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

I-730, Refugee/Asylee Relative Petition

DO NOT WRITE IN THIS BLOCK - FOR USCIS OFFICE ONLY					
Section of Law 207 (c)(2) Spouse 207 (c)(2) Child 208 (b)(3) Spouse 208 (b)(3) Child	Action Stamp		Receipt		
Reserved			Remarks		
Beneficiary Not Previous Beneficiary Previously C	•	(e.g., Form I-590, Fo	orm I-589, etc.) CSPA Eligible:	· Yes No N/A	
START HERE - Type	e or print legibl	y in black ink.			
My Status: Ref			ed on previous Refugee status ed on previous Asylee status		
The beneficiary is my: Number of relatives for w		ried child who is a (n):	Biological Child Ste	epchild Adopted Child	
	-	-			
Part 1. Information About You, the PetitionerPart 2. Information About Your Alien Relative, theFamily Name (Last name), Given Name (First name), Middle Name:Family Name (Last name), Given Name (First name), Middle Name:					
Address of Residence (Where you physically reside) Street Number and Name: Apt. Number		Address of Residence (Where the beneficiary physically resides) Street Number and Name: Apt. Number			
City:		State or Province:	City:	State or Province:	
Country:		Zip/Postal Code:	Country:	Zip/Postal Code:	
Mailing Address (If diffe	rent from resider	<u> </u> nce) - C/O:	Mailing Address (If different fr	rom residence) - C/O:	
Street Number and Name	:	Apt. Number:	Street Number and Name:	Apt. Number	
City:		State or Province:	City:	State or Province:	
Country:		Zip/Postal Code:	Country:	Zip/Postal Code:	
Telephone Number including Country and City/Area Code:		Telephone Number including Country and City/Area Code:			
Your E-Mail Address, if available:		The Beneficiary's E-Mail Address, if available:			
Gender: a. Male Date of Birth (mm/dd/yyyy): b. Female		Gender: a. Male Date of Birth (mm/dd/yyyy): b. Female			
Country of Birth:	Country of C	tizenship/Nationality:	Country of Birth:	Country of Citizenship/Nationality:	
U.S. Alien Registration N		ocial Security Number licable):	U.S. Alien Registration Number	er: U.S. Social Security Number (<i>If applicable</i>):	

Part 1. Information About You, the Petition	ner	Part 2 Infor	mation About Vour A	lien Relative the	
(Continued)		Part 2. Information About Your Alien Relative, the Beneficiary (Continued)			
Other Name(s) Used (Including maiden name):		Other Name(s) Used (Including maiden name):			
If married, Name of Spouse, Date (<i>mm/dd/yyyy</i>), and Place of Present Marriage:		If married, Name of Spouse, Date (<i>mm/dd/yyyy</i>), and Place of Present Marriage:			
f previously married, name(s) of prior spouse(s):		If previously married, name(s) of Prior Spouse(s):			
Date(s) (<i>mm/dd/yyyy</i>) and Place(s) Previous Marriage(s) Ended: Please provide documentation indicating how marriage(s) ended (e.g., death certificate, divorce certificate, etc.):		Date(s) (<i>mm/dd/yyyy</i>) and Place(s) Previous Marriage(s) Ended: Please provide documentation indicating how marriage(s) ended (e.g., death certificate, divorce certificate, etc.):			
Date (<i>mm/dd/yyyy</i>) and Place Asylee Status wa United States	as granted in the	 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 			
OR Date (<i>mm/dd/yyyy</i>) and Place you received your approval for Refugee Status while living abroad		City and Country			
Torugee blacks while hving ubroad		To Be Completed By			
If You Were Approved for Refugee Status, Date (<i>mm/dd/yyyy</i>) and Place Admitted to the United States as a Refugee:		Fill in box	Attorney or Repres		
		Volag Number: Attorney State License Number:			
Part 2. Information About Your Ali	ien Relative, the		(Continued)		
Name and mailing address of the beneficiary v	vritten in the languag	ge of the countr	y where he or she now	resides:	
Family Name: G	iven Name:	<u> </u>	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 U	Jnited States	1			
b. The beneficiary is now in immigration United States Where?	court proceedings in	1 the			
c. \Box The beneficiary has never been in imm		-	ited States		
d. The beneficiary is not now in immigrat United States, but has been in the past.		s in the			
What is the beneficiary's native language? Is the beneficiary flu		uent in English? What other language(s) does the beneficiary speal fluently:		s) does the beneficiary speak	
	No Yes				

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

Part 3. 2-Year Filing Deadline

Are you filing this application more than 2 years after the date you were admitted to the United States as a refugee or granted asylee status? \square No \square Yes

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. Signature of Petitioner

Read the information on penalties in the instructions and the warning in **Part 4** before completing this section and sign below. If someone other than the beneficiary helped you to prepare this petition, that person must complete **Part 7**.

I certify or, if outside the United States, I swear or affirm, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. I authorize the release of any information from my record that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature	Print Full Name	Date (<i>mm/dd/yyyy</i>)	Daytime Telephone Number

NOTE: If you do not completely fill out this form or if you fail to submit the required documents listed in the instructions, your relative may not be found eligible for the requested benefit and this petition may be denied.

Part 6. Signature of Beneficiary, <u>if in the United States</u>	Read the information on penalties in the instructions and the warning in Part 4 before completing this section and sign below. If someone other than the petitioner helped you to prepare this petition, that person must complete Part 7 .				
NOTE: If the beneficiary is not currently in the United States, this section should be left blank.					
I certify under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. I authorize the release of any information from my record that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.					
Signature Pr	int Full Name	Date (mm/dd/yyyy)	Daytime Telephone Number		

NOTE: If you do not completely fill out this form or if you fail to submit the required documents and biometrics listed in the instructions, you may not be found eligible for the requested benefit and this petition may be denied.

Part 7. Signature of Person Preparing Form, If Other Than Petitioner or Beneficiary Above

I declare that I prepared this petition at the request of knowledge.

(name of person(s) above), and it is based on all of the information of which I have

Signature

Print Full Name

Date (*mm/dd/yyyy*) Daytime

Daytime Telephone Number

Firm Name and Address

E-Mail Address (If any)

Part 8. 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 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 correction(s) numbered to were made by me or at my request. With these corrections, the information on this form is now true.

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

Date (mm/dd/yyyy)

Signature of Beneficiary

Write your Name in your Native Alphabet

Beneficiary Approved for Travel, Admission Code:

Petition Returned to Service Center via NVC

Signature of USCIS Officer or DOS Consular Officer

CBP Action Block

pplements, and that they are