ADVICE TO APPLICANT

PLEASE READ CAREFULLY, FEES WILL NOT BE RETURNED.

- **I.** Aliens Eligible for Cancellation of Removal: You may be eligible to have your removal cancelled under section 240A(b) of the Immigration and Nationality Act (INA). To qualify for this benefit, you must establish in a hearing before an Immigration Judge that:
 - A. 1. Prior to the service of the Notice to Appear, you have maintained continuous physical presence in the United States for ten (10) years or more, and you have been a person of good moral character as defined in section 101(f) of the INA during such period;
 - 2. You have not been convicted of an offense covered under sections 212(a)(2), 237(a)(2), or 237(a)(3) of the INA; and
 - 3. Your removal would result in exceptional and extremely unusual hardship to your United States citizen or lawful permanent resident spouse, parent, or child, and you are deserving of a favorable exercise of discretion on your application.

OR

- **B.** 1. You have been battered or subjected to extreme cruelty in the United States by your United States citizen or lawful permanent resident spouse or parent, or you are the parent of a child of a United States citizen or lawful permanent resident and the child has been battered or subjected to extreme cruelty in the United States by such citizen or lawful permanent resident parent;
 - 2. Prior to the service of the Notice to Appear, you have maintained continuous physical presence in the United States for three (3) years or more and you have been a person of good moral character as defined in section 101(f) of the INA during such period;
 - 3. You are not inadmissible under sections 212(a)(2) or 212(a)(3) of the INA, you are not deportable under section 237(a)(1)(G) or sections 237(a)(2)-(4) of the INA, and you have not been convicted of an aggravated felony as defined under the INA;
 - 4. a. Your removal would result in extreme hardship to you or your child who is the child of a United States citizen or lawful permanent resident; or
 - b. You are a child whose removal would result in extreme hardship to you or your parent; and
 - 5. You are deserving of a favorable exercise of discretion on your application.

Note: If you have served on active duty in the Armed Forces of the United States for at least 24 months, you do not have to meet the requirements of continuous physical presence in the United States. You must, however, have been in the United States when you entered the Armed Forces. If you are no longer in the Armed Forces, you must have been separated under honorable conditions.

- **II.** Aliens NOT Eligible for Cancellation of Removal: You are not eligible for cancellation of removal under section 240A(b)(1) of the INA if you:
 - **A.** Entered the United States as a crewman after June 30, 1964;

- **B.** Were admitted to the United States as, or later became, a nonimmigrant exchange alien as defined in section 101(a)(15)(J) of the INA in order to receive graduate medical education or training, regardless of whether you are subject to or have fulfilled the 2-year foreign residence requirement of section 212(e) of the INA;
- C. Were admitted to the United States as, or later became, a nonimmigrant exchange alien as defined in section 101(a)(15)(J) of the INA, other than to receive graduate medical education or training, and are subject to the 2-year foreign residence requirement of section 212(e) of the INA, but have neither fulfilled nor obtained a waiver of that requirement;
- **D.** Are an alien who is either inadmissible under section 212(a)(3) of the INA or deportable under section 237(a)(4) of the INA;
- **E.** Are an alien who ordered, incited, assisted, or otherwise participated in the persecution of an individual because of the individual's race, religion, nationality, membership in a particular social group, or political opinion; or
- **F.** Are an alien who was previously granted relief under section 212(c) of the INA, or section 244(a) of the INA as such sections were in effect prior to the enactment of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, whose removal has previously been cancelled under section 240A of the INA.

III. How to Apply for Cancellation of Removal

If you believe that you have met all the requirements for cancellation of removal, you must answer all the questions on the attached Form EOIR-42B fully and accurately. You must pay the filing and biometrics fees and comply with the Department of Homeland Security (DHS) instructions for providing biometric and biographic information to USCIS, [available at http://uscis.gov]. You must also serve a copy of your application on the Assistant Chief Counsel for the DHS, U.S. Immigration and Customs Enforcement (ICE) as required in the proof of service on page 8 of this application, and you must file your application with the appropriate Immigration Court. Please read the following instructions carefully before completing your application.

INSTRUCTIONS

1. PREPARATION OF APPLICATION.

To apply for cancellation of removal under section 240A(b) of the Immigration and Nationality Act (INA), you must fully and accurately answer all questions on the attached Form EOIR-42B. You must also comply with all of the instructions contained in this form. These instructions have the force of law. A separate application must be prepared and executed for each person applying for cancellation of removal. An application on behalf of an alien who is mentally incompetent or is a child under 14 years of age shall be executed by a parent or guardian.

Your responses must be typed or printed legibly in ink. Do not leave any questions unanswered or blank. If any questions do not apply to you, write "none" or "not applicable" in the appropriate space.

To the extent possible, answer all questions directly on the form. If there is insufficient room to respond fully to a question, please continue your response on an additional sheet of paper. Please indicate the number of the question being answered next to your response on the additional sheet, write your alien registration number, print your name, and sign, date, and securely attach each additional sheet to the Form EOIR-42B.

2. BURDEN OF PROOF.

The burden of proof is on you to prove that you meet all of the statutory requirements for cancellation of removal for certain nonpermanent resident aliens under section 240A(b) of the INA and that you are entitled to such relief as a matter of discretion. To meet this burden, your responses to the questions on the application should be as detailed and complete as possible. You should also attach to your application any documents that demonstrate your eligibility for cancellation of removal (see "SUPPORTING DOCUMENTS" below).

3. SUPPORTING DOCUMENTS.

You should submit documentary evidence to show that you have maintained continuous physical presence in the United States for the required period. Documents which may show evidence of your physical presence in the United States include, but are not limited to, bankbooks, leases, deeds, licenses, receipts, letters, birth records, church records, school records, employment records, and evidence of tax payments.

You should submit documents which help to show that you are, and have been, a person of good moral character during the entire period of continuous physical presence in the United States required for eligibility for cancellation of removal. You should submit police records from each jurisdiction in which you resided during such period. To show good moral character, it is recommended that you submit the affidavits of witnesses attesting to your good moral character, preferably citizens of the United States, and if you are employed, your employer. The affidavit from your employer should include information regarding the nature and duration of your employment and your earnings.

You should submit official certification to establish your relationship to those you claim would suffer hardship by your removal, and if such persons are citizens of the United States or lawful permanent residents, evidence of their citizenship or lawful permanent resident status. Documentary evidence of such relationships may include, but are not limited to, birth records, marriage certificates, proof of divorce or termination of marriage, and death certificates.

You should also submit with your application copies of any documents which the Department of Homeland Security (DHS), formerly the Immigration and Naturalization Service, issued to you. You should also submit all documents which reflect payment of taxes, your criminal history, including all conviction records, and payment of child support during your physical presence in the United States. The Immigration Judge may require you to submit additional records relating to your request for cancellation of removal.

The original of all supporting documents must be available for inspection at the hearing. If you wish to have the original documents returned to you, you should also present reproductions.

4. REQUIRED BIOMETRIC AND BIOGRAPHIC INFORMATION.

Each applicant 14 years of age or older must also comply with the requirement to supply biometric and biographic information. You will be given instructions on how to complete this requirement. You will be notified in writing of the location of the Application Support Center (ASC) or the designated Law Enforcement Agency where you must go to provide biometric and biographic information. You will also be given a date and time for the appointment. It is important to furnish all the required information. Failure to comply with this requirement may result in a delay in your application or in your application being deemed abandoned and dismissed by the Immigration Court.

5. TRANSLATIONS.

Any document in a foreign language must be accompanied by an English language translation and a certificate signed by the translator stating that he/she is competent to translate the document and that the translation is true and accurate to the best of the translator's abilities. Such certification must be printed legibly or typed.

6. PHOTOGRAPHS.

Unless you are incarcerated or detained in a facility which prevents your compliance with this instruction, you must submit two glossy, unretouched, color photographs of yourself taken within 30 days of the date of this application. These photos must have a white background and must not be mounted. The dimension of your facial image in the photograph should be about one (1) inch from the chin to the top of your hair and you should be shown in full frontal/passport-style view with your eyes open. Using a pencil or felt pen, you should lightly print your name and alien registration number on the back of each photograph.

7. FEES.

Before you file your Form EOIR-42B with the Immigration Court, you must pay the required \$100 filing fee and the biometrics fee to the Department of Homeland Security (DHS). Evidence of payment of these fees in the form of a copy of the DHS, U.S. Citizenship and Immigration Services (USCIS) ASC notice of fee receipt and biometrics appointment instructions must accompany your Form EOIR-42B. These fees will not be refunded, regardless of the action taken on your application. Therefore, it is important that you read the advice, instructions, and application carefully before responding. If you are unable to pay the filing fee, you may ask the Immigration Judge to permit you to file your Form EOIR-42B without fee (fee waiver).

DO NOT SEND CASH. All fees must be submitted in the exact amount. Remittance may be made by personal check, cashier's check, certified bank check, bank international money order, or foreign draft drawn on a financial institution in the United States and payable to the "Department of Homeland Security" in United States currency. If the applicant resides in the Virgin Islands, the check or money order must be payable to the "Commissioner of Finance of the Virgin Islands." If the applicant resides in Guam, the check or money order must be made payable to the "Treasurer, Guam." Personal checks are accepted subject to collectibility. An uncollectible check will render the application and any documents issued pursuant thereto invalid. A charge of \$30.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn. When the check is drawn on an account of a person other than the applicant, the name and alien registration number of the applicant must be entered on the face of the check. All checks must be drawn on a bank located in the United States.

8. SERVING & FILING YOUR APPLICATION.

- A. You must first comply with the DHS instructions for providing biometric and biographic information to USCIS, which involves sending a copy of the application to the appropriate USCIS Service Center. The DHS instructions also address payment of the application fees.
- B. You must then serve the following documents on the Assistant Chief Counsel for DHS, U.S. Immigration and Customs Enforcement (ICE):

- a copy of your Form EOIR-42B, Application for Cancellation of Removal, with all supporting documents and additional sheets;
- a copy of the USCIS ASC notice of fee receipt and biometrics appointment instructions;
- the original Biographical Information Form G-325A; and
- a photograph of you which meets the requirements of instruction #6 above.

You must file the following documents with the appropriate Immigration Court:

- the original Form EOIR-42B with all supporting documents and additional sheets;
- a copy of the USCIS ASC notice of fee receipt and biometrics appointment instructions;
- a copy of Biographical Information Form G-325A;
- a photograph of you which meets the requirements of instruction #6 above; and
- a completed certificate showing service of these documents (See Part 10 of the Application on page 8) on the ICE Assistant Chief Counsel, unless service is made on the record at the hearing.

Retain your USCIS ASC biometrics confirmation document or a copy of your Fingerprint Card, FD-258, if applicable, as proof that your biometrics were taken, and bring it to your future Immigration Court hearings.

9. PENALTIES.

You must answer all questions on Form EOIR-42B truthfully and submit only genuine documents in support of your application. You will be required to swear or affirm that the contents of your application and the supporting documents are true to the best of your knowledge. Your answer to the questions on this form and the supporting documents you present will be used to determine whether your removal should be cancelled and whether you should be permitted to adjust your status. Any answer you give and any supporting document you present may also be used as evidence in any proceeding to determine your right to be admitted or readmitted, re-enter, pass through, or reside in the United States. Your application may be denied if any of your answers or supporting documents are found to be false.

Presenting false answers or false documents may also subject you to criminal prosecution under 18 U.S.C. section 1546 and/or subject you to civil penalties under 8 U.S.C. section 1324c if you submit your application knowing that the application, or any supporting document, contains any false statement with respect to a material fact, or if you swear or affirm that the contents of your application and the supporting documents are true, knowing that the application or any supporting documents contain any false statement with respect to a material fact. If convicted, you could be fined up to \$250,000, imprisoned for up to ten (10) years, or both. 18 U.S.C. sections 1546(a), 3559(a)(4), 3571(b)(3). If it is determined you have violated the prohibition against document fraud and a final order is entered against you, you could be subject to a civil penalty up to \$2,000 for each document used or created for the first offense, and up to \$5,000 for any second, or subsequent offense. In addition, if you are the subject of a final order for violating 8 U.S.C. section 1324c, relating to civil penalties for document fraud, you will be removable from the United States.

10. PAPERWORK REDUCTION ACT NOTICE.

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can easily be understood, and which impose the least possible burden on you to provide us with information. Often, this process is difficult because some immigration laws are very complex. The reporting burden for this collection of information is computed as follows: (1) learning about the form, 50 minutes, (2) completing the form, 2 hours, and (3) assembling and filing the form, 3 hours, for an average of 5 hours, 50 minutes per application. If you have comments regarding the accuracy of this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, you may write to the U.S. Department of Justice, Executive Office for Immigration Review, Office of the General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, Virginia 22041

PLEASE READ ADVICE AND INSTRUCTIONS BEFORE FILLING IN FORM	Fee Stamp (Official Use Only)
PLEASE TYPE OR PRINT	

PA	RT 1 - INFORMATION	ABOUT YOURS	SELF		
1) My present true name is: (Last, First, Mid	2) Alien Registration (or "A") Number(s):				
3) My name given at birth was: (Last, First, Middle)		4) Birth Place: (City and Country)			
5) Date of Birth: (Month, Day, Year)	6) Gender: Male Female	7) Height:	8) Hair Color:	9) Eye Color:	
10) Current Nationality and Citizenship:	11) Social Security Number:	12) Home Phone Number: 13) Work Phone Number:			
14) I currently reside at:		15) I have been known by these additional name(s):			
Apt. number and/or in care of					
Number and Street					
City or Town	State Zip Code				
16) I have resided in the following location years.)					
Street and Number - Apt. o	or Room # - City or Town - State	- Zip Code	Resided From: (Month, Day, Year)	Resided To: (Month, Day, Year)	
				PRESENT	
				<u> </u>	
PART 2	2 - INFORMATION ABO	OUT THIS APPL	ICATION		
17) I, the undersigned, hereby request that Act (INA). I believe that I am eligible	-	•	· · ·	gration and Nationality	
Di					
My removal would result in	n exceptional and extremely unusua UNITED STATES I CITIZEN	al hardship to my: LEGAL PERMANENT RESIDENT	TEMPORARY STATUS	NO STATUS	
spouse, who is a					
father, who is a					
mother, who is a					
child/children, who is	s/are a				
With the exception of abse	nces described in question #23, I ha	ave resided in the Unite	ed States since:		
(Month, Day, Year)			·		
I, or my child, have been ba	ttered or subjected to extreme cruelty	by a United States citize	en or lawful permanent re	esident spouse or parent.	
With the exception of abse	nces described in question #23, I ha	ave resided in the Unite	ed States since:		
(Month, Day, Year)					

PART 3 - INFORMATION ABOUT	LYOURP	KESEN	CE IN THE UNITED ST	IAIES	
18) I first arrived in the United States under the name of: (Last, First,	Middle)	19) I first	arrived in the United States on: (Mont	th, Day, Year)	
20) Place or port of first arrival: (Place or Port, City, and State)					
201					
21) I: was inspected and admitted. ☐ I entered using my Lawful Permanent R	esident card w	zhich is vali	d until		
			(Month. Day.	Year) .	
☐ I entered using a (Specify Type of Visc	visa w	hich is vali	d until(Month, Day,	Year) ·	
was not inspected and admitted. (Specify Type of Viscounty) I entered without documents. Explain:					
☐ I entered without inspection. Explain:					
Other. Explain:				· .	
22) Lapplied on for additional	time to stay at	nd it was [granted on		
22) I applied on for additional			(Month, D	ay, Year)	
and valid until, or \(\bigcup \) deni	ed on	(Month, Day,	Year) ·		
23) Since the date of my first entry, I departed from and returned	ed to the United	d States at t	the following places and on the fol	lowing dates:	
(Please list all departures regardle If you have never departed from the United Sta				his how	
Port of Departure (Place or Port, City and State) Departure Date (Mon		Purpose of Tra		Destination	
		•			
Port of Return (Place or Port, City and State) Return Date (Month,	Day, Year)	Manner of Re		Inspected and Admitted? Yes No	
Port of Departure (Place or Port, City and State) Departure Date (Mon	ıth, Day, Year)	Purpose of Tr	ravel	Destination No	
2				Inspected and Admitted?	
Port of Return (Place or Port, City and State) Return Date (Month,	Day, Year)	Manner of Re	eturn	Yes No	
24) Have you ever departed the United States: a) under an or	rder of deporta	tion, exclus	sion, or removal?	Yes No	
b) pursuant to	a grant of vol	untary depa	arture?	Yes No	
PART 4 - INFORMATION ABOUT YOU			· · · · · · · · · · · · · · · · · · ·		
25) I am not married: 26) If married, the name of my sport am married: 26)	ouse is: (Last, Fin	rst, Middle)	27) My spouse's name before man	rriage was:	
28) The marriage took place in: (City and Country)	2	(9) Date of	marriage: (Month, Day, Year)		
20) The manage took place in (e.g. and comm)		,			
30) My spouse currently resides at:	3	(1) Place an	d date of birth of my spouse: (City &	& Country; Month, Day, Year)	
Apt. number and/or in care of	L				
Number and Street	3	32) My spouse is a citizen of: (Country)			
City or Town State/Country	Zip Code				
33) If your spouse is other than a native born United States citi.		e following			
He/she arrived in the United States at: (Place or Port, City and S		-			
He/she arrived in the United States on: (Month, Day, Year)					
His/her alien registration number(s) is: A#				·	
He/she was naturalized on: (Month, Day, Year)		at			
			(City and State)		
34) My spouse \Box - is \Box - is not employed. If employed, please give salary and the name and address of the place(s) of employment.					
Full Nam	e and Address	of Employe	er	Earnings Per Week	
				(Approximate)	
				\$	
				•	

_				ge ended.		
Name of prior spouse: (Last, First, Middle)	Date marriage began: Date marriage ended:	Place marriage en (City and Country)	ded: De	escription minated	or manner of how or ended:	marriage was
36) My present spouse \Box - has \Box - which each marriage began and ended, to						spouse, the dates o
Name of prior spouse: (Last, First, Middle)	Date marriage began: Date marriage ended:	Place marriage en (City and Country)			or manner of how or ended:	marriage was
7) Have you been ordered by any court esult of a separation and/or divorce?	, or are otherwise under	any legal obligation,	to provide	e child su	pport and/or spousa	
PART 5 - INFORMAT	ION ABOUT YO	OUR EMPLOY	MENT	AND I		
38) Since my arrival into the United States, work back in time. Any periods of unemplo	I have been employed by	the following named	persons or	firms: (Pa	lease begin with pres	ent employment an
Full Name and Address of	Employer	Earnings Per Week (Approximate)	Type of Perfor		Employed From: (Month, Day, Year)	Employed To: (Month, Day, Year)
		\$				PRESENT
		\$				
		\$				
39) If self-employed, describe the nature	of the business, the nam	e of the business, its	address, ar	nd net inc	ome derived therefi	rom:
39) If self-employed, describe the nature	of the business, the nam	e of the business, its	address, ar	nd net inc	come derived therefi	rom:
(9) If self-employed, describe the nature	of the business, the nam	e of the business, its	address, ar	nd net inc	come derived therefi	rom:
9) If self-employed, describe the nature	of the business, the nam	e of the business, its	address, ar	nd net inc	ome derived therefi	rom:
0) My assets (and if married, my spouse	e's assets) in the United	States and other coun	tries, not in	ncluding	clothing and housel	nold necessities, a
0) My assets (and if married, my spouse elf Cash, Stocks, and Bonds	e's assets) in the United	States and other coun Jointly O Cash, Stoo	tries, not in	ncluding Spouse onds	clothing and housel	nold necessities, a
0) My assets (and if married, my spouse self Cash, Stocks, and Bonds	e's assets) in the United	States and other coun Jointly O Cash, Stoo Real Estat	tries, not in	ncluding 1 Spouse ands	clothing and housel	nold necessities, a
0) My assets (and if married, my spouse Self Cash, Stocks, and Bonds	e's assets) in the United : \$ \$ \$	States and other coun Jointly O Cash, Stoo Real Estat Auto (doll	tries, not in wned With ks, and Bo	ncluding Spouse onds	clothing and housel\$\$ unt owed)\$	nold necessities, a
10) My assets (and if married, my spouse Self Cash, Stocks, and Bonds	e's assets) in the United : \$ \$ \$ \$ \$	States and other coun Jointly O Cash, Stoo Real Estat Auto (doll Other (des	tries, not in wned With the ks, and Bo ear value m cribe on lin	ncluding Spouse onds inus amo	clothing and housel	nold necessities, a
O) My assets (and if married, my spouse Self Cash, Stocks, and Bonds	e's assets) in the United a second se	States and other coun Jointly O Cash, Stoo Real Estat Auto (doll Other (des or assistance (e.g. Water or assistance recei	tries, not in wned With ks, and Bo ear value m cribe on lin //elfare, Une ved, date for	ncluding Spouse onds inus amo ne below employm or which	clothing and housel\$\$ unt owed)\$\$ TOTAL \$ ent Benefits, Medic relief or assistance v	nold necessities, a
39) If self-employed, describe the nature 40) My assets (and if married, my spouse Self Cash, Stocks, and Bonds	e's assets) in the United a second se	States and other coun Jointly O Cash, Stoo Real Estat Auto (doll Other (des or assistance (e.g. Water or assistance recei	tries, not in wned With ks, and Bo ear value m cribe on lin //elfare, Une ved, date for	ncluding Spouse onds inus amo ne below employm or which	clothing and housel\$\$ unt owed)\$\$ TOTAL \$ ent Benefits, Medic relief or assistance v	nold necessities

raki 0 -	INFORMATION ADOC	OI YOUR FAMILY (Continued on page	ge 5)
43) I have(Numb	ber of) children. Please list informa	ation for each child below, include assets and e	earnings information for
children over the age of 16 who have	separate incomes:		
Name of Child: (Last, First, Middle) Child's Alien Registration Number:	Citizen of What Country: Birth Date: (Month, Day, Year)	Now Residing At: (City and Country) Birth Date: (City and Country)	Immigration Status of Child
A //.	-		_
A#: Estimated Total of Assets: \$	Estimated A	Average Weekly Earnings: \$	
A#: Estimated Total of Assets: \$	Estimated A	Average Weekly Earnings: \$	
A#:		_	
Estimated Total of Assets: \$	Estimated A	Average Weekly Earnings: \$	
44) If your application is denied, wou	ald your spouse and all of your chi	ldren accompany you to your:	
	If you a	answered "No" to any of the	
Country of Birth -		ses, please explain:	
Country of Nationality -	Yes No		
a			
Country of Last Residence -	res 🖵 No		
give full details including identity		member of your immediate family has received s ssistance, dates for which relief or assistance w	
46) Please give the requested informa show street address, city, and state, if	_	sisters, aunts, uncles, and grandparents, living o ow only country:	or deceased. As to residence
Name: (Last, First, Middle) Alien Registration Number:	Citizen of What Country: Birth Date: (Month, Day, Year)	Relationship to Me: Birth Date: (City and Country)	Immigration Status of Listed Relative
A	-		
A#: Complete Address of Current Reside	ence, if Living:		
A#: Complete Address of Current Reside	Lence if Living:		
Complete Address of Current Reside	nice, ii Living.		

PART 6 - INFORMATION ABO	OUT YOUR FAMILY (Continued))
47) If your parent is not a citizen of the United States, give the date and ple manner, and terms of admission into the United States:	lace of arrival in the United States including	ng full details as to the date,
48) My father \Box - is \Box - is not employed. If employed, please give sa	alary and the name and address of the place	e(s) of employment
Full Name and Address of Employed	<u> </u>	
run Name and Address of Emplo	yeı	Earnings Per Week (Approximate)
		\$
49) My mother 🗖 - is 🗖 - is not employed. If employed, please give sa	lary and the name and address of place(s)	of employment.
Full Name and Address of Employ	yer	Earnings Per Week (Approximate)
		\$
50) My parent's assets in the United States and other countries not includi Assets of father consist of the following: Cash, Stocks, and Bonds	Assets of mother consist of the following Cash, Stocks, and Bonds	S
55) Have you ever served in the Armed Forces of the United States? [service number:	•	
Date of entry on duty: (Month, Day, Year)		
Type of discharge: (Honorable, Dishonorable, etc.)		
I served in active duty status from: (Month, Day, Year)		
56) Have you ever left the United States or the jurisdiction of the district wh naval forces of the United States?	nere you registered for the draft to avoid beir	ng drafted into the military or

PART 7 - MISCELLANEOUS INFORMATION (Continued)						
57) Have you ev	ver deserted	d from the	e military or naval forces of the Ur	nited States while the United Sta	ites was at war?	☐ Yes ☐ No
58) If male, did you register under the Military Selective Service Act or any applicable previous Selective Service (Draft) Laws? If "Yes," please give date, Selective Service number, local draft board number, and your last draft classification:						
59) Were you ever exempted from service because of conscientious objection, alienage, or any other reason?						
or similar gi	oup in the	United St	nembership in or affiliation with ever ates or any other place since your 1 e organization, location, nature of t	6 th birthday. Include any foreig	n military service in the	
Name of	`Organizat	ion	Location of Organization	Nature of Organization	Member From: (Month, Day, Year)	Member To: (Month, Day, Year)
61) Have you ev	er:					
Yes	No		dered deported, excluded, or remo			
Yes Po overstayed a grant of voluntary departure from an Immigration Judge or the Department of Homeland Security (DHS),						
formerly the Immigration and Naturalization Service (INS)? Yes No failed to appear for removal or deportation?						
62) Have you ev		Tanca o	o appear for removar or deportation			
☐ Yes	□ No	a habitu	ual drunkard?			
Yes	No No		ose income is derived principally f	rom illegal gambling?		
Yes	□ No		o has given false testimony for the		ion henefits?	
_	Yes No one who has engaged in prostitution or unlawful commercialized vice?					
Yes No involved in a serious criminal offense and asserted immunity from prosecution?						
Yes No a trafficker of a controlled substance, or a knowing assister, abettor, conspirator, or colluder with others in any such						
			ed substance offense (not including			
Yes	☐ No		ssible or deportable on security-rela			
Yes	☐ No		o has ordered, incited, assisted, or o	-		
			e, religion, nationality, membership	· · ·		
Yes	☐ No	a persoi	n previously granted relief under s	ections 212(c) or 244(a) of the	•	has previously been
***	4 //==		ed under section 240A of the INA?			
If you answered "Yes" to any of the above questions, explain:						

		EOUS INFORMATION (Continued)	
63) Are you the beneficiary of an approved v			
If yes, can you arrange a trip outside the	United States to obtain	n an immigrant visa? 🗖 Yes 📮 No 🏻 If no, please	explain:
64) The following certificates or other suppo documents which should be attached.)	rting documents are at	ttached hereto as a part of this application: (Refer to	the Instructions for
			
			<u>. </u>
PART 8 - SIGNATURE OI	F PERSON PRE	EPARING FORM, IF OTHER THAN	NAPPLICANT
	(Read the followin	ng information and sign below)	
		est of the person named in Part 1, that the responses pass was provided to me by the applicant, and that the c	
tion was read to the applicant in a	language the applican	nt speaks fluently for verification before he or she s	igned the applica-
tion in my presence. I am aware the	nat the knowing placer	ment of false information on the Form EOIR-42B	nay subject me to
civil penalties under 8 U.S.C. 1324	tC.		
Signature of Preparer:		Print Name:	Date:
Daytime Telephone #:	Address of Preparer:	(Number and Street, City, State, Zip Code)	
()			

PART 9 - SIGNATURE

APPLICATION NOT TO BE SIGNED BELOW UNTIL APPLICANT APPEARS BEFORE AN IMMIGRATION JUDGE

I swear or affirm that I know the contents of this application that I am significant are all true to the best of my knowledge, taking into account the correction my request.	
	(Signature of Applicant or Parent or Guardian)
Subscribed and sworn to before me by the above-named applicant at	
	Immigration Judge
	Date (Month, Day, Year)
PART 10 - PROOI	F OF SERVICE
I hereby certify that a copy of the foregoing Form EOIR-42B was:	a - delivered in person a - mailed first class, postage prepaid
on to the Assistant Chief Counsel for the DH (Month, Day, Year)	S (U.S. Immigration and Customs Enforcement - ICE)
at(Number and Street, Cit	ty, State, Zip Code)
_	Signature of Applicant (or Attorney or Representative)