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

U.S. Department of Justice
Executive Office for Immigration Review

OMB No. 1615-0067; Expires 05/31/2019

I-589, Application for Asylum and for Withholding of Removal

START HERE - Type or print in black ink. See the instructions for information about eligibility and how to complete and file this application. There is no filing fee for this application.

NOTE: ☐ Check this box if you also want to apply for withholding of removal under the Convention Against Torture.

Part A.I. Information About You

1. Alien Registration Number(s) (A-Number) *(if any)*	**2.** U.S. Social Security Number *(if any)*	**3.** USCIS Online Account Number *(if any)*

4. Complete Last Name	**5.** First Name	**6.** Middle Name

7. What other names have you used *(include maiden name and aliases)?*

8. Residence in the U.S. *(where you physically reside)*

Street Number and Name			Apt. Number
City	State	Zip Code	Telephone Number ( )

9. Mailing Address in the U.S. *(if different than the address in Item Number 8)*

In Care Of *(if applicable):*		Telephone Number ( )
Street Number and Name		Apt. Number
City	State	Zip Code

10. Gender: ☐ Male ☐ Female

11. Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

12. Date of Birth *(mm/dd/yyyy)*	**13.** City and Country of Birth

14. Present Nationality *(Citizenship)*	**15.** Nationality at Birth	**16.** Race, Ethnic, or Tribal Group	**17.** Religion

18. *Check the box, a through c, that applies:* **a.** ☐ I have never been in Immigration Court proceedings.

b. ☐ I am now in Immigration Court proceedings. **c.** ☐ I am **not** now in Immigration Court proceedings, but I have been in the past.

19. *Complete 19 a through c.*

a. When did you last leave your country? *(mmm/dd/yyyy)* _____ **b.** What is your current I-94 Number, if any? _____

c. List each entry into the U.S. beginning with your most recent entry. *List date (mm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.)*

Date _____ Place _____ Status _____ Date Status Expires _____

Date _____ Place _____ Status _____

Date _____ Place _____ Status _____

20. What country issued your last passport or travel document?	**21.** Passport Number Travel Document Number	**22.** Expiration Date *(mm/dd/yyyy)*

23. What is your native language *(include dialect, if applicable)?*	**24.** Are you fluent in English? ☐ Yes ☐ No	**25.** What other languages do you speak fluently?

For EOIR use only.	**For USCIS use only.**	**Action:** Interview Date: _____ Asylum Officer ID No.: _____	**Decision:** Approval Date: _____ Denial Date: _____ Referral Date: _____

Part A.II. Information About Your Spouse and Children

Your spouse ☐ I am not married. (Skip to **Your Children** below.)

1. Alien Registration Number (A-Number) *(if any)*	**2.** Passport/ID Card Number *(if any)*	**3.** Date of Birth *(mm/dd/yyyy)*	**4.** U.S. Social Security Number *(if any)*
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Other names used *(include maiden name and aliases)*
9. Date of Marriage *(mm/dd/yyyy)*	**10.** Place of Marriage	**11.** City and Country of Birth	
12. Nationality *(Citizenship)*	**13.** Race, Ethnic, or Tribal Group	**14.** Gender ☐ Male ☐ Female	

15. Is this person in the U.S.?
☐ Yes *(Complete Blocks 16 to 24.)* ☐ No *(Specify location):* _____

16. Place of last entry into the U.S.	**17.** Date of last entry into the U.S. *(mm/dd/yyyy)*	**18.** I-94 Number *(if any)*	**19.** Status when last admitted *(Visa type, if any)*
20. What is your spouse's current status?	**21.** What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	**22.** Is your spouse in Immigration Court proceedings? ☐ Yes ☐ No	**23.** If previously in the U.S., date of previous arrival *(mm/dd/yyyy)*

24. If in the U.S., is your spouse to be included in this application? *(Check the appropriate box.)*
☐ Yes *(Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)*
☐ No

Your Children. List **all** of your children, regardless of age, location, or marital status.

☐ I do not have any children. *(Skip to Part. A.III., **Information about your background.**)*

☐ I have children. Total number of children: _____.

(**NOTE:** *Use Form I-589 Supplement A or attach additional sheets of paper and documentation if you have more than four children.)*

1. Alien Registration Number (A-Number) *(if any)*	**2.** Passport/ID Card Number *(if any)*	**3.** Marital Status *(Married, Single, Divorced, Widowed)*	**4.** U.S. Social Security Number *(if any)*
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Gender ☐ Male ☐ Female

13. Is this child in the U.S. ? ☐ Yes *(Complete Blocks 14 to 21.)* ☐ No *(Specify location):* _____

14. Place of last entry into the U.S.	**15.** Date of last entry into the U.S. *(mm/dd/yyyy)*	**16.** I-94 Number *(If any)*	**17.** Status when last admitted *(Visa type, if any)*
18. What is your child's current status?	**19.** What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	**20.** Is your child in Immigration Court proceedings? ☐ Yes ☐ No	

21. If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*
☐ Yes *(Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)*
☐ No

Part A.II. Information About Your Spouse and Children (Continued)

1. Alien Registration Number (A-Number) *(if any)*	**2.** Passport/ID Card Number *(if any)*	**3.** Marital Status *(Married, Single, Divorced, Widowed)*	**4.** U.S. Social Security Number *(if any)*
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Gender ☐ Male ☐ Female

13. Is this child in the U.S. ? ☐ Yes *(Complete Blocks 14 to 21.)* ☐ No *(Specify location):* _____

14. Place of last entry into the U.S.	**15.** Date of last entry into the U.S. *(mm/dd/yyyy)*	**16.** I-94 Number *(If any)*	**17.** Status when last admitted *(Visa type, if any)*

18. What is your child's current status?	**19.** What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	**20.** Is your child in Immigration Court proceedings? ☐ Yes ☐ No

21. If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*

☐ Yes *(Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)*

☐ No

1. Alien Registration Number (A-Number) *(if any)*	**2.** Passport/ID Card Number *(if any)*	**3.** Marital Status *(Married, Single, Divorced, Widowed)*	**4.** U.S. Social Security Number *(if any)*
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Gender ☐ Male ☐ Female

13. Is this child in the U.S. ? ☐ Yes *(Complete Blocks 14 to 21.)* ☐ No *(Specify location):* _____

14. Place of last entry into the U.S.	**15.** Date of last entry into the U.S. *(mm/dd/yyyy)*	**16.** I-94 Number *(If any)*	**17.** Status when last admitted *(Visa type, if any)*

18. What is your child's current status?	**19.** What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	**20.** Is your child in Immigration Court proceedings? ☐ Yes ☐ No

21. If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*

☐ Yes *(Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)*

☐ No

1. Alien Registration Number (A-Number) *(if any)*	**2.** Passport/ID Card Number *(if any)*	**3.** Marital Status *(Married, Single, Divorced, Widowed)*	**4.** U.S. Social Security Number *(if any)*
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Gender ☐ Male ☐ Female

13. Is this child in the U.S. ? ☐ Yes *(Complete Blocks 14 to 21.)* ☐ No *(Specify location):* _____

14. Place of last entry into the U.S.	**15.** Date of last entry into the U.S. *(mm/dd/yyyy)*	**16.** I-94 Number *(If any)*	**17.** Status when last admitted *(Visa type, if any)*

18. What is your child's current status?	**19.** What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	**20.** Is your child in Immigration Court proceedings? ☐ Yes ☐ No

21. If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*

☐ Yes *(Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)*

☐ No

Part A.III. Information About Your Background

1. List your last address where you lived before coming to the United States. If this is not the country where you fear persecution, also list the last address in the country where you fear persecution. *(List Address, City/Town, Department, Province, or State and Country.)*
*(***NOTE:** *Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)*

Number and Street *(Provide if available)*	City/Town	Department, Province, or State	Country	Dates From *(Mo/Yr)*	To *(Mo/Yr)*

2. Provide the following information about your residences during the past 5 years. List your present address first.
*(***NOTE:** *Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)*

Number and Street	City/Town	Department, Province, or State	Country	Dates From *(Mo/Yr)*	To *(Mo/Yr)*

3. Provide the following information about your education, beginning with the most recent school that you attended.
*(***NOTE:** *Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)*

Name of School	Type of School	Location *(Address)*	Attended From *(Mo/Yr)*	To *(Mo/Yr)*

4. Provide the following information about your employment during the past 5 years. List your present employment first.
*(***NOTE:** *Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)*

Name and Address of Employer	Your Occupation	Dates From *(Mo/Yr)*	To *(Mo/Yr)*

5. Provide the following information about your parents and siblings (brothers and sisters). Check the box if the person is deceased.
(**NOTE**: *Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)*

Full Name	City/Town and Country of Birth	Current Location
Mother		☐ Deceased
Father		☐ Deceased
Sibling		☐ Deceased
Sibling		☐ Deceased
Sibling		☐ Deceased
Sibling		☐ Deceased

Part B. Information About Your Application

(**NOTE:** *Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part B.)*

When answering the following questions about your asylum or other protection claim (withholding of removal under 241(b)(3) of the INA or withholding of removal under the Convention Against Torture), you must provide a detailed and specific account of the basis of your claim to asylum or other protection. To the best of your ability, provide specific dates, places, and descriptions about each event or action described. You must attach documents evidencing the general conditions in the country from which you are seeking asylum or other protection and the specific facts on which you are relying to support your claim. If this documentation is unavailable or you are not providing this documentation with your application, explain why in your responses to the following questions.

Refer to Instructions, Part 1: Filing Instructions, Section II, "Basis of Eligibility," Parts A - D, Section V, "Completing the Form," Part B, and Section VII, "Additional Evidence That You Should Submit," for more information on completing this section of the form.

1. Why are you applying for asylum or withholding of removal under section 241(b)(3) of the INA, or for withholding of removal under the Convention Against Torture? Check the appropriate box(es) below and then provide detailed answers to questions A and B below.

I am seeking asylum or withholding of removal based on:

- ☐ Race
- ☐ Political opinion
- ☐ Religion
- ☐ Membership in a particular social group
- ☐ Nationality
- ☐ Torture Convention

A. Have you, your family, or close friends or colleagues ever experienced harm or mistreatment or threats in the past by anyone?

☐ No ☐ Yes

If "Yes," explain in detail:
1. What happened;
2. When the harm or mistreatment or threats occurred;
3. Who caused the harm or mistreatment or threats; and
4. Why you believe the harm or mistreatment or threats occurred.

B. Do you fear harm or mistreatment if you return to your home country?

☐ No ☐ Yes

If "Yes," explain in detail:
1. What harm or mistreatment you fear;
2. Who you believe would harm or mistreat you; and
3. Why you believe you would or could be harmed or mistreated.

Part B. Information About Your Application (Continued)

2. Have you or your family members ever been accused, charged, arrested, detained, interrogated, convicted and sentenced, or imprisoned in any country other than the United States?

☐ No ☐ Yes

If "Yes," explain the circumstances and reasons for the action.

3.A. Have you or your family members ever belonged to or been associated with any organizations or groups in your home country, such as, but not limited to, a political party, student group, labor union, religious organization, military or paramilitary group, civil patrol, guerrilla organization, ethnic group, human rights group, or the press or media?

☐ No ☐ Yes

If "Yes," describe for each person the level of participation, any leadership or other positions held, and the length of time you or your family members were involved in each organization or activity.

3.B. Do you or your family members continue to participate in any way in these organizations or groups?

☐ No ☐ Yes

If "Yes," describe for each person your or your family members' current level of participation, any leadership or other positions currently held, and the length of time you or your family members have been involved in each organization or group.

4. Are you afraid of being subjected to torture in your home country or any other country to which you may be returned?

☐ No ☐ Yes

If "Yes," explain why you are afraid and describe the nature of torture you fear, by whom, and why it would be inflicted.

Part C. Additional Information About Your Application

(**NOTE:** *Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part C.*)

1. Have you, your spouse, your child(ren), your parents or your siblings ever applied to the U.S. Government for refugee status, asylum, or withholding of removal?

☐ No ☐ Yes

If "Yes," explain the decision and what happened to any status you, your spouse, your child(ren), your parents, or your siblings received as a result of that decision. Indicate whether or not you were included in a parent or spouse's application. If so, include your parent or spouse's A-number in your response. If you have been denied asylum by an immigration judge or the Board of Immigration Appeals, describe any change(s) in conditions in your country or your own personal circumstances since the date of the denial that may affect your eligibility for asylum.

2.A. After leaving the country from which you are claiming asylum, did you or your spouse or child(ren) who are now in the United States travel through or reside in any other country before entering the United States?

☐ No ☐ Yes

2.B. Have you, your spouse, your child(ren), or other family members, such as your parents or siblings, ever applied for or received any lawful status in any country other than the one from which you are now claiming asylum?

☐ No ☐ Yes

If "Yes" to either or both questions (2A and/or 2B), provide for each person the following: the name of each country and the length of stay, the person's status while there, the reasons for leaving, whether or not the person is entitled to return for lawful residence purposes, and whether the person applied for refugee status or for asylum while there, and if not, why he or she did not do so.

3. Have you, your spouse or your child(ren) ever ordered, incited, assisted or otherwise participated in causing harm or suffering to any person because of his or her race, religion, nationality, membership in a particular social group or belief in a particular political opinion?

☐ No ☐ Yes

If "Yes," describe in detail each such incident and your own, your spouse's, or your child(ren)'s involvement.

Part C. Additional Information About Your Application (Continued)

4. After you left the country where you were harmed or fear harm, did you return to that country?

☐ No ☐ Yes

If "Yes," describe in detail the circumstances of your visit(s) (for example, the date(s) of the trip(s), the purpose(s) of the trip(s), and the length of time you remained in that country for the visit(s).)

5. Are you filing this application more than 1 year after your last arrival in the United States?

☐ No ☐ Yes

If "Yes," explain why you did not file within the first year after you arrived. You must be prepared to explain at your interview or hearing why you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see Instructions, Part 1: Filing Instructions, Section V. "Completing the Form," Part C.

6. Have you or any member of your family included in the application ever committed any crime and/or been arrested, charged, convicted, or sentenced for any crimes in the United States?

☐ No ☐ Yes

If "Yes," for each instance, specify in your response: what occurred and the circumstances, dates, length of sentence received, location, the duration of the detention or imprisonment, reason(s) for the detention or conviction, any formal charges that were lodged against you or your relatives included in your application, and the reason(s) for release. Attach documents referring to these incidents, if they are available, or an explanation of why documents are not available.

Part D. Your Signature

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. Title 18, United States Code, Section 1546(a), provides in part: Whoever knowingly makes under oath, or as permitted under penalty of perjury under Section 1746 of Title 28, United States Code, knowingly subscribes as true, any false statement with respect to a material fact in any application, affidavit, or other document required by the immigration laws or regulations prescribed thereunder, or knowingly presents any such application, affidavit, or other document containing any such false statement or which fails to contain any reasonable basis in law or fact - shall be fined in accordance with this title or imprisoned for up to 25 years. I authorize the release of any information from my immigration record that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

Staple your photograph here or the photograph of the family member to be included on the extra copy of the application submitted for that person.

WARNING: **Applicants who are in the United States unlawfully are subject to removal if their asylum or withholding claims are not granted by an asylum officer or an immigration judge. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, removal proceedings even if the application is later withdrawn. Applicants determined to have knowingly made a frivolous application for asylum will be permanently ineligible for any benefits under the Immigration and Nationality Act. You may not avoid a frivolous finding simply because someone advised you to provide false information in your asylum application. If filing with USCIS, unexcused failure to appear for an appointment to provide biometrics (such as fingerprints) and your biographical information within the time allowed may result in an asylum officer dismissing your asylum application or referring it to an immigration judge. Failure without good cause to provide DHS with biometrics or other biographical information while in removal proceedings may result in your application being found abandoned by the immigration judge. See sections 208(d)(5)(A) and 208(d)(6) of the INA and 8 CFR sections 208.10, 1208.10, 208.20, 1003.47(d) and 1208.20.**

Print your complete name.	Write your name in your native alphabet.

Did your spouse, parent, or child(ren) assist you in completing this application? ☐ No ☐ Yes *(If "Yes," list the name and relationship.)*

(Name)	*(Relationship)*	*(Name)*	*(Relationship)*

Did someone other than your spouse, parent, or child(ren) prepare this application? ☐ No ☐ Yes *(If "Yes,"complete Part E.)*

Asylum applicants may be represented by counsel. Have you been provided with a list of persons who may be available to assist you, at little or no cost, with your asylum claim? ☐ No ☐ Yes

Signature of Applicant *(The person in Part. A.I.)*

➡ [_____]

Sign your name so it all appears within the brackets

Part E. Declaration of Person Preparing Form, if Other Than Applicant, Spouse, Parent, or Child

I declare that I have prepared this application at the request of the person named in Part D, 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 his or her native language or a language he or she understands 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 I-589 may also subject me to civil penalties under 8 U.S.C. 1324c and/or criminal penalties under 18 U.S.C. 1546(a).

Signature of Preparer		Print Complete Name of Preparer	
Daytime Telephone Number ( )	Address of Preparer: Street Number and Name		
Apt. Number	City	State	Zip Code

To be completed by an attorney or accredited representative (if any)**.**	☐ **Select this box if Form G-28 is attached.**	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)

Part F. To Be Completed at Asylum Interview, if Applicable

NOTE: *You will be asked to complete this part when you appear for examination before an asylum officer of the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS).*

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are ☐ all true or ☐ not all true to the best of my knowledge and that correction(s) numbered ____ to ____ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

Signature of Applicant	Date *(mm/dd/yyyy)*
Write Your Name in Your Native Alphabet	Signature of Asylum Officer

Part G. To Be Completed at Removal Hearing, if Applicable

NOTE: *You will be asked to complete this Part when you appear before an immigration judge of the U.S. Department of Justice, Executive Office for Immigration Review (EOIR), for a hearing.*

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are ☐ all true or ☐ not all true to the best of my knowledge and that correction(s) numbered ____ to ____ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

Signature of Applicant	Date *(mm/dd/yyyy)*
Write Your Name in Your Native Alphabet	Signature of Immigration Judge

A-Number *(If available)*	Date
Applicant's Name	Applicant's Signature

List All of Your Children, Regardless of Age or Marital Status

(**NOTE:** *Use this form and attach additional pages and documentation as needed, if you have more than four children)*

1. Alien Registration Number (A-Number) *(if any)*	**2.** Passport/ID Card Number *(if any)*	**3.** Marital Status *(Married, Single, Divorced, Widowed)*	**4.** U.S. Social Security Number *(if any)*
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Gender ☐ Male ☐ Female
13. Is this child in the U.S. ? ☐ Yes *(Complete Blocks 14 to 21.)* ☐ No *(Specify location):* _____			
14. Place of last entry into the U.S.	**15.** Date of last entry into the U.S. *(mm/dd/yyyy)*	**16.** I-94 Number *(If any)*	**17.** Status when last admitted *(Visa type, if any)*
18. What is your child's current status?	**19.** What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	**20.** Is your child in Immigration Court proceedings? ☐ Yes ☐ No	
21. If in the U.S., is this child to be included in this application? *(Check the appropriate box.)* ☐ Yes *(Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)* ☐ No			

1. Alien Registration Number (A-Number) *(if any)*	**2.** Passport/ID Card Number *(if any)*	**3.** Marital Status *(Married, Single, Divorced, Widowed)*	**4.** U.S. Social Security Number *(if any)*
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Gender ☐ Male ☐ Female
13. Is this child in the U.S. ? ☐ Yes *(Complete Blocks 14 to 21.)* ☐ No *(Specify location):* _____			
14. Place of last entry into the U.S.	**15.** Date of last entry into the U.S. *(mm/dd/yyyy)*	**16.** I-94 Number *(If any)*	**17.** Status when last admitted *(Visa type, if any)*
18. What is your child's current status?	**19.** What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	**20.** Is your child in Immigration Court proceedings? ☐ Yes ☐ No	
21. If in the U.S., is this child to be included in this application? *(Check the appropriate box.)* ☐ Yes *(Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)* ☐ No			

Additional Information About Your Claim to Asylum

A-Number *(if available)*	Date
Applicant's Name	Applicant's Signature

NOTE: *Use this as a continuation page for any additional information requested. Copy and complete as needed.*

Part _____

Question _____