

Application for Permission to Reapply for Admission Into the United States After Deportation or Removal

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-212 OMB No. 1615-0018 Expires 03/31/2027

		For DHS Use On	ly	
Alien Registration Number		Fee Stamp		Action Block
A				
Initial Receipt Transferred In				
 Approved	Relocated Returne	d Remark	s	
☐ INA 212(a)(9)(A) for Advance				DHC OCC. No. of and a
Approval ☐ INA 212(a)(9)(A)				DHS Office Name/Location
☐ INA 212(a)(9)(C)	Transferred Out			
Denied				
To be completed by an Se	lect this box if	Attorney State Ba	r Number	Attorney or Accredited Representative
Attorney or Accredited Fo	rm G-28 or	(if applicable)		USCIS Online Account Number (if any)
Representative (If any).	rm G-28I is ached.			
► START HERE - Type or print i	n black ink.			
		4 a	Family Nam	ne
Part 1. Information About Y	(ou		(Last Name))
1. Alien Registration Number (A-	Number) (if any)	4.b.	Given Name (First Name	
► A-		4.c.	Middle Nam	,
Your Full Name				
2.a. Family Name		Mai	ling Addre	ess <u>USPS ZIP Code Lookup</u>
(Last Name)		NOT	E: If you are	e outside the United States, provide a U.S.
2.b. Given Name (First Name)			-	f available. If a U.S. mailing address is not e your mailing address abroad.
2.c. Middle Name				Name (if any)
				value (if air)
Other Names Used		5.b.	Street Numb	per
Provide all other names you have eve		liases,	and Name	
maiden name, and nicknames. If you complete this section, use the space p		5.c.	Apt.	Ste. Flr.
Additional Information.	rovided in Ture 3.	5.d.	City or Tow	rn 📗
3.a. Family Name (Last Name)		5.e.	State	5.f. ZIP Code
3.b. Given Name (First Name)		5.g.	Province	
3.c. Middle Name		5.h.	Postal Code	
		5.i.	Country	

Pai	rt 1. Information About You (continued)	If you seek an immigrant or nonimmigrant visa and you are or will file your application for consent to reapply with your
6.	Is your mailing address the same address where you currently live (physical address)? Yes No	immigrant or nonimmigrant visa application, provide the information requested in Item Numbers 16 17.b.
	If you answered "No" to Item Number 6. , provide your current physical address in Item Numbers 7.a 7.f.	16. The Department of State (DOS) Consular Case Number (if available)
Phy	vsical Address	The Location of the U.S. Embassy or U.S. Consulate Where
7.a.	Street Number and Name	Your Application for an Immigrant Visa is Being or Will Be Made
7.b.	Apt. Ste. Flr.	17.a. City or Town
7.c.	City or Town	17.b. Country
7.d.	State 7.e. ZIP Code	
7.f. 7.g.	Province Postal Code	If you are seeking consent to reapply in connection with your application to adjust your status to that of a lawful permanent
Ü	Country	resident, provide information in Item Numbers 18.a 18.c. 18.a. USCIS Receipt Number (if any)
Oth	ner Information About You	18.b. Where did you file your application (for example, "USCIS Office Name" or "Lockbox")?
8.	U.S. Social Security Number (if any)	
0		18.c. Date Filed (mm/dd/yyyy)
9.	U.S. Online Account Number (if any)	19. Are you submitting Form I-601, Application for Waiver of Grounds of Inadmissibility, along with this application?
10.	Gender Male Female	Yes No
11.	Date of Birth (mm/dd/yyyy)	If you answered "No," provide the information requested in Item Numbers 20.a 20.c. about previously filed
12.	City or Town of Birth	Forms I-601 (if any): 20.a. USCIS Receipt Number for Form I-601 (if any)
13.	State or Province of Birth (if applicable)	
10.	State of Frontier of Britin (if applicable)	20.b. Where did you file your application (for example, "USCIS Office Name" or "Lockbox")?
14.	Country of Birth	
15.	Country of Citizenship or Nationality	20.c. Date Filed (mm/dd/yyyy)

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Part 2. Reasons You Are Filing Form I-212

If you are inadmissible to the United States for the following reason, select "Yes" and then select the appropriate boxes. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

Removal	as	an	Arriving	Alien	(INA	Section
212(a)(9)	(A	(i))			

1.a.	I have been removed as an arriving alien in expedited			
	removal proceedings under INA section 235(b)(1) or I was removed at the end of proceedings under INA section 240 as an arriving alien.			
1.b.	☐ I have only been removed once, and my last removal was less than five years ago.			
1.c.	I have been removed at least two or more times, and my last removal was less than 20 years ago.			
1.d.	I have been convicted of an aggravated felony in the United States or abroad, before or after my removal from the United States. Provide information on your aggravated felony convictions in Part 9. Additional Information and include the required evidence.			
2.	Date You Were Removed From the United States			
	(mm/dd/yyyy)			
	tion From Where You Were Removed			
3.	City or Town			
4.	State			
	noval as a Deportable Alien (INA Section (a)(9)(A)(ii))			
5.a.	I have been removed as a deportable alien under INA section 240 or any other provision of the law, or I departed the United States while an order of removal was outstanding. Yes No			
5.b.	☐ I have only been removed once and my removal was less than 10 years ago.			
5.c.	☐ I have been removed two or more times, and my last removal was less than 20 years ago.			
5.d.	I have been convicted of an aggravated felony in the United States or abroad, before or after my removal from the United States. Provide information on your aggravated felony convictions in Part 9. Additional Information and include the required evidence.			
6.	Date You Were Excluded, Deported, or Removed From the United States (mm/dd/yyyy)			

Loca	tion From Where You Were Removed	[
7.a.	City or Town	
7.b.	State	
	ry After Unlawful Presence in ear (INA Section 212(a)(9)(C)(00 0 0
8.	I entered or attempted to enter the Ur being admitted or paroled, after havin present in the United States on or after period of more than one year, in the a	ng been unlawfully er April 1, 1997, for
	NOTE: If you answered "Yes" to Itall the time periods during which you present in the United States (includin which you overstayed your lawful state your most recent period of unlawful pattach evidence demonstrating that your state the United States for 10 year departure.	were unlawfully g any periods in atus). Begin with presence. Also bu have <i>remained</i>
Perio	ods of Unlawful Presence	
9.a.	From (mm/dd/yyyy)	
9.b.	To (mm/dd/yyyy)	
10.	Date You Departed the United States of Unlawful Presence (mm/dd/yyyy)	After Your Period
	tion Where You Departed the United S	States After Your
11.a.	City or Town	
11.b	State	
	tion Where You Reentered or Attempted States	ted to Reenter the
12.a.	City or Town	
12.b.	State	
13.	Date You Attempted to Unlawfully E	

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(mm/dd/yyyy)

	t 2. Reasons You Are Filing Form I-212 ntinued)		tizen or L rs (if any)	-	ent Resident Family
	ry After Removal (INA Section (a)(9)(C)(i)(II))	the space j	provided in	extra space to con Part 9. Addition	nplete this section, use al Information.
14.	I entered or attempted to enter the United States without being admitted or paroled after having been excluded, deported, or removed. NOTE: If you answered "Yes" to Item Number 14., list all the dates when you were excluded, deported, or removed from the United States. If you need extra space to complete this section, use the space provided in Part 9. Additional Information.	3.b. Give (Firs 3.c. Mid 3.d. Rela	st Name) en Name st Name) dle Name ationship		
15.	Date You Were Excluded, Deported, or Removed From the United States (mm/dd/yyyy)	4.a.	ve is (Selec A lawful p A U.S. citi	ermanent resident	
	tion Where You Reentered or Attempted to Reenter the ed States After Your Exclusion, Deportation, or Removal				
16.a.	City or Town			hic Information ct only one box)	on
16.b.	State		Hispanic o	•	
17.	Date You Entered or Attempted to Reenter the United States After Exclusion, Deportation, or Removal (mm/dd/yyyy) t 3. Reasons For Your Request For		White Asian Black or A	l l applicable boxe African American Indian or Alaska N	
Per	mission to Reapply			waiian or Other Pa	
	Department of Homeland Security (DHS) permits you to er the United States, what immigration status will you seek?	3. Heig		Feet	Inches
 1.a. 1.b. 1.c. 1.d. 	Permanent Resident Visitor Student Other (Explain)		_	ect only one box) Blue Green Pink	Pounds
2.	Explain Why You Would Like to Reenter the United States NOTE: If you need extra space to complete this section, use the space provided in Part 9. Additional Information.	6. Hair		lect only one box)	

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Part 5. Additional Information if Filing with CBP

If you are filing this application with Customs and Border Protection (CBP), provide the information requested in **Item Numbers 1.a. - 40.c.**

Address History

Provide physical addresses for everywhere you have lived during the last ten years, whether inside or outside the United States. Provide your current address first. If you are unsure of the exact date, provide the closest approximate date to the best of your knowledge. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

Physical Address 1 (current address)

1.a. Street Number and Name

1.b. Apt. Ste. Flr.

1.c. City or Town

1.d. State 1.e. ZIP Code

1.f. Province

1.g. Postal Code

1.h. Country

Dates of Residence

2.a.	From (mm/dd/yyyy)	
2.b.	To (mm/dd/yyyy)	

Physical Address 2 **3.a.** Street Number

3.h. Country

and Name

3.b.	Apt. Ste. Flr.
3.c.	City or Town
3.d.	State 3.e. ZIP Code
3.f.	Province
3.g.	Postal Code

Date	s of Residence	
4.a.	From (mm/dd/yyyy)	

m/dd/yyyy)
m/dd/yyyy)

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you are unsure of the exact employment date, provide the closest approximate date to the best of your knowledge. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

Employer 1 (current or most recent)

5.	Name of Employer or Company					
Addr	Address of Employer or Company					
6.a.	Street Number and Name					
6.b.	Apt. Ste. Flr.					
6.c.	City or Town					
6.d.	State 6.e. ZIP Code					
6.f.	Province					
6.g.	Postal Code					
6.h.	Country					
7.	Your Occupation					
Dates of Employment						
8.a.	From (mm/dd/yyyy)					
8.b.	To (mm/dd/yyyy)					

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	5. Additional Information if Filing with (continued)	17.	Country of Birth
Emplo	oyer 2	18.	Current City or Town of Residence (if living)
9.	Name of Employer or Company		
		19.	Current Country of Residence (if living)
Addre	ess of Employer or Company		
	Street Number and Name	Info	rmation About Your Father
	Apt. Ste. Flr.	Fath	er's Legal Name
		20.a.	Family Name (Last Name)
10.c.	City or Town	20.b	. Given Name
10.d.	State 10.e. ZIP Code	20 a	(First Name) Middle Name
10.f.	Province		er's Name at Birth (if different than above)
10.g.	Postal Code		Family Name
	Country		(Last Name)
10.11.	Country	21.b	Given Name (First Name)
11.	Your Occupation	21.c.	Middle Name
		22.	Date of Birth (mm/dd/yyyy)
Dates	of Employment	23.	City or Town of Birth
12.a.	From (mm/dd/yyyy)		
12.b.	To (mm/dd/yyyy)	24.	Country of Birth
Info	rmation About Your Parents	25.	Current City or Town of Residence (if living)
Infor	mation About Your Mother	26.	Current Country of Residence (if living)
Mothe	er's Legal Name		, , ,
	Family Name (Last Name)	T C	
13.b.	Given Name (First Name)	v	ormation About Your Marital History
	Middle Name	27.	What is your current marital status?
	er's Name at Birth (if different than above)		☐ Single, Never Married ☐ Legally Separated ☐ Marriage Annulled
	Family Name		Divorced Other
	(Last Name) Given Name		Widowed
	(First Name)	28.	How many times have you been married (including
14.c.	Middle Name		annulled marriages and marriages to the same person)?
15.	Date of Birth (mm/dd/yyyy)		
16.	City or Town of Birth		

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Part 5. Additional Information if Filing with CBP (continued)

Information About Your Current Marriage (including if you are legally separated)

If you are currently married, provide the following information about your current spouse.

Current Spouse's Legal Name **29.a.** Family Name (Last Name) 29.b. Given Name (First Name) **29.c.** Middle Name A-Number (if any) ► A-30. Current Spouse's Date of Birth (mm/dd/yyyy) 31. Date of Marriage to Current Spouse (mm/dd/yyyy) 32. Current Spouse's Place of Birth 33.a. City or Town 33.b. State or Province 33.c. Country Place of Marriage to Current Spouse 34.a. City or Town **34.b.** State or Province **34.c.** Country

Information About Prior Marriages (if any)

If you have been married before, whether in the United States or in any other country, provide the following information about your prior spouse. If you have had more than one previous marriage, use the space provided in **Part 9. Additional Information** to provide the information below.

Prior Spouse's Legal Name (provide family name before marriage)

m5c)
Family Name (Last Name)
Given Name (First Name)
Middle Name
Prior Spouse's Date of Birth (mm/dd/yyyy)
Date of Marriage to Prior Spouse (mm/dd/yyyy)
of Marriage to Prior Spouse
City or Town
State or Province
Country
Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)
Where Marriage with Prior Spouse Legally Ended
City or Town
State or Province
Country

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	t 6. Applicant's Contact Information, tification, and Signature		terpreter's Contact Information
	and Digitature	3.	Interpreter's Daytime Telephone Number
App	licant's Contact Information	4.	Interpreter's Mobile Telephone Number (if any)
	de your daytime telephone number, mobile telephone per (if any), and email address (if any).		(
l.	Applicant's Daytime Telephone Number	5.	Interpreter's Email Address (if any)
2.	Applicant's Mobile Telephone Number (if any)	In	terpreter's Certification and Signature
3.	Applicant's Email Address (if any)	and and	I have interpreted every question on the application and
App	licant's Certification and Signature	que	ructions and interpreted the applicant's answers to the stions in that language, and the applicant informed me that
all of with reme in Part 'contain the recorrection all terms and the remember in the remaining and the remember in the remember in the remaining and the remember in the remaining and the remember in the remaining and the remaini	ify, under penalty of perjury, that I provided or authorized the responses and information contained in and submitted my application, I read and understand or, if interpreted to a language in which I am fluent by the interpreter listed in 7., understood, all of the responses and information ined in, and submitted with, my application, and that all of sponses and the information are complete, true, and ct. Furthermore, I authorize the release of any information any and all of my records that USCIS may need to mine my eligibility for an immigration request and to other es and persons where necessary for the administration and dement of U.S. immigration law.	app 6. Pa Sig	runderstood every instruction, question, and answer on the lication. Interpreter's Signature Date of Signature (mm/dd/yyyy) rt 8. Contact Information, Declaration, and gnature of the Person Preparing this oplication, if Other Than the Applicant
	Applicant's Signature	Pr	eparer's Full Name
	Date of Signature (mm/dd/yyyy)	1.	Preparer's Family Name (Last Name)
out th	E TO ALL APPLICANTS: If you do not completely fill is application or fail to submit required documents listed Instructions, USCIS may deny your application.		Preparer's Given Name (First Name)
	7. Interpreter's Contact Information,	2.	Preparer's Business or Organization Name (if any)
Cer	tification, and Signature	Pro	eparer's Contact Information
Inte	rpreter's Full Name	3.	Preparer's Daytime Telephone Number
l.a.	Interpreter's Family Name (Last Name)		
		4.	Preparer's Mobile Telephone Number (if any)

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5.

Preparer's Email Address (if any)

Interpreter's Given Name (First Name)

2.

Interpreter's Business or Organization Name

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that they understand the responses and information in or submitted with the application.

Preparer's Signature							
Date of Signature (mm/dd/yyyy	7)						

5.a. Page Number 5.b.	5.a.			ation	forma	al Inf	on	t 9. Additio	Par
ge 5.d.	5.d.	u need more s of this page a separate umber (if any r, Part	7. If yo e copies r attach id A-Nu Numbe	ce belownay make ication of name are Page I	the space, you mand a specific the space and speci	, use the vided, you that this print t; indicumber	pro e w pe o hee	ou need extra spain this application that is pomplete and file tof paper. Type top of each shaber, and Item and date each shaber to be to	withing space to constant sheet at the Num
								Family Name (Last Name) Given Name	
							г	(First Name)	
					A-	ny) > 1	L	Middle Name A-Number (if	1.c. 2.
ber 6.a. Page Number 6.b.	6.a.	Item Numbe	3.c.	lumber	Part Nu	3.b. Ⅰ	r]	Page Number	3.a.
6.d.	6.d.]		3.d.
ber 7.a. Page Number 7.b. 7.d.		Item Numbe	4.c.	Jumber	Part Nu	4.b. I		Page Number	4.a. 4.d.

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