

Application to Adjust Status From Temporary to Permanent Resident (Under Section 245A of the INA)

USCIS Form I-698

OMB No. 1615-0035 Expires 12/31/2023

Department of Homeland Security

U.S. Citizenship and Immigration Services

	Applicant Interviewed	Receipt	Action Block				
For USCIS Use	Date:						
	Date of Adjustment						
Only							
v	Date:	Remarks					
► START HERE - Type or print in black ink.							

Part 1. Information About You 1. Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name Name as it Appears on Your Employment Authorization Document (Form I-766) **A.** Family Name (Last Name) Given Name (First Name) Middle Name **B.** Provide the reason for a difference in the names, if any (marriage, divorce, etc.) Any Other Names Used **A.** Family Name (Last Name) Given Name (First Name) Middle Name **B.** Family Name (Last Name) Given Name (First Name) Middle Name A. If your native alphabet does not use Roman letters, type or print your name in your native alphabet. Family Name (Last Name) Given Name (First Name) Middle Name **B.** Language of Your Native Alphabet U.S. Mailing Address (USPS ZIP Code Lookup) In Care Of Name Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Is your current U.S. mailing address the same as your U.S. physical address? Yes No

If you answered "No," provide your U.S. physical address in Item Number 7.

Pa	rt 1. Information About Yo	ou (continued)		A-					
7.	U.S. Physical Address					'			
	Street Number and Name			Apt.	Ste.	Flr.	Numbe	er	
	City or Town			Sta	State ZIP Code				
8.	Alien Registration Number (A-Number) (if any) ▶ A- U.S. Social Security Number (if any) ▶								
10.	Date of Birth (mm/dd/yyyy) 11.	Gender							
		Male Female							
12.	Place of Birth								
	City or Town	Province or Foreign State	Country						
13.	Country of Citizenship or National	lity 14. Mother's First Name	15. F	ather's l	First Na	ame			
16.	Marital Status Single (Neve	er Married)	or Separated V	Widowe	d				
17.	17. List absences from the United States since becoming a temporary resident. List the most recent absence first. If you have a sin absence that exceeded 30 days or if the total of all of your absences exceeds 90 days, explain using the space provided in Part Additional Information or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of the sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.							art 8.	
	sheet; indicate the Page Number,			rs; and s					
	sheet; indicate the Page Number , Country					d date		Days	
		Part Number, and Item Number to whi	ch your answer refer		To	d date	each sh	Days	
		Part Number, and Item Number to whi	ch your answer refer		To	d date	each sh	Days	
		Part Number, and Item Number to whi	ch your answer refer		To	d date	each sh	Days	
		Part Number, and Item Number to whi	ch your answer refer		To	d date	each sh	Days	
		Part Number, and Item Number to whi	ch your answer refer		To	d date	each sh	Days	
		Part Number, and Item Number to whi	ch your answer refer		To	d date	each sh	Days	
Pa		Part Number, and Item Number to whi	ch your answer refer		To	d date	each sh	Days	
Pa 1.	Country	Part Number, and Item Number to whi Purpose of Trip On	ch your answer refer		To	d date	each sh	Days	
	Country rt 2. Biographic Information	Part Number, and Item Number to whi Purpose of Trip Durpose of Trip Not Hispanic or Latino Not Hispanic	From (mm/dd/yyyy)		To	d date	each sh	Days	
1.	Country rt 2. Biographic Information Ethnicity (Select only one box) Race (Select all applicable boxes) White Asian Bla	Part Number, and Item Number to whi Purpose of Trip Durpose of Trip Not Hispanic or Latino Not Hispanic	From (mm/dd/yyyy)	(mm	To /dd/yyy	d date	each sh	Days	
1.	Country rt 2. Biographic Information Ethnicity (Select only one box) Race (Select all applicable boxes) White Asian Bla	Part Number, and Item Number to white Purpose of Trip Purpose of Trip Diagram Hispanic or Latino Not Hispanic or African American Indian or	From (mm/dd/yyyy) anic or Latino Native Hawa	(mm	To /dd/yyy	d date	each sh	Days	
1. 2.	Country rt 2. Biographic Information Ethnicity (Select only one box) Race (Select all applicable boxes) White Asian Black	Part Number, and Item Number to white Purpose of Trip Purpose of Trip Hispanic or Latino Not Hispanic or African American Indian or Alaska Native	From (mm/dd/yyyy) anic or Latino Native Hawa	(mm	To /dd/yyy	d date	each sh	Days	
1. 2. 3.	Country rt 2. Biographic Information Ethnicity (Select only one box) Race (Select all applicable boxes) White Asian Black An Height Feet Inches	Purpose of Trip Purpose of Trip Hispanic or Latino Not Hispanic or African American Indian or Alaska Native 4. Weight Pounds	From (mm/dd/yyyy) anic or Latino Native Hawa	(mm	ign and To /dd/yyy	d date	each sh	Days ent	
1. 2. 3.	Country Tt 2. Biographic Information Ethnicity (Select only one box) Race (Select all applicable boxes) White Asian Blanch And Height Feet Inches Eye Color (Select only one box)	Purpose of Trip Purpose of Trip Hispanic or Latino Not Hispanic or African American Indian or Alaska Native 4. Weight Pounds	From (mm/dd/yyyy) anic or Latino Native Hawa Other Pacific	(mm	ign and To /dd/yyy	d date	each sh Total I Abso	Days ent	

Form I-698 Edition 12/02/21 Page 2 of 9

Pa	rt 3	. Eligibility Standards	A-							
1. You are required to have a minimal understanding of standard English and a knowledge and understanding of the history a Government of the United States. Select the appropriate box in Item A. or B. below.								and		
	A.	I will satisfy these requirements through:								
		An examination at the time of interview for lawful permanent residence; or								
	Satisfactory pursuit of a course of study recognized by the Secretary of Homeland Security (Se									
	B.	I have satisfied these requirements by:								
		Satisfactory pursuit of a course of study recognized by the Secretary (attach appropriate	doc	um	enta	tion)	; or			
		An exemption because I am 65 years of age or older, under 16 years of age, or I am phy are physically unable to comply, explain and attach relevant documentation.)	sica	lly	unat	ole to	com	ıply.	(If	you
in I eac	Part h she	Item Numbers 2 29. If you answer "Yes" to any of the questions, provide a complete explain. Additional Information or attach a separate sheet of paper. Type or print your name and et; indicate the Page Number, Part Number, and Item Number to which your answer refering "Yes" does not necessarily mean that you are not entitled to adjust status or register for law	A-N s; a	Jum nd s	ber sign	(if ar and	ıy) at date (t the	top she	of
2.		re you EVER assisted in the persecution of any person or persons on account of race, religion nion, nationality, or membership in a particular social group?	, po	litio	cal] Ye	es [No
3.	Hav	e you EVER been treated for a mental disorder, drug addiction, or alcoholism?] Ye	es [No
4.	Hav	e you EVER committed a crime or offense for which you were not arrested?					Ye	es [No
5.	and	re you EVER been arrested, cited, or detained by any law enforcement officer (including Imm Customs Enforcement (ICE), Customs and Border Protection (CBP), former Immigration and curalization Service (INS), and/or military officers) for any reason?	_	atio	n] Ye	es [No
6.	Hav	e you EVER been charged with committing any crime or offense?] Ye	es [No
7.	Hav	e you EVER been convicted of a crime or offense?] Ye	es [No
8.	Hav	e you EVER been in jail or prison?					Ye	es [No
9.		e you EVER been placed in an alternative sentencing or a rehabilitative program (for examplersion, deferred prosecution, withheld adjudication, deferred adjudication)?	le,] Ye	es [No
10.	Hav	e you EVER received a suspended sentence, been placed on probation, or been paroled?] Ye	es [No
11.	A.	Have you, or a dependent member of your immediate family, EVER received public assistant any source, including, but not limited to, the U.S. Government, any state, county, city, or much state, city, ci] Ye	es [No
	B.	If "Yes," provide the names of the recipients and their U.S. Social Security Numbers below.								
		Full Name of Recipient (Family Name, Given Name, Middle Name)	U	.S.	Soci	al Se	curi	ty N	um	ber
12.	Hav	e you EVER:								
	A.	A. Within the past 10 years been a prostitute, procured anyone for prostitution, or intend to engage in such								No
	B.	Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling	g?				Ye	es [No
	C.	C. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally?] Ye	es [No
D. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance?] Ye	es [No	

Form I-698 Edition 12/02/21 Page 3 of 9

Pa	rt 3	3. Eligibility Standards (continued)				
13.	soli mat	we you EVER engaged in, conspired to engage in, do you intend to engage in, or have you EVER cited membership or funds for, or have you EVER through any means assisted or provided any type of terial support to any person or organization that has EVER engaged or conspired to engage in sabotage napping, political assassination, hijacking, or any other form of terrorist activity?		Yes	□ N	lо
14.	Do	you intend to engage in the United States in:				
	A.	Espionage?		Yes	□ N	lo
	B.	Any activity, a purpose of which, is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means?		Yes	□ N	lо
	C.	Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information?		Yes	□ N	Ю
15.		we you EVER been a member of, or in any way affiliated with, a Communist Party or any other alitarian party?		Yes	□ N	Ю
16.	Gov	I you EVER , during the period from March 23, 1933 to May 8, 1945, in association with either the Nazivernment of Germany or any organization or government associated or allied with the Nazi Government Germany, order, incite, assist, or otherwise participate in the persecution of any person because of race, gion, national origin, or political opinion?	nt] Yes	□ N	No
17.	Hav	we you EVER claimed to be a United States citizen in writing or any other way?		Yes	□ N	lo
18.	exp	we you EVER been deported from the United States, removed from the United States at government tense, excluded within the past year, or are you NOW , or have you EVER been in exclusion, ortation, removal, or rescission proceedings?		Yes	□ N	Vо
19.	Nat mis	e you NOW under a final order of civil penalty for violating section 274C of the Immigration and ionality Act (INA) for use of fraudulent documents or have you EVER , by fraud or willful representation of a material fact, sought to procure or procured a visa, other documentation, entry into United States, or any immigration benefit?] Yes	□ N	lо
20.	Hav	we you EVER left the United States to avoid being drafted into the U.S. Armed Forces?		Yes	□ N	lo
21.		we you EVER been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence uirement and have not yet complied with that requirement or obtained a waiver?		Yes	□ N	Ю
22.		e you NOW withholding custody of a U.S. citizen child outside the United States from a person granted tody of the child?	i	Yes	□ N	lо
23.	Do	you plan to practice polygamy in the United States?		Yes	□ N	lo
24.	Hav	ve you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in	any of	the fo	ollowin	g:
	A.	Acts involving torture or genocide?		Yes	□ N	Ю
	B.	Killing any person?		Yes	□ N	Ю
	C.	Intentionally and severely injuring any person?		Yes	□ N	lo
	D.	Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?		Yes	□ N	lо
	E.	Limiting or denying any person's ability to exercise religious beliefs?		Yes	□ N	Ю
25.	Hav	ve you EVER:				
	A.	Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization?		Yes	□ N	lо
	В.	Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?		Yes	□ N	lо

Form I-698 Edition 12/02/21 Page 4 of 9

Pa	rt 3. E	ligibility Standards (continued)	A-							
26.	•	u EVER been a member of, assisted in, or participated in any group, unit, or organization which you or other persons used any type of weapon against any person or threatened to		•		Y	es		No	
27.		u EVER assisted or participated in selling, providing, or transporting weapons to any permoveledge, used them against another person?	erson	who),	Y	es		No	
28.	Have yo	u EVER received any type of military, paramilitary or weapons training?				Y	es		No	
29.	Have yo	u EVER:								
		ruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help e or group?	o an a	arme	:d	Y	es		No	
		d any person under 15 years of age to take part in hostilities, or to help or provide service ple in combat?	es to)		Y	es		No	
		ccommodations for Individuals With Disabilities and Impairments (Factorial Structions before completing this part.)	Reac	l the	info	ormat	ion	in tl	ne	
1.		requesting an accommodation because of your disabilities and/or impairments?					200		No	
1.	•						es	-	110	
	A.	If you answered "Yes," Select all applicable boxes. A. I am deaf or hard of hearing and request the following accommodations (if you are requesting a sign-language interpreter, indicate for which language (e.g., American Sign Language)):								
	В. 🗌	I am blind or have low vision and request the following accommodations:								
	С.	I have another type of disability and/or impairment (describe the nature of your disabili accommodations you are requesting):	ties a	und/c	—— эг ітр ——	nairme	nts a	nd tl	he	
				—						
Pa	rt 5 A	pplicant's Statement, Contact Information, Acknowledgement of Ap	noir	ıtm	ent s	t IIS	CIS	!		
		on Support Center, Certification, and Signature	pom	ILIII	ciit a	it OS	CIS			
_	-	ect the box for either Item A. or B. in Item Number 1. If applicable, Select the box for	Iten	ı Nıı	 mber	. 2.				
1.						_,				
1.	Applicant's Statement Regarding the Interpreter A. I can read and understand English, and have read and understand every question and instruction on this application, as well as my answer to every question. I have read and understand the Acknowledgement of Appointment at USCIS Application Support Center.									
	В.	The interpreter named in Part 6. has read to me every question and instruction on this ap	plic	atior	<u>ı,</u> as v	vell as	my			
		answer to every question, in			, a la	anguag	ge in	whi	ch I	
		am fluent. I understand every question and instruction on this application as translated provided complete, true, and correct responses in the language indicated above. The in read the Acknowledgement of Appointment at USCIS Application Support Center am fluent, and I understand this ASC Acknowledgement as read to me by my interprete	terpr to m	eter	name	d Part	t 6. h	as al	lso	
2.	Applica	nt's Statement Regarding the Preparer							_	
	in p	who is is not an attorney or accredited representative, preparing this application for reparing my application has reviewed the Acknowledgement of Appointment at USC arm and I understand the ASC Acknowledgement.								

Form I-698 Edition 12/02/21 Page 5 of 9

	Part 5. Applicant's Statement, Contact Information, AS Certification, and Signature (continued)	SC Acknowledgement, A-
	, , , , , , , , , , , , , , , , , , ,	
A_{I}	Applicant's Contact Information	
3.	3. Applicant's Daytime Telephone Number 4.	Applicant's Mobile Telephone Number (if any)
5.	5. Applicant's Email Address (if any)	
A	Acknowledgement of Appointment at USCIS Application	Support Center
I.		, understand that the purpose of a USCIS Application Support
Cei	Center (ASC) appointment is for me to provide fingerprints, photographing application is complete, true, and correct and was provided by me. declaration which USCIS will display to me at the time I provide my fing ppointment:	oh, and/or signature and to re-affirm that all of the information is I understand that I will sign my name to the following
	By signing here, I declare under penalty of perjury that I have redidentified by the receipt number displayed on the screen above, an requests filed with my application, petition, or request that I (or mand that all of the information in these materials is complete, true	and all supporting documents, applications, petitions, or my attorney or accredited representative) filed with USCIS,
tha sup cor	also understand that when I sign my name, provide my fingerprints, are hat I willingly submit this application; I have reviewed the contents of upporting documents submitted with my application were provided by completing this application, the person assisting me also reviewed this application. Support Center with me.	f this application; all of the information in my application and a y me and are complete, true, and correct; and if I was assisted in
Aį	Applicant's Certification	
req	Copies of any documents I have submitted are exact photocopies of una equire that I submit original documents to USCIS at a later date. Furthand all of my records that USCIS may need to determine my eligibility	hermore, I authorize the release of any information from any
	furthermore authorize release of information contained in this applicate other entities and persons where necessary for the administration of U.S.	
	certify, under penalty of perjury, that the information in my applicatio provided by me and are complete, true, and correct.	on and any document submitted with my application were
A_{I}	Applicant's Signature	
6.	Applicant's Signature	Date of Signature (mm/dd/yyyy
Pa	Part 6. Interpreter's Contact Information, Certification	n, and Signature
	Interpreter's Full Name	, 0
	Provide the following information concerning the interpreter.	
1.		Interpreter's Given Name (First Name)
-		
2.	2. Interpreter's Business or Organization Name (if any)	

Form I-698 Edition 12/02/21 Page 6 of 9

	ontinued) A-
In	terpreter's Mailing Address
3.	Street Number and Name Apt. Ste. Flr. Number
	City or Town State ZIP Code
	Province Postal Code Country
In	terpreter's Contact Information
4.	Interpreter's Daytime Telephone Number 5. Interpreter's Email Address (if any)
In	terpreter's Certification
I ce	rtify that:
	n fluent in English and , which is the same language vided in Part 5. , Item B. in Item Number 1. ;
	we read to this applicant every question and instruction on this application, as well as the answer to every question, in the language wided in Part 5. , Item B. in Item Number 1. ; and
	we read the Acknowledgement of Appointment at USCIS Application Support Center to the applicant in the same language vided in Part 5. , Item B. in Item Number 1.
	e applicant has informed me that he or she understands every instruction and question on the application, as well as the answer to ry question, and the applicant verified the accuracy of every answer; and
bio	e applicant has also informed me that he or she understands the ASC Acknowledgement and that by appearing for a USCIS ASC metric services appointment and providing his or her fingerprints, photographs, and/or signature, he or she is re-affirming that the tents of this application and all supporting documentation are complete, true, and correct.
In	terpreter's Signature
6.	Interpreter's Signature Date of Signature (mm/dd/yyyy)
	ort 7. Contact Information, Statement, Certification, and Signature of the Person Preparing This oplication, If Other Than the Applicant
Pr	eparer's Full Name
Pro	vide the following information concerning the preparer.
1.	Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2.	Preparer's Business or Organization (if any)

Form I-698 Edition 12/02/21 Page 7 of 9

	rt 7. Contact Information, Statement, Certification, and Signature of the rson Preparing This Application, If Other Than the Applicant (continued)
Pro	eparer's Mailing Address
3.	Street Number and Name Apt. Ste. Flr. Number \[\begin{array}{c ccccccccccccccccccccccccccccccccccc
	City or Town State ZIP Code
	Province Postal Code Country
Pro	eparer's Contact Information
4.	Preparer's Daytime Telephone Number 5. Preparer's Fax Telephone Number
6.	Preparer's Email Address (if any)
Pro	eparer'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.
	TE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you set submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.
Pro	eparer's Certification
with com app I ha	my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this application on behalf of, at the request of, and in the express consent of, the applicant. I completed this application based only on responses the applicant provided to me. After applicing the application, I reviewed it and all of the applicant's responses with the applicant, who agreed with every answer on the lication. If the applicant supplied additional information concerning a question on the application, I recorded it on the application. We also read the Acknowledgement of Appointment at USCIS Application Support Center to the applicant and the applicant informed me that he or she understands the ASC Acknowledgement.
Pro	eparer's Signature
8.	Preparer's Signature Date of Signature (mm/dd/yyyy)

Form I-698 Edition 12/02/21 Page 8 of 9

Part 8. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application 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.

1.	Family Name (Last Name)	Given Name (First Name)	Middle Name
2.	A-Number (if any) ► A-		
3.	A. Page Number B. Part Number	C. Item Number	
	D.		
4.	A. Page Number B. Part Number	C. Item Number	
	D.		
5.	A. Page Number B. Part Number	C. Item Number	
	D.		
6.	A. Page Number B. Part Number	C. Item Number	
	D		

Form I-698 Edition 12/02/21 Page 9 of 9