

Application for Asylum and for Withholding of Removal

Start Here - Please Type or Print. USE BLACK INK. SEE THE SEPARATE INSTRUCTION PAMPHLET FOR INFORMATION ABOUT ELIGIBILITY AND HOW TO COMPLETE AND FILE THIS APPLICATION. (Note: There is NO filing fee for this application.)

Please check the box if you also want to apply for withholding of removal under the Convention Against Torture.

PART A. I. INFORMATION ABOUT YOU

1. Alien Registration Number(s)(A#s)(If any)		2. Social Security No. (If any)	
3. Complete Last Name	4. First Name	5. Middle Name	
6. What other names have you used? (Include maiden name and aliases.)			
7. Residence in the U.S. C/O		Telephone Number	
Street Number and Name		Apt. No.	
City	State	ZIP Code	
8. Mailing Address in the U.S., if other than above		Telephone Number	
Street Number and Name		Apt. No.	
City	State	ZIP Code	
9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	10. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
11. Date of Birth (Mo/Day/Yr)	12. City and Country of Birth		
13. Present Nationality (Citizenship)	14. Nationality at Birth	15. Race, Ethnic or Tribal Group	16. Religion
17. Check the box, a through c that applies: a. <input type="checkbox"/> I have never been in immigration court proceedings. b. <input type="checkbox"/> I am now in immigration court proceedings. c. <input type="checkbox"/> I am not now in immigration court proceedings, but I have been in the past.			
18. Complete 18 a through c. a. When did you last leave your country? (Mo/Day/Yr) _____ b. What is your current I-94 Number, if any? _____ c. Please list each entry to the U.S. beginning with your most recent entry. List date (Mo/Day/Yr), place, and your status for each entry. (Attach additional sheets as needed.)			
Date _____	Place _____	Status _____	Date Status Expires _____
Date _____	Place _____	Status _____	
Date _____	Place _____	Status _____	
Date _____	Place _____	Status _____	
19. What country issued your last passport or travel document?	20. Passport # Travel Document #	21. Expiration Date (Mo/Day/Yr)	
22. What is your native language?	23. Are you fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No	24. What other languages do you speak fluently?	

FOR EOIR USE ONLY

FOR BCIS USE

Action:
Interview Date: _____

Decision:
— Approval Date: _____
— Denial Date: _____
— Referral Date: _____

Asylum Officer ID# _____

PART A. II. INFORMATION ABOUT YOUR SPOUSE AND CHILDREN

Your Spouse. I am not married. (Skip to **Your Children**, below.)

1. Alien Registration Number (A#) (If any)		2. Passport/ID Card No. (If any)		3. Date of Birth (Mo/Day/Yr)		4. Social Security No. (If any)	
5. Complete Last Name			6. First Name		7. Middle Name		8. Maiden Name
9. Date of Marriage (Mo/Day/Yr)			10. Place of Marriage			11. City and Country of Birth	
12. Nationality (Citizenship)			13. Race, Ethnic or Tribal Group			14. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
15. Is this person in the U.S.? <input type="checkbox"/> Yes (Complete blocks 16 to 24.) <input type="checkbox"/> No (Specify location)							
16. Place of last entry in the U.S. ?		17. Date of last entry in the U.S. (Mo/Day/Yr)		18. I-94 No. (If any)		19. Status when last admitted (Visa type, if any)	
20. What is your spouse's current status?		21. What is the expiration date of his/her authorized stay, if any? (Mo/Day/Yr)		22. Is your spouse in immigration court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No		23. If previously in the U.S., date of previous arrival (Mo/Day/Yr)	
24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.)							
<input type="checkbox"/> Yes (Attach one (1) photograph of your spouse in the upper right hand corner of page 9 on the extra copy of the application submitted for this person.)							
<input type="checkbox"/> No							

Your Children. Please list **ALL** of your children, regardless of age, location, or marital status.

I do not have any children. (Skip to Part A. III., **Information about Your Background**.)

I do have children. Total number of children _____

(Use Supplement A Form I-589 or attach additional pages and documentation if you have more than four (4) children.)

1. Alien Registration Number (A#) (If any)		2. Passport/ID Card No. (If any)		3. Marital Status (Married, Single, Divorced, Widowed)		4. Social Security No. (If any)	
5. Complete Last Name			6. First Name		7. Middle Name		8. Date of Birth (Mo/Day/Yr)
9. City and Country of Birth			10. Nationality (Citizenship)		11. Race, Ethnic or Tribal Group		12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete blocks 14 to 21.) <input type="checkbox"/> No (Specify Location)							
14. Place of last entry in the U.S.?		15. Date of last entry in the U.S.? (Mo/Day/Yr)		16. I-94 No. (If any)		17. Status when last admitted (Visa type, if any)	
18. What is your child's current status?		19. What is the expiration date of his/her authorized stay, if any? (Mo/Day/Yr)		20. Is your child in immigration court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.)							
<input type="checkbox"/> Yes (Attach one (1) photograph of your child in the upper right hand corner of page 9 on the extra copy of the application submitted for this person.)							
<input type="checkbox"/> No							

PART A. II. INFORMATION ABOUT YOUR SPOUSE AND CHILDREN Continued

1. Alien Registration Number (A#) <i>(If any)</i>	2. Passport/ID Card No. <i>(If any)</i>	3. Marital Status <i>(Married, Single, Divorced, Widowed)</i>	4. Social Security No. <i>(If any)</i>
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth <i>(Mo/Day/Yr)</i>
9. City and Country of Birth	10. Nationality <i>(Citizenship)</i>	11. Race, Ethnic or Tribal Group	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes <i>(Complete blocks 14 to 21.)</i> <input type="checkbox"/> No <i>(Specify Location)</i>			
14. Place of last entry in the U.S.?	15. Date of last entry in the U.S. ? <i>(Mo/Day/Yr)</i>	16. I-94 No. <i>(If any)</i>	17. Status when last admitted <i>(Visa type, if any)</i>
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, <i>(if any)? (Mo/Day/Yr)</i>	20. Is your child in immigration court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? <i>(Check the appropriate box.)</i> <input type="checkbox"/> Yes <i>(Attach one (1) photograph of your child in the upper right hand corner of page 9 on the extra copy of the application submitted for this person.)</i> <input type="checkbox"/> No			
1. Alien Registration Number (A#) <i>(If any)</i>	2. Passport/ID Card No. <i>(If any)</i>	3. Marital Status <i>(Married, Single, Divorced, Widowed)</i>	4. Social Security No. <i>(If any)</i>
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth <i>(Mo/Day/Yr)</i>
9. City and Country of Birth	10. Nationality <i>(Citizenship)</i>	11. Race, Ethnic or Tribal Group	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S. ? <input type="checkbox"/> Yes <i>(Complete blocks 14 to 21.)</i> <input type="checkbox"/> No <i>(Specify Location)</i>			
14. Place of last entry in the U.S.?	15. Date of last entry in the U.S.? <i>(Mo/Day/Yr)</i>	16. I-94 No. <i>(If any)</i>	17. Status when last admitted <i>(Visa type, if any)</i>
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? <i>(Mo/Day/Yr)</i>	20. Is your child in immigration court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? <i>(Check the appropriate box.)</i> <input type="checkbox"/> Yes <i>(Attach one (1) photograph of your child in the upper right hand corner of page 9 on the extra copy of the application submitted for this person.)</i> <input type="checkbox"/> No			
1. Alien Registration Number (A#) <i>(If any)</i>	2. Passport/ID Card No. <i>(If any)</i>	3. Marital Status <i>(Married, Single, Divorced, Widowed)</i>	4. Social Security No. <i>(If any)</i>
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth <i>(Mo/Day/Yr)</i>
9. City and Country of Birth	10. Nationality <i>(Citizenship)</i>	11. Race, Ethnic or Tribal Group	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes <i>(Complete blocks 14 to 21.)</i> <input type="checkbox"/> No <i>(Specify Location)</i>			
14. Place of last entry in the U.S.?	15. Date of last entry in the U.S.? <i>(Mo/Day/Yr)</i>	16. I-94 No. <i>(If any)</i>	17. Status when last admitted <i>(Visa type, if any)</i>
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? <i>(Mo/Day/Yr)</i>	20. Is your child in immigration court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? <i>(Check the appropriate box.)</i> <input type="checkbox"/> Yes <i>(Attach one (1) photograph of your child in the upper right hand corner of page 9 on the extra copy of the application submitted for this person.)</i> <input type="checkbox"/> No			

PART A. III. INFORMATION ABOUT YOUR BACKGROUND

1. Please list your last address where you lived before coming to the U.S. If this is not the country where you fear persecution, also list the last address in the country where you fear persecution. *(List Address, City/Town, Department, Province, or State, and Country.) (Use Supplement B Form I-589 or additional sheets of paper if necessary.)*

Number and Street <i>(Provide if available)</i>	City/Town	Department, Province or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)

2. Provide the following information about your residences during the last five years. List your present address first. *(Use Supplement Form B or additional sheets of paper if necessary.)*

Number and Street	City/Town	Department, Province or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)

3. Provide the following information about your education, beginning with the most recent. *(Use Supplement B Form I-589 or additional sheets of paper if necessary.)*

Name of School	Type of School	Location (Address)	Attended	
			From (Mo/Yr)	To (Mo/Yr)

4. Provide the following information about your employment during the last five years. List your present employment first. *(Use Supplement Form B or additional sheets of paper if necessary.)*

Name and Address of Employer	Your Occupation	Dates	
		From (Mo/Yr)	To (Mo/Yr)

5. Provide the following information about your parents and siblings (brother and sisters). Check box if the person is deceased. *(Use Supplement B Form I-589 or additional sheets of paper if necessary.)*

Name	City/Town and Country of Birth	Current Location
<i>Mother</i>		<input type="checkbox"/> Deceased
<i>Father</i>		<input type="checkbox"/> Deceased
<i>Siblings</i>		<input type="checkbox"/> Deceased
		<input type="checkbox"/> Deceased

PART B. INFORMATION ABOUT YOUR APPLICATION

(Use Supplement B Form I-589 or attach additional sheets of paper as needed to complete your responses to the questions contained in PART B.)

When answering the following questions about your asylum or other protection claim (withholding of removal under 241(b)(3) of the Act or withholding of removal under the Convention Against Torture) you should provide a detailed and specific account of the basis of your claim to asylum or other protection. To the best of your ability, provide specific dates, places, and descriptions about each event or action described. You should attach documents evidencing the general conditions in the country from which you are seeking asylum or other protection and the specific facts on which you are relying to support your claim. If this documentation is unavailable or you are not providing this documentation with your application, please explain why in your responses to the following questions. Refer to Instructions, Part 1: Filing Instructions, Section II, "Basis of Eligibility," Parts A - D, Section V, "Completing the Form," Part B, and Section VII, "Additional Documents that You Should Submit" for more information on completing this section of the form.

1. Why are you applying for asylum or withholding of removal under section 241(b)(3) of the Act, or for withholding of removal under the Convention Against Torture? Check the appropriate box (es) below and then provide detailed answers to questions A and B below:

I am seeking asylum or withholding of removal based on

- Race
- Religion
- Nationality
- Political opinion
- Membership in a particular social group
- Torture Convention

- A. Have you, your family, or close friends or colleagues ever experienced harm or mistreatment or threats in the past by anyone?
 No Yes If your answer is "Yes," explain in detail:

- 1) What happened;
- 2) When the harm or mistreatment or threats occurred;
- 3) Who caused the harm or mistreatment or threats; and
- 4) Why you believe the harm or mistreatment or threats occurred.

- B. Do you fear harm or mistreatment if you return to your home country?
 No Yes If your answer is "Yes," explain in detail:

- 1) What harm or mistreatment you fear;
- 2) Who you believe would harm or mistreat you; and
- 3) Why you believe you would or could be harmed or mistreated.

PART B. INFORMATION ABOUT YOUR APPLICATION Continued

2. Have you or your family members ever been accused, charged, arrested, detained, interrogated, convicted and sentenced, or imprisoned in any country other than the United States?

No Yes If "Yes," explain the circumstances and reasons for the action.

3. A. Have you or your family members ever belonged to or been associated with any organizations or groups in your home country, such as, but not limited to, a political party, student group, labor union, religious organization, military or paramilitary group, civil patrol, guerrilla organization, ethnic group, human rights group, or the press or media?

No Yes If "Yes," describe for each person the level of participation, any leadership or other positions held, and the length of time you or your family members were involved in each organization or activity.

B. Do you or your family members continue to participate in any way in these organizations or groups?

No Yes If "Yes," describe for each person, your or your family members' current level of participation, any leadership or other positions currently held, and the length of time you or your family members have been involved in each organization or group.

4. Are you afraid of being subjected to torture in your home country or any other country to which you may be returned?

No Yes If "Yes," explain why you are afraid and describe the nature of the torture you fear, by whom, and why it would be inflicted.

PART C. ADDITIONAL INFORMATION ABOUT YOUR APPLICATION

(Use Supplement B Form I-589 or attach additional sheets of paper as needed to complete your responses to the questions contained in Part C.)

1. Have you, your spouse, your child(ren), your parents, or your siblings ever applied to the United States Government for refugee status, asylum, or withholding of removal? No Yes

If "Yes" explain the decision and what happened to any status you, your spouse, your child(ren), your parents, or your siblings received as a result of that decision. Please indicate whether or not you were included in a parent or spouse's application. If so, please include your parent or spouse's A- number in your response. If you have been denied asylum by an Immigration Judge or the Board of Immigration Appeals, please describe any change(s) in conditions in your country or your own personal circumstances since the date of the denial that may affect your eligibility for asylum.

2. A. After leaving the country from which you are claiming asylum, did you or your spouse or child(ren), who are now in the United States, travel through or reside in any other country before entering the United States? No Yes

B. Have you, your spouse, your child(ren), or other family members such as your parents or siblings ever applied for or received any lawful status in any country other than the one from which you are now claiming asylum? No Yes

If "Yes" to either or both questions (2A and/or 2B), provide for each person the following: the name of each country and the length of stay; the person's status while there; the reasons for leaving; whether the person is entitled to return for lawful residence purposes; and whether the person applied for refugee status or for asylum while there, and, if not, why he or she did not do so.

3. Have you, your spouse, or child(ren) ever ordered, incited, assisted, or otherwise participated in causing harm or suffering to any person because of his or her race, religion, nationality, membership in a particular social group or belief in a particular political opinion?

No Yes If "Yes," describe in detail each such incident and your own or your spouse's or child(ren)'s involvement.

PART C. ADDITIONAL INFORMATION ABOUT YOUR APPLICATION Continued

4. After you left the country where you were harmed or fear harm, did you return to that country?

No Yes If "Yes," describe in detail the circumstances of your visit (for example, the date(s) of the trip(s), the purpose(s) of the trip(s), and the length of time you remained in that country for the visit(s)).

5. Are you filing the application more than one year after your last arrival in the United States?

No Yes If "Yes," explain why you did not file within the first year after you arrived. You should be prepared to explain at your interview or hearing why you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see Instructions, Part 1: Filing Instructions, Section V. "Completing the Form," Part C.

6. Have you or any member of your family included in the application ever committed any crime and/or been arrested, charged, convicted and sentenced for any crimes in the United States?

No Yes If "Yes," for each instance, specify in your response what occurred and the circumstances; dates; length of sentence received; location; the duration of the detention or imprisonment; the reason(s) for the detention or conviction; any formal charges that were lodged against you or your relatives included in your application; the reason(s) for release. Attach documents referring to these incidents, if they are available, or an explanation of why documents are not available.

PART D. YOUR SIGNATURE

After reading the information regarding penalties in the instructions, complete and sign below. If someone helped you prepare this application, he or she must complete Part E.

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. Title 18, United States Code, Section 1546, provides in part: "Whoever knowingly makes under oath, or as permitted under penalty of perjury under Section 1746 of Title 28, United States Code, knowingly subscribes as true, any false statement with respect to a material fact in any application, affidavit, or knowingly presents any such application, affidavit, or other document required by the immigration laws or regulations prescribed thereunder, or knowingly presents any such application, affidavit, or other document containing any such false statement or which fails to contain any reasonable basis in law or fact - shall be fined in accordance with this title or imprisoned not more than five years, or both." I authorize the release of any information from my record which the Bureau of Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Staple your photograph here or the photograph of the family member to be included on the extra copy of the application submitted for that person.

WARNING: Applicants who are in the United States illegally are subject to removal if their asylum or withholding claims are not granted by an Asylum Officer or an Immigration Judge. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, removal proceedings even if the application is later withdrawn. Applicants determined to have knowingly made a frivolous application for asylum will be permanently ineligible for any benefits under the Immigration and Nationality Act. See 208(d)(6) of the Act and 8 CFR 208.20.

Print Complete Name	Write your name in your native alphabet
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Did your spouse, parent, or child(ren) assist you in completing this application? No Yes (If "Yes," list the name and relationship.)

_____ (Name) _____ (Relationship) _____ (Name) _____ (Relationship)

Did someone other than your spouse, parent, or child(ren) prepare this application? No Yes (If "Yes," complete Part E)

Asylum applicants may be represented by counsel. Have you been provided with a list of persons who may be available to assist you, at little or no cost, with your asylum claim? No Yes

Signature of Applicant (The person in Part A. I.)

[_____]

Sign your name so it all appears within the brackets

_____ Date (Mo/Day/Yr)

PART E. DECLARATION OF PERSON PREPARING FORM IF OTHER THAN APPLICANT, SPOUSE, PARENT OR CHILD

I declare that I have prepared this application at the request of the person named in Part D, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant and that the completed application was read to the applicant in his or her native language or a language he or she understands for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form I-589 may also subject me to civil penalties under 8 U.S.C. 1324(c).

Signature of Preparer		Print Complete Name	
Daytime Telephone Number ()		Address of Preparer: Street Number and Name	
Apt. No.	City	State	ZIP Code

PART F. TO BE COMPLETED AT INTERVIEW OR HEARING

You will be asked to complete this Part when you appear before an Asylum Officer of the U.S. Department of Homeland Security, Bureau of Citizenship and Immigration Services (BCIS), or an Immigration Judge of the U.S. Department of Justice, Executive Office for Immigration Review (EOIR) for examination.

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are all true to the best of my knowledge taking into account correction(s) numbered _____ to _____ that were made by me or at my request.

Signed and sworn to before me by the above named applicant on:

_____ Signature of Applicant

_____ Write Your Name in Your Native Alphabet

_____ Date (Mo/Day/Yr)

_____ Signature of Asylum Officer or Immigration Judge

A # (If available)	Date
Applicant's Name	Applicant's Signature

LIST ALL OF YOUR CHILDREN, REGARDLESS OF AGE OR MARITAL STATUS.

(Use this form and attach additional pages and documentation as needed to your application if you have more than four (4) children.)

1. Alien Registration Number (A#)(If any)	2. Passport/ID Card No. (If any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. Social Security No. (If any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (Mo/Day/Yr)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic or Tribal Group	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete blocks 14 to 21.) <input type="checkbox"/> No (Specify Location)			
14. Place of last entry in the U.S.?	15. Date of last entry in the U.S.? (Mo/Day/Yr)	16. I-94 No. (If any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (Mo/Day/Yr)	20. Is your child in immigration court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one (1) photograph of your child in the upper right hand corner of page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

1. Alien Registration Number (A#)(If any)	2. Passport/ID Card No. (If any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. Social Security No. (If any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (Mo/Day/Yr)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic or Tribal Group	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete blocks 14 to 21.) <input type="checkbox"/> No (Specify Location)			
14. Place of last entry in the U.S.?	15. Date of last entry in the U.S.? (Mo/Day/Yr)	16. I-94 No. (If any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (Mo/Day/Yr)	20. Is your child in immigration court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one (1) photograph of your child in the upper right hand corner of page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

ADDITIONAL INFORMATION ABOUT YOUR CLAIM TO ASYLUM.

A # (If available)

Date

Applicant's Name

Applicant's Signature

Use this as a continuation page for any information requested. Please copy and complete as needed.

PART _____

QUESTION _____