

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

I-360, Petition for Amerasian, Widow(er) or Special Immigrant

START HERE - Please type or print in black ink.

FOR USCIS USE ONLY

Part 1. Information about person or organization filing

this petition. (Individuals should use the top name line; organizations should use the second line.) If you are a self-petitioning spouse or child and do not want USCIS to send notices about this petition to your home, you may show an alternate mailing address here. If you are filing for yourself and do not want to use an alternate mailing address, skip to part 2.

Family Name		Given Name	Middle Initial
Company or Organization Name			
Address - C/O			
Street Number and Name		Apt. #	
City		State or Province	
Country		Zip/Postal Code	
U.S. Social Security #	A #	IRS Tax # (if any)	

Part 2. Classification Requested (check one):

- a. Amerasian
- b. Widow(er) of a U.S. citizen who died within the past two (2) years
- c. Special Immigrant Juvenile
- d. Special Immigrant Religious Worker
- e. Special Immigrant based on employment with the Panama Canal Company, Canal Zone Government or U.S. Government in the Canal Zone
- f. Special Immigrant Physician
- g. Special Immigrant International Organization Employee or family member
- h. Special Immigrant Armed Forces Member
- i. Self-Petitioning Spouse of Abusive U.S. Citizen or Lawful Permanent Resident
- j. Self-Petitioning Child of Abusive U.S. Citizen or Lawful Permanent Resident
- k. Other, explain: _____

Part 3. Information about the person this petition is for.

Family Name		Given Name	Middle Initial
Address - C/O			
Street Number and Name		Apt. #	
City		State or Province	
Country		Zip/Postal Code	
Date of Birth (Month/Day/Year)		Country of Birth	
U.S. Social Security #		A # (if any)	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Complete the items below if this person is in the United States:			
Date of Arrival (Month/Day/Year)		I-94#	
Current Nonimmigrant Status		Expires on (Month/Day/Year)	

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Petitioner/ Applicant Interviewed	
<input type="checkbox"/> Beneficiary Interviewed	
<input type="checkbox"/> I-485 Filed Concurrently	
<input type="checkbox"/> Bene "A" File Reviewed	
Classification	
Consulate	
Priority Date	
Remarks:	
Action Block	
To Be Completed by Attorney or Representative, if any	
<input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant	
VOLAG#	
ATTY State License #	

Part 4. Processing Information.

Below give to U.S. Consulate you want notified if this petition is approved and if any requested adjustment of status cannot be granted.

American Consulate: City	Country
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If you gave a United States address in Part 3, print the person's foreign address below. If his/her native alphabet does not use Roman letters, print his/her name and foreign address in the native alphabet.

Name	Address
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Sex of the person this petition is for. Male Female
Are you filing any other petitions or applications with this one? No Yes (How many? _____)
Is the person this petition is for in exclusion or deportation proceedings? No Yes (Explain on a separate sheet of paper)
Has the person this petition is for ever worked in the U.S. without permission? No Yes (Explain on a separate sheet of paper)
Is an application for adjustment of status attached to this petition? No Yes

Part 5. Complete only if filing for an Amerasian.

Section A. Information about the mother of the Amerasian

Family Name	Given Name	Middle Initial
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Living? No (Give date of death _____) Yes (complete address line below) Unknown (attach a full explanation)

Address

Section B. Information about the father of the Amerasian: If possible, attach a notarized statement from the father regarding parentage.

Family Name	Explain on separate paper any question you cannot fully answer in the space provided on this form.	Given Name	Middle Initial
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Date of Birth (Month/Day/Year)	Country of Birth
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Living? No (give date of death _____) Yes (complete address line below) Unknown (attach a full explanation)

Home Address

Home Phone #	Work Phone #
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At the time the Amerasian was conceived:

- The father was in the military (indicate branch of service below - and give service number here): _____
 Army Air Force Navy Marine Corps Coast Guard
 The father was a civilian employed abroad. Attach a list of names and addresses of organizations which employed him at that time.
 The father was not in the military, and was not a civilian employed abroad. (Attach a full explanation of the circumstances.)

Part 6. Complete only if filing for a Special Immigrant Juvenile Court Dependent.

Section A. Information about the Juvenile

List any other names used.

Answer the following questions regarding the person this petition is for. If you answer "no," explain on a separate sheet of paper.

Is he or she still dependent upon the juvenile court or still legally committed to or under the custody of an agency or department of a state? No Yes

Does he/she continue to be eligible for long term foster care? No Yes

Part 7. Complete only if filing as a Widow/Widower, a Self-petitioning Spouse of an Abuser, or as a Self-petitioning Child of an Abuser.

Section A. Information about the U.S. citizen husband or wife who died or about the U.S. citizen or lawful permanent resident abuser.

Family Name	Given Name	Middle Initial
Date of Birth (Month/Day/Year)	Country of Birth	Date of Death (Month/Day/Year)
He or she is now, or was at time of death a (check one):		
<input type="checkbox"/> U.S. citizen born in the United States.	<input type="checkbox"/> U.S. citizen through Naturalization (Show A #) _____	
<input type="checkbox"/> U.S. citizen born abroad to U.S. citizen parents.	<input type="checkbox"/> U.S. lawful permanent resident (Show A #) _____	
	<input type="checkbox"/> Other, explain _____	

Section B. Additional Information about you.

How many times have you been married?	How many times was the person in Section A married?	Give the date and place you and the person in Section A were married. (If you are a self-petitioning child, write: "N/A")
When did you live with the person named in Section A? From (Month/Year) _____ until (Month/Year) _____		
If you are filing as a widow/widower, were you legally separated at the time of U.S. citizen's death? <input type="checkbox"/> No <input type="checkbox"/> Yes, (attach explanation).		
Give the last address at which you lived together with the person named in Section A, and show the last date that you lived together with that person at that address:		
If you are filing as a self-petitioning spouse, have any of your children filed separate self-petitions? <input type="checkbox"/> No <input type="checkbox"/> Yes (show child(ren)'s full names):		

Part 8. Information about the spouse and children of the person this petition is for. A widow/widower or a self-petitioning spouse of an abusive citizen or lawful permanent resident should also list the children of the deceased spouse or of the abuser.

A. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child		A #
B. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Child		A #
C. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Child		A #
D. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Child		A #
E. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Child		A #
F. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Child		A #

G. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Child		A#
H. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Child		A#

Part 9. Signature.

Read the information on penalties in the instructions before completing this part. If you are going to file this petition at a USCIS office in the United States, sign below. If you are going to file it at a U.S. consulate or USCIS office overseas, sign in front of a USCIS or consular official.

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. If filing this on behalf at an organization, I certify that I am empowered to do so by that organization. I authorize the release of any information from my records, or from the petitioning organization's records, that the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.

Signature	Date
Signature of USCIS or Consular Official	Print Name Date

NOTE: If you do not completely fill out this petition or fail to submit required documents listed in the instructions, the person(s) filed for may not be found eligible for a requested benefit and the petition may be denied.

Part 10. Signature of person preparing form, if other than above. (sign below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print Your Name	Date
Firm Name and Address		