download for free at <http://get.adobe.com/reader/>. If you do not have Internet access, you may call the USCIS National Customer Service Center at **1-800-375-5283** and ask that we mail a form to you. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Signature. Each request must be properly signed and filed. For all signatures on this request, USCIS will not accept a stamped or typewritten name in place of a signature. If you are under 14 years of age, your parent or legal guardian may sign the request on your behalf. A legal guardian may also sign for a mentally incompetent person. A photocopy of a request containing an original signature is acceptable.

Filing Fee. There is no filing fee for Form I-912.

Evidence. At the time of filing, you must submit all evidence and supporting documentation listed in the **Specific Instructions** section of these Instructions..

Copies. You may submit legible photocopies of documents requested, unless the Instructions specifically state that you must submit an original document. USCIS may request an original document at the time of filing or at any time during processing of an application, petition, or request. If you submit original documents when not required, the documents may remain a part of the record, and USCIS will not automatically return them to you.

Translations. If you submit a document with information in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that he or she is competent to translate from the foreign language into English.

How To Fill Out Form I-912

1. Type or print legibly in black ink.
2. If you need extra space to complete any item within this request, use the space provided in **Part 12. Additional Information** or attach a separate sheet of paper; type or print your name and Alien Registration Number (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.
3. Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks “Provide the name of your current spouse”), type or print “N/A,” unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, “How many children do you have” or “How many times have you departed the United States”), type or print “None,” unless otherwise directed.

-
4. Round all financial figures related to means-tested benefits, income, assets, liabilities, and expenses to the nearest dollar amount.

Specific Instructions

Part 1. Basis for Your Request

Item Number 1. Select an inability to pay at the time of filing by selecting **one of the following**:

- A.** You, your spouse, or head of household living with you is receiving a means-tested benefit (**Part 5. Means-Tested Benefits**);
- B.** Your household income is at or below 150 percent of the Federal Poverty Guidelines (**Part 6. Income at or Below 150 Percent of the Federal Poverty Guidelines**); or
- C.** You have a financial hardship situation such as recent unemployment, high medical expenses, or other unexpected large expense that makes you unable to pay (**Part 7. Financial Hardship**).

You must provide additional details, including evidence, as explained in each part below.

Part 2. Information About You (The Requestor)

Item Number 1. Your Full Name. Provide your full name. If you have two last names, include both in the Family Name box and use a hyphen (-) if appropriate. If you do not have a middle name, type or print "N/A."

Item Number 2. Other Names Used (if any). Provide all other names you have used, including your maiden name.

Item Number 3. Alien Registration Number (A-Number) (if any). Provide your A-Number in the space provided. If you do not have an A-Number, type or print "N/A."

Item Number 4. USCIS ELIS Account Number (if any). If you have previously filed an application, petition, or request using the USCIS Electronic Immigration System (USCIS ELIS), provide the USCIS ELIS Account Number you were issued by the system. The USCIS ELIS Account Number is **not** the same as an A-Number. If you were issued a USCIS ELIS Account Number, enter it in the space provided.

Item Number 5. Date of Birth (mm/dd/yyyy). Type or print your date of birth in mm/dd/yyyy format. For example, enter May 1, 1979, as 05/01/1979.

Item Number 6. U.S. Social Security Number (if any). Provide your U.S. Social Security number. If you do not have a U.S. Social Security number, type or print "N/A."

Item Number 7. Marital Status. Select "Single, Never Married," "Married," "Divorced," "Widowed," "Marriage Annulled," "Legally Separated," or "Other." If you are separated but do not have a court order of legal separation, select "Other" and type or print "Separated."

Part 3. Information About Your Employment Status

Item Number 1. Indicate your current employment status.

Item Number 2. Indicate if you are currently receiving unemployment benefits, if applicable. Provide the date that you became unemployed. Provide the amount of unemployment in the table in **Part 6., Item Number 5. Additional Income**.

Part 4. Applications and Petitions for Fee Waivers

Item Number 1. Provide the form numbers and total number of applications and petitions for which you and any family members are requesting a fee waiver. The fee waiver request includes the filing fee and biometric services fee, if applicable. In the space provided, type or print your name and any family member's (additional requestor's) name, A-Number (if any), date of birth, and the relationship to you.

Part 5. Means-Tested Benefits

A means-tested benefit is a public benefit where a person's eligibility for the benefit, or the amount of such benefit, or both, are determined on the basis of the person's income and resources, including those that may lawfully be deemed available to the person by the benefit-granting agency. Means-tested benefits may be either Federally, state, or locally funded.

For purposes of this fee waiver request only, USCIS will consider Federal public benefits that your household receives as long as the eligibility for the benefit depends on the income and other resources available to your household.

Examples of means-tested benefit programs are Medicaid, Supplemental Nutrition Assistance Program (formerly called Food Stamps), Temporary Assistance to Needy Families, and Supplemental Security Income (SSI), among others. However, Medicare; unemployment benefits; Social Security benefits; Social Security Disability; and Retirement, Survivors, and Disability Insurance are not considered means-tested benefits.

States may also provide you with means-tested public benefits. USCIS will consider these state-funded benefits as "means-tested" benefits for purposes of this fee waiver request.

Consult with your benefit-granting agency or your legal advisor to determine whether any Federal, state, or local public benefit that you receive qualifies as a means-tested benefit.

If you do not want USCIS to consider receipt of a means-tested benefit in determining your eligibility for a fee waiver, you may leave this section blank.

Item Number 1. Indicate whether you are currently receiving means-tested benefits and provide the information in the space provided. Attach documentation.

Item Number 2. Indicate whether you, your spouse, or the head of household living with you is receiving a means-tested benefit. In the table, provide the name of the person receiving the benefit, their relationship to you, the name of the agency awarding the benefit, the type of benefit, the date the benefit was awarded, and the date the benefit expires or must be renewed.

1. Family Members' Mean-Tested Benefits

- A. Your spouse and unmarried children under 21 years of age living with you will normally qualify for a fee waiver as part of your household if you are receiving means-tested benefits.
- B. If your spouse is receiving a means-tested benefit, you will normally qualify for a fee waiver as long as you are residing with your spouse and are not legally separated.
- C. You may not use your child's or grandchild's receipt of means-tested benefits to qualify for a fee waiver. Parents or other family members cannot qualify for a fee waiver using the child's benefit letter.
- D. If you are 21 years of age or older, you cannot use a parent's means-tested benefits, such as SSI, even if he or she is living with you, as evidence of eligibility for a fee waiver.

2. Validity of Means-Tested Benefits

- A. The letter granting the means-tested benefit generally has an expiration date. To qualify for a fee waiver, you must file the fee waiver request before the means-tested benefit approval expires.
- B. If the letter granting the means-tested benefit does not have an expiration date, provide documentation from the benefit-granting agency indicating the means-tested benefit is currently valid (indicating the length of the benefit).
- C. If the letter granting the means-tested benefit does not have an expiration date and is multiple years old, it may be insufficient to establish the means-tested benefit is currently valid. Any means-tested benefit award letter provided that is over 12 months old should be accompanied by additional evidence that the benefit is currently being received (for example, a statement showing the benefits have recently been received.)

3. Documentation

You must provide evidence that you are currently receiving a means-tested benefit. This evidence should be in the form of a letter, notice, or other official document containing your name, the name of the agency granting you the public benefit, the type of benefit, and the effective dates of the grant of the means-tested benefits. Documents must be in English or accompanied by an English translation as specified in the **General Instructions** section of these Instructions.

Part 6. Income at or Below 150 Percent of the Federal Poverty Guidelines

Household Size

Provide information about the members of your household.

Item Number 1. Indicate whether you are providing the primary financial support for your household.

1. You are the head of household if you filed the most recent Federal tax return for your household (includes filing as head of household) or earned the majority of the income for your household.

List yourself in the Household Size table provided in **Item Number 2.**

2. If you are not the head of household, list the person who is the head of household and yourself in the table.

If you are not the head of household, the head of household is the person who filed the most recent Federal tax return on which you are listed as a dependent or the person who provides the majority of your household's income. If you already have or are applying for SIJ classification, do not include any foster or group home household members.

3. Identify whether any family members living in your household are dependent on your income, your spouse's income, or the head of household's income in the Household Size table in **Item Number 2.**

4. **Include the following people as part of your household size (dependent on your income, your spouse's income, or the head of household's income):**

A. You;

B. The head of your household (if not you);

C. Your spouse living with you (if you are separated or your spouse is not living with you, do not include your spouse); or

D. Any of the following family members:

- (1) Your children or legal wards who are unmarried and under 21 years of age, and who live with you;
- (2) Your children or legal wards who are unmarried and are over 21 years of age but under 24 years of age, are full-time students, and who live with you when not at school;
- (3) Your children or legal wards who are unmarried and for whom you are the legal guardian because they are physically or **developmentally** disabled or **mentally** impaired to the extent that they cannot adequately care for themselves and cannot establish, maintain, or re-establish their own **household**;
- (4) Your parents who live with you; and
- (5) Any other dependents listed on your Federal tax return or your spouse or head of household's Federal tax returns.

5. Indicate whether your spouse is living with you. If so, list your spouse in the table in **Item Number 2.**

Item Number 2. Provide information on any dependents you listed on your Federal tax returns. For each person, provide his or her full name, his or her date of birth, his or her relationship to you, whether he or she is married, whether he or she is a full-time student, and indicate whether the person is earning an income that is counted toward the household income. At the end of the table, provide the total number of household members.

Item Number 3. Provide information on your annual income. If you file a U.S. Federal tax return, you may enter the figure from Line 37 on Internal Revenue Service (IRS) Form 1040, U.S. Individual Income Tax Return. If you have not filed a U.S. Federal tax return, take your total household wage income (before any deductions) for the previous 12-month period, and enter that amount as your household's annual wage income.

Household Income

Provide information about your income and the income of household members. In order to qualify for the fee waiver, your household income must be at or below 150 percent of the Federal Poverty Guidelines at the time of filing.

Your household income is examined based on the Federal Poverty Guidelines in effect as established by the Secretary of Health and Human Services. These guidelines change every year. To obtain information on the current Federal Poverty Guidelines, visit our Web site at www.uscis.gov/I-912P and review Form I-912P, Poverty Guidelines for Fee Waiver Request.

Documentation. To document your annual income, provide the following information:

1. A copy of your most recent Federal tax return including proof of filing;
2. If you did not file a Federal tax return, or if your Federal tax return does not properly reflect your current income, submit copies of consecutive pay check stubs for a minimum of the past month, or statements from your employers on business stationery showing salary or wages paid;
3. If you are a student and not living with your parents or are not claimed as a dependent on your parent's Federal tax return, do not include your parent's income. You should only provide proof of your income or documentation that shows you are not required to file a Federal or state tax return, such as proof that you are a full-time student, as supporting documentation;
4. If you are recently unemployed, and your annual income on your Federal tax return or other proof of income is at or above 150 percent of the Federal Poverty Guidelines, describe your particular situation in **Part 6., Item Number 8.** Provide any unemployment benefits you are currently receiving;
5. If you do not have any income, financial support, or cannot provide evidence of income, describe your particular situation in **Part 6., Item Number 8.** If possible, you may submit affidavits from religious institutions, non-profits, or community-based organizations indicating that you are currently receiving some benefit or support from the organization verifying (or attesting to) your situation; and
6. If you are filing Form I-485 based on SIJ classification, the fee waiver request should be supported by one of the following forms of evidence:
 - A. A copy of the juvenile court order which establishes dependency or custodial assignment of the SIJ applicant;
 - B. A letter from a foster care home or similar agency overseeing the SIJ's custodial placement that describes the SIJ applicant's inability to pay; and
 - C. Evidence that the applicant has been approved for or filed for SIJ classification (for example, Form I-360 filed with Form I-485; a copy of Form I-797, Notice of Action; or the Approval Notice for Form I-360.)

Item Number 4. Provide the annual total income from household members.

1. If a person lives with you, but does not contribute financial support to your household, then you should not include this person's income when calculating your household income.
2. If you are separated, do not include your spouse's income if he or she is not living with you. Type or print financial support that is provided by your spouse that is not living with you in **Item Number 5.**
3. If you are applying for any immigration benefits (such as adjustment of status) based on the Violence Against Women Act (VAWA) or based on T or U nonimmigrant status under the Victims of Violence and Trafficking Protection Reauthorization Act, do not provide your spouse's income;

-
4. If you are a full-time student between 21 and 24 years of age, are unmarried, and are living with your parents, or you are claimed as a dependent on your parent's Federal tax return, include your parent's income. You must provide a copy of both parents' Federal tax returns and your own Federal tax return, or provide proof of income as supporting documentation;
 5. If members of your household are recently unemployed, and your annual household income on your Federal tax return or other proof of income is at or above 150 percent of the Federal Poverty Guidelines, describe your particular situation in **Part 6., Item Number 8.** Document any unemployment benefits you are currently receiving; and
 6. If you are filing based on SIJ classification, do not provide foster home or group home income.

Documentation. Attach documentation for all household members' income that is used to support the requestor of the fee waiver.

To document your household members' income, provide the following information:

1. A copy of each household member's most recent Federal tax return;
2. If the household member did not file a Federal tax return, or if the tax return does not properly reflect the current income, submit copies of consecutive pay check stubs for a minimum of the past month, or statements from the employers on business stationery showing salary or wages paid; or
3. If you do not have any household members' income, or cannot provide evidence of income, describe your particular situation in **Part 6., Item Number 8.** If applicable, you may submit affidavits from religious institutions, non-profits, or community-based organizations indicating that you are currently receiving some benefit or support from the organization verifying (or attesting to) your situation.

Item Number 5. Provide additional income or financial support. Type or print "None" if you have no additional income. You must include any financial support or income contributed to your household in your household income even if it is not part of the household for tax purposes. If a person living with you contributes financial support to your household, you must include this person's income when calculating household income.

Enter any amount of money that you receive annually that is not included in **Item Numbers 3. or 4.** This could include support such as parental support, alimony (spousal support), child support, educational stipends, pensions, Social Security benefits, veteran's benefits, and unemployment compensation. Also, include any financial support or subsidy including monetary contributions for the payment of expenses received from adult children, dependents, and other people who are living in your household. Attach documentation.

You will have to document additional financial assistance as income. Include the following information:

1. Documentation such as parental support; alimony; child support; educational stipends (financial support received aside from tuition); pensions; Social Security; veteran's benefits; unemployment benefits; and monetary contributions by adult children, parents, dependents, or other people living in your household;
2. Provide a court order of any child support or documentation from an agency providing the other income or financial assistance; and
3. If you are receiving unemployment benefits, the tax document, IRS Form 1099-MISC, is not enough to establish income.

Item Number 6. TOTAL Household Income. Add the amounts from **Item Numbers 3., 4., and 5.** USCIS will compare this amount to the Federal Poverty Guidelines.

If you do not have any income, financial support, or cannot provide evidence of income, describe your particular situation in **Part 6., Item Number 8.** If applicable, you may submit affidavits from religious institutions, non-profits, or community-based organizations indicating that you are currently receiving some benefit or support from the organization verifying (or attesting to) your situation.

Item Number 7. Indicate whether any information (including marital status, income, and list of dependents) in your Federal tax returns is different from what you indicate in Form I-912. Provide information regarding any change in circumstances or reasons for any differences or changes between the tax returns and information in Form I-912.

Item Number 8. Provide additional information to explain anything else about your circumstances that affect the income determination. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information.**

Part 7. Financial Hardship

Item Number 1. If you have a financial hardship, describe your particular situation. Include how this situation has caused you to incur expenses and liabilities (and what the costs were) or loss of income that you have experienced (and a description of the loss). This may include medical expenses of family members, unemployment, and homelessness. Complete this part in English or provide an accompanying English translation. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information.** Attach all supporting documentation.

You may also complete this section if your income is above 150 percent of the Federal Poverty Guidelines and you believe you have special circumstances that warrant a fee waiver.

Documentation. You will have to document your income and provide a complete listing, description, and an estimate of the value of your assets that may be readily liquidated and any liabilities. Provide income information and provide documentation as instructed in **Part 6.**

Item Number 2. In the space provided, enter the types of assets you have, the dollar value of those assets, and the total dollar value of your assets. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information.**

Include the following assets:

1. Cash, checking and savings accounts, annuities, stocks, and bonds. These are assets that easily convert into cash; and
2. Real estate and personal property.

Do not include your pension plans and Individual Retirement Accounts (IRA).

Documentation. Provide documentation of your income and evidence regarding the types and value of your assets.

Item Number 3. Provide your monthly expenses or liabilities. Enter your average monthly costs for the categories provided. Provide evidence of monthly payments where possible. Include rent, mortgage payments, leases, the average monthly cost for food, utilities, child care, elder care, insurance, loan payments, commuting costs, medical expenses, school costs, and other expenses. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information.**

Documentation. Provide evidence, where possible, such as copies of monthly bills and payments, and documentation for monthly expenses and any extenuating circumstances, such as medical bills. If you cannot provide evidence of income, you may submit affidavits from religious institutions, non-profits, or community-based organizations indicating that you are currently receiving some benefit or support from the organization verifying (or attesting to) your situation.

Part 8. Requestor's Statement, Contact Information, Certification, and Signature

Item Numbers 1. - 6. Select the appropriate box to indicate that you either read this request yourself or someone interpreted this request for you from English to a language in which you are fluent. If applicable, select the box to indicate if someone prepared this request for you. Further, you must sign and date your request and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every request **MUST** contain the signature of the requestor (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.

NOTE: Each person applying for a fee waiver request must sign and date Form I-912. This includes family members identified in **Part 4., Item Number 1.** Signature fields for family members are also in **Part 8.** If an individual is under 14 years of age, a parent or legal guardian may sign the request on their behalf. USCIS rejects any Form I-912 that is not signed by all individuals requesting a fee waiver.

Part 9. Family Member's (Additional Requestor's) Statement, Contact Information, Certification, and Signature

If the information provided by the requestor in **Part 8.** is not applicable to a family member identified in **Part 4., Item Number 1.,** that individual should complete **Part 9.** Make additional copies of **Part 9.** for each family member (additional requestor) to sign, as applicable, and include the pages with your completed Form I-912. USCIS rejects any Form I-912 that is not signed by all individuals requesting a fee waiver.

Item Numbers 1. - 6. Select the appropriate box to indicate that you either read this request yourself or someone interpreted this request for you from English to a language in which you are fluent. If applicable, select the box to indicate if someone prepared this request for you. Further, you must sign and date your request and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every request **MUST** contain the signature of the requestor (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.

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

NOTE for Family Members (Additional Requestors): If you used a different interpreter than the one used by the requestor, make additional copies of this part, provide the following information, and include the pages with your completed Form I-912.

Item Numbers 1. - 6. If you used anyone as an interpreter to read the instructions and questions on this request to you in a language in which you are fluent, the interpreter must fill out this section, provide his or her name, the name and address of his or her business or organization (if any), his or her daytime telephone number, and his or her email address (if any). The interpreter must sign and date the request.

Part 11. Contact Information, Statement, Certification, and Signature of the Person Preparing this Request, If Other Than the Requestor

NOTE for Family Members (Additional Requestors): If you used a different preparer than the one used by the requestor, make additional copies of this part, provide the following information, and include the pages with your completed Form I-912.

Item Numbers 1. - 8. This section must contain the signature of the person who completed your request, if other than you, the requestor. If the same individual acted as your interpreter **and** your preparer, that person should complete both **Part 10.** and **Part 11.** If the person who completed this request is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you prepare this request **MUST** sign and date the request. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your request is an attorney or accredited representative, he or she must also submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographic Confines of the United States, along with your request.

Part 12. Additional Information

Item Numbers 1. - 7. If you need extra space to provide any additional information within this request, use the space provided in **Part 12. Additional Information.** If you need more space than what is provided in **Part 12.,** you may make copies of **Part 12.** to complete and file with your request, or attach a separate sheet of paper. Include 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.

We recommend that you print or save a copy of your completed request to review in the future and for your records.

What Is the Filing Fee?

There is no filing fee for Form I-912.

Where To File?

Form I-912 should be filed together with the applications and/or petitions for which you want USCIS to consider waiving the filing fee and the biometric services fee, if applicable.

Address Change

You must notify USCIS of your new address within 10 days of moving from your previous residence. For information on filing a change of address go to the USCIS Web site at www.uscis.gov/addresschange or contact the USCIS National Customer Service Center at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

NOTE: Do not submit a change of address request to USCIS Lockbox facilities because these facilities do not process change of address requests.

Processing Information

Initial Processing. Once USCIS accepts your request we will check it for completeness. If you do not completely fill out this request, you may delay a final decision in your case or result in denial of your request, and USCIS may reject or deny your application or petition.

Requests for More Information. We may request that you provide more information or evidence to support your request. **We may also request that you provide the originals of any copies you submit. USCIS will return any requested originals when they are no longer needed.**

Decision. The decision on Form I-912 involves a determination of whether you have established eligibility for the immigration benefit you are seeking. USCIS will notify you of the decision in writing.

USCIS Forms and Information

To ensure you are using the latest version of this request, visit the USCIS Web site at www.uscis.gov where you can obtain the latest USCIS forms and immigration-related information. If you do not have Internet access, you may order USCIS forms by calling our toll-free number at **1-800-870-3676**. You may also obtain forms and information by calling the USCIS National Customer Service Center at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Instead of waiting in line for assistance at your local USCIS office, you can now schedule an appointment through our online system, **InfoPass**, at infopass.uscis.gov. Use the **InfoPass** appointment scheduler and follow the screen prompts to set up your appointment. **InfoPass** generates an electronic appointment notice that appears on the screen.

Penalties

If you knowingly and willfully falsify or conceal a material fact or submit a false document with **your Form I-912**, 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.**

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this request, and the associated evidence, is collected under the **Immigration and Nationality Act, section 286 and 8 CFR 103.7(c)**.

PURPOSE: The primary purpose for providing the requested information on this request is to determine if you have established eligibility for the immigration benefit for which you are filing. The Department of Homeland Security (DHS) will use the information you provide to grant or deny the immigration benefit you are seeking.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision in your case or result in denial of your request and rejection of your application or petition based on non-payment of the filing fee.

ROUTINE USES: DHS may share the information you provide on this request with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS-USCIS-007 - Benefits Information System and DHS-USCIS-001 - Alien File, Index, and National File Tracking System of Records] which you can find at www.dhs.gov/privacy. DHS may also share the information, as appropriate, for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 1 hours and 10 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the request, preparing statements, attaching necessary documentation, and submitting the request. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0116. **Do not mail your completed Form I-912 to this address.**

Draft
Not for
Reproduction
06/09/2015