OMB No. 1615-0037; Expires 05/31/2019

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

I-730, Refugee/Asylee Relative Petition

FOR USCIS OFFICE ONLY

Section of Law	**Action Stamp**	**Receipt**
☐ 207 (c)(2) Spouse ☐ 207 (c)(2) Child ☐ 208 (b)(3) Spouse ☐ 208 (b)(3) Child		
Reserved		**Remarks**

☐ Beneficiary Not Previously Claimed
☐ Beneficiary Previously Claimed On: _____ (e.g., Form I-590, Form I-589, etc.) CSPA Eligible: ☐ Yes ☐ No ☐ N/A

START HERE - Type or print legibly in black ink.

My Status: ☐ Refugee ☐ Lawful Permanent Resident based on previous Refugee status
☒ Asylee ☐ Lawful Permanent Resident based on previous Asylee status

The beneficiary is my: ☐ Spouse
☒ Unmarried child who is a (n): ☒ Biological Child ☐ Stepchild ☐ Adopted Child

Number of relatives for whom I am filing separate Form I-730s: 1 (1 of 1)

Part 1. Information About You, the Petitioner

Family Name (Last name), Given Name (First name), Middle Name:
Client, Catherine

Address of Residence (Where you physically reside)
Street Number and Name: 123 Home Street
Apt. Number: A1
City: New York
State or Province: NY
Country: United States
Zip/Postal Code: 11111

Mailing Address (If different from residence) - C/O:
Andrea Attorney of Amazing Law Firm
Street Number and Name: 123 Pro Bono Street
Apt. Number:
City: New York
State or Province: NY
Country: United States
Zip/Postal Code: 11111

Telephone Number including Country and City/Area Code:
2122122121

Your E-Mail Address, if available:
andrea@amazinglawfirm.com

Gender: a. ☐ Male b. ☒ Female
Date of Birth (mm/dd/yyyy): 01/01/1985
Country of Birth: Russia
Country of Citizenship/Nationality: Russia
U.S. Alien Registration Number: A- 0 0 0 0 0 0 0 0 0
U.S. Social Security Number (If applicable): 0 0 0 0 0 0 0 0 0

Part 2. Information About Your Alien Relative, the Beneficiary

Family Name (Last name), Given Name (First name), Middle Name:
Child, Elizabeth

Address of Residence (Where the beneficiary physically resides)
Street Number and Name: 123 Foreign Street
Apt. Number:
City: Moscow
State or Province:
Country: Russia
Zip/Postal Code:

Mailing Address (If different from residence) - C/O:
Galina Guardian
Street Number and Name: 123 Foreign Street
Apt. Number
City: Moscos
State or Province:
Country: Russia
Zip/Postal Code:

Telephone Number including Country and City/Area Code:
11111111111

The Beneficiary's E-Mail Address, if available:

Gender: a. ☐ Male b. ☒ Female
Date of Birth (mm/dd/yyyy): 11/11/2011
Country of Birth: Russia
Country of Citizenship/Nationality: Russia
U.S. Alien Registration Number: A-
U.S. Social Security Number (If applicable):

Part 1. Information About You, the Petitioner (Continued)

Other Names Used (Including maiden name):

None

If married, Name of Spouse, Date (mm/dd/yyyy), and Place of Present Marriage:

Hal Husband 03/03/2010 Moscow Russia

If previously married, names of prior spouses:

not applicable

Dates (mm/dd/yyyy) and Places Previous Marriages Ended: Please provide documentation indicating how marriages ended (e.g., death certificate, divorce certificate, etc.):

not applicable

Date (mm/dd/yyyy) and Place Asylee Status was granted in the United States

01/01/2016 New York

OR

Date (mm/dd/yyyy) and Place you received your approval for Refugee Status while living abroad

not applicable

If You Were Approved for Refugee Status, Date (mm/dd/yyyy) and Place Admitted to the United States as a Refugee:

not applicable

Part 2. Information About Your Alien Relative, the Beneficiary (Continued)

Other Names Used (Including maiden name):

None

If married, Name of Spouse, Date (mm/dd/yyyy), and Place of Present Marriage:

not applicable

If previously married, names of prior spouses:

not applicable

Dates (mm/dd/yyyy) and Places Previous Marriages Ended: Please provide documentation indicating how marriages ended (e.g., death certificate, divorce certificate, etc.):

not applicable

☐ Beneficiary is currently in the United States.

☒ Beneficiary is outside the United States and will apply for travel authorization at a USCIS Office or a U.S. Embassy or consulate in:

Moscow Russia

City and Country

To Be Completed By Attorney or Representative, if any.

☒ Fill in box if G-28 is attached to represent the petitioner.

Volag Number:

Attorney State License Number: 555555

Part 2. Information About Your Alien Relative, the Beneficiary (Continued)

Name and **mailing** address of the beneficiary written in the language of the country where he or she now **resides**:

Family Name: Given Name: Middle Name:

Address - C/O:

Street Number and Name: Apt. Number:

City/State or Province: Country: Zip/Postal Code:

Check the box, a. through d., that applies:

a. ☒ The beneficiary has never been in the United States

b. ☐ The beneficiary is now in immigration court proceedings in the United States Where?

c. ☐ The beneficiary has never been in immigration court proceedings in the United States

d. ☐ The beneficiary is not now in immigration court proceedings in the United States, but has been in the past. Where?

What is the beneficiary's native language?	Is the beneficiary fluent in English?	What other languages does the beneficiary speak fluently:
Russian	☒ No ☐ Yes	None

Part 2. Information About Your Alien Relative, the Beneficiary (Continued)

List Each of the beneficiary's entries into the United States, if any, beginning with the most recent entry. Submit a copy of each I-94 and/or copy of the beneficiary's passport showing all the entry and exit stamps for each entry. Attach an additional sheet if the beneficiary has more than two entries into the United States:

Date of Arrival (mm/dd/yyyy):	Place (City and State): Not applicable	Status:
I-94 Number:	Date Status Expires (mm/dd/yyyy):	Passport Number:
Travel Document Number:	Expiration Date for Passport or Travel Document:	Country of Issuance for Passport or Travel Document:

Date of Arrival (mm/dd/yyyy):	Place (City and State):	Status:
I-94 Number:	Date Status Expires (mm/dd/yyyy):	Passport Number:
Travel Document Number:	Expiration Date for Passport or Travel Document:	Country of Issuance for Passport or Travel Document:

Part 3. Two-Year Filing Deadline

Are you filing this application more than two years after the date you were admitted to the United States as a refugee or granted asylee status? ☐ Yes ☒ No

If you answered "Yes" to the previous question, explain the delay in filing and submit evidence to support your explanation (Attach additional sheets of paper if necessary):

Part 4. Warning

WARNING: Any beneficiary who is in the United States illegally is subject to removal if Form I-730 is not granted by USCIS. Any information provided in completing this petition may be used as a basis for the institution of, or as evidence in, removal proceedings, even if the petition is later withdrawn. Unexcused failure by the beneficiary to appear for an appointment to provide biometrics (such as fingerprints and photographs) and biographical information within the time allowed may result in denial of Form I-730. Information provided on this form and biometrics and biographical information provided by the beneficiary may also be used in producing an Employment Authorization Document if the beneficiary is granted derivative refugee or asylee status.

Part 5. Petitioner's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-730 Instructions before completing this part.

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 I understand every question and instruction on this petition and my answer to every question.

1.b. ☐ The interpreter named in **Part 7.** read to me every question and instruction on this petition 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 8.**, Andrea Attorney, prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

4. Petitioner's Mobile Telephone Number (if any)

5. Petitioner's Email Address (if any)

Petitioner's Declaration and 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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

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

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I provided or authorized all of the information contained in, and submitted with, my petition;

2) I reviewed and understood all of the information in, and submitted with, my petition; and

3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Petitioner's Signature

6.a. Petitioner's Signature

6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required evidence listed in the Instructions, USCIS may deny your petition.

Part 6. Beneficiary's Statement, Contact Information, Declaration, Certification, and Signature if in the United States

NOTE: Read the information on penalties in the **Penalties** section of the Form I-730 Instructions before completing this part.

NOTE: If the beneficiary is not currently in the United States, or is not 14 years of age or older, this section should be left blank.

Beneficiary'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 I understand every question and instruction on this petition and my answer to every question.

1.b. ☐ The interpreter named in **Part 7.** read to me every question and instruction on this petition 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 8.**, _____, prepared this petition for me based only upon information I and the petitioner provided or authorized.

Beneficiary's Contact Information

3. Beneficiary's Daytime Telephone Number

4. Beneficiary's Mobile Telephone Number (if any)

5. Beneficiary's Email Address (if any)

Beneficiary's Declaration and 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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

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

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I provided or authorized all of the information contained in, and submitted with, my petition;

2) I reviewed and understood all of the information in, and submitted with, my petition; and

3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Beneficiary's Signature

6.a. Beneficiary's Signature

6.b. Date of Signature (mm/dd/yyyy)

NOTE: This petition must be completely filled out and all required evidence submitted or USCIS may deny this petition.

Part 7. Contact Information, Certification and Signature of the Person Interpreting this Petition, if Other Than the Petitioner or Beneficiary

Provide the following information about the interpreter used to complete this petition. **NOTE:** If you did not use an interpreter to help you complete this petition, leave this section blank.

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. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code + 4 -

Province

Postal Code

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)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and _____, which is the same language specified in **Part 5. or Part 6.**, **Item Number 1.b.**, and I have read to this petitioner, beneficiary, or to them both (if the beneficiary is in the United States and 14 years of age or older) in the identified language, every question and instruction on this petition and the petitioner's or the beneficiary's answer to every question. The petitioner and/or beneficiary informed me that he and/or she understand every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and the **Beneficiary's Declaration and Certification**, and have verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

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

Part 8. Contact Information, Certification and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Beneficiary

Provide the following information about the preparer. **If you filled out this petition yourself (without a preparer), please leave this section blank.**

Preparer's Full Name

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

Attorney

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

Andrea

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

Amazing Law Firm

Preparer's Mailing Address

3. Street Number and Name

123 Pro Bono Street

Apt. ☐ Ste. ☐ Flr. ☐ Number

City or Town

New York

State

NY

ZIP Code + 4

11111 -

Province

Postal Code

Country

USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

2122122121

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

6. Preparer's Email Address (if any)

andrea@amazinglawfirm.com

Preparer's Statement

7. **a.** ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

b. ☒ I am an attorney or accredited representative and my representation of the applicant in this case ☒ extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may be obliged to 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 Geographical Confines of the United States, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner and/or the beneficiary. The petitioner and beneficiary (if the beneficiary is in the United States and 14 years of age or older) then reviewed this completed petition and informed me that he and/or she understands all of the information contained in, and submitted with, his and/or her petition, including the **Petitioner's Declaration and Certification**, and the **Beneficiary's Declaration and Certification** that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner and beneficiary provided to me or authorized me to obtain or use.

Part 8. Contact Information, Certification and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Beneficiary (Continued)

Preparer's Signature

8.a. Preparer's Signature

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

Part 9. To Be Completed at Interview of Beneficiary, If Applicable (14 years of age or older)

Beneficiaries in the United States will be interviewed by USCIS officers. Their petitioners may also be interviewed. Beneficiaries living overseas will be interviewed by a USCIS officer or a Department of State (DOS) consular officer.

I swear (affirm) that I know the contents of this petition that I am signing, including the attached documents and supplements, and that they are ☐ all true or ☐ not all true to the best of my knowledge and that corrections numbered _____ to _____ were made by me or at my request. With these corrections, the information on this form is now true.

Signature of Beneficiary

Signed and sworn before me by the beneficiary named herein on: _____

Date (mm/dd/yyyy)

Write your Name in your Native Alphabet

Signature of USCIS Officer or DOS Consular Officer

☐ Beneficiary Approved for Travel, Admission Code: _____

☐ Petition Returned to Service Center via NVC

CBP Action Block