

**Form I-687, Application for Status as a
Temporary Resident Under Section 245A of the INA**

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

Do not write in this block. For USCIS Use Only.

Action Block	Fee Stamp	
	Principal Applicant's A#	This applicant's A#

START HERE - Please type or print in capital letters in black ink. *If you need more space, use a separate sheet(s) of paper.*

1. I hereby apply for status as indicated by the block checked below.

- A.** Temporary Resident Status as an alien who illegally entered the U.S. prior to January 1, 1982.
- B.** Temporary Resident Status as an alien who entered the U.S. as a nonimmigrant prior to January 1, 1982 and whose authorized stay expired before such date or whose unlawful status was known to the Government as of January 1, 1982.

2. Name			3. Date of Birth (mm/dd/yyyy)
Family Name (in capital letters)	Given Name	Middle Name	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

4. Other Names Used or Known by (Including maiden name, if married)	5. Telephone Numbers (Including Area Codes)
<input style="width:100%;" type="text"/>	Home: <input style="width:150px;" type="text"/> Work: <input style="width:150px;" type="text"/>

6. Home Address in the U.S.		U.S. Social Security #
In care of	<input style="width:500px;" type="text"/>	<input style="width:150px;" type="text"/>
Number and Street	<input style="width:600px;" type="text"/>	Apt. # <input style="width:80px;" type="text"/>
City	State	Zip Code
<input style="width:250px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:150px;" type="text"/>

7. Mailing Address in the U.S. (if different from address in Number 6.)		
In care of	<input style="width:800px;" type="text"/>	
Number and Street	<input style="width:600px;" type="text"/>	Apt. # <input style="width:80px;" type="text"/>
City	State	Zip Code
<input style="width:250px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:150px;" type="text"/>

8. Last Address Outside the U.S.			
Number and Street	<input style="width:600px;" type="text"/>		Apt. # <input style="width:80px;" type="text"/>
City	County, Province or State	Country	<input style="width:150px;" type="text"/>
<input style="width:200px;" type="text"/>	<input style="width:200px;" type="text"/>	<input style="width:100px;" type="text"/>	

9. Country of Citizenship	<input style="width:800px;" type="text"/>
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10. Place of Birth			
City or Town	County, Province or State	Country	<input style="width:150px;" type="text"/>
<input style="width:180px;" type="text"/>	<input style="width:180px;" type="text"/>	<input style="width:100px;" type="text"/>	

11. Marital Status

Now Married Never Married Separated Divorced Widowed

12. Gender

Male
 Female

13. Race

Asian or Pacific Islander Black, not of Hispanic origin Other (specify below)
 Hispanic White, not of Hispanic origin

14. Have you previously applied for temporary residence as a Legalization applicant?

No Yes If Yes, give date, place of filing and final disposition, if known.

15. Do you have other records with USCIS (or the former INS)?

No Yes If Yes, give file numbers. A# Other

16. When did you last come to the U.S.?

(mm/dd/yyyy)

17. Manner of Entry

Without a visa With a visa (visitor, student, etc.) specify

18. Place of last entry into U.S.

Port of Entry (City and State) Border - Not through a Port of Entry (State)

19. Mother's Name

(Give maiden name, last name, first name)

Living

Deceased (year)

20. Father's Name

(Give last name, first name)

Living

Deceased (year)

If you were admitted as a nonimmigrant prior to January 1, 1982, complete Numbers 21 through 29. If not, leave blank and go to Number 30.

21. Passport Number

22. Country that issued Passport

23. Location where visa issued (City and Country)

24. Type of visa issued (B-2, F-1, etc.)

25. Date visa issued (mm/dd/yyyy)

26. Authorized stay in U.S. Expired (mm/dd/yyyy)

27. Class of admission (Student, visitor, etc.)

28. Did you violate your legal status prior to January 1, 1982?

No Yes

29. Was your status violation known to the Government prior to January 1, 1982?

No Yes If Yes, how was your status violation known to the Government?

30. RESIDENCES IN THE UNITED STATES:

List all of your residences in the United States since your first entry, beginning with your present address.

If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information refers to question **Number 30**.

Street Name and Number (Apt. No.)

City

State and Zip Code

From (mm/yy)

To (mm/yy)

Present

Street Name and Number (Apt. No.)

City

State and Zip Code

From (mm/yy)

To (mm/yy)

Street Name and Number (Apt. No.)

City

State and Zip Code

From (mm/yy)

To (mm/yy)

30. RESIDENCES IN THE UNITED STATES, continued:

Street Name and Number (Apt. No.)				
City	State and Zip Code	From (mm/yy)	To (mm/yy)	

Street Name and Number (Apt. No.)				
City	State and Zip Code	From (mm/yy)	To (mm/yy)	

Street Name and Number (Apt. No.)				
City	State and Zip Code	From (mm/yy)	To (mm/yy)	

Street Name and Number (Apt. No.)				
City	State and Zip Code	From (mm/yy)	To (mm/yy)	

Street Name and Number (Apt. No.)				
City	State and Zip Code	From (mm/yy)	To (mm/yy)	

Street Name and Number (Apt. No.)				
City	State and Zip Code	From (mm/yy)	To (mm/yy)	

Street Name and Number (Apt. No.)				
City	State and Zip Code	From (mm/yy)	To (mm/yy)	

Street Name and Number (Apt. No.)				
City	State and Zip Code	From (mm/yy)	To (mm/yy)	

Street Name and Number (Apt. No.)				
City	State and Zip Code	From (mm/yy)	To (mm/yy)	

Street Name and Number (Apt. No.)				
City	State and Zip Code	From (mm/yy)	To (mm/yy)	

Street Name and Number (Apt. No.)				
City	State and Zip Code	From (mm/yy)	To (mm/yy)	

32. ABSCENCES FROM THE UNITED STATES SINCE ENTRY,continued.

Country	Purpose of Trip	From (mm/yy)	To (mm/yy)

33. EMPLOYMENT IN THE UNITED STATES SINCE ENTRY: Show most recent employment first and then all previous employment dating back to January 1, 1982. If none, write "None." If you need more space, attach an additional sheet(s). Indicate on the sheet(s) that the information refers to question **Number 33.**

Full Name of Employer

Street Name and Number (Apt. No.)

City State and Zip Code Occupation

Annual Wage Hourly Wage From (mm/yy) To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City State and Zip Code Occupation

Annual Wage Hourly Wage From (mm/yy) To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City State and Zip Code Occupation

Annual Wage Hourly Wage From (mm/yy) To: (mm/yy)

33. EMPLOYMENT IN THE UNITED STATES SINCE ENTRY, continued.

Full Name of Employer

Street Name and Number (Apt. No.)

City State and Zip Code Occupation

Annual Wage Hourly Wage From (mm/yy) To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City State and Zip Code Occupation

Annual Wage Hourly Wage From (mm/yy) To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City State and Zip Code Occupation

Annual Wage Hourly Wage From (mm/yy) To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City State and Zip Code Occupation

Annual Wage Hourly Wage From (mm/yy) To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City State and Zip Code Occupation

Annual Wage Hourly Wage From (mm/yy) To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City State and Zip Code Occupation

Annual Wage Hourly Wage From (mm/yy) To: (mm/yy)

33. EMPLOYMENT IN THE UNITED STATES SINCE ENTRY, continued.

Full Name of Employer

Street Name and Number (Apt. No.)

City State and Zip Code Occupation

Annual Wage Hourly Wage From (mm/yy) To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City State and Zip Code Occupation

Annual Wage Hourly Wage From (mm/yy) To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City State and Zip Code Occupation

Annual Wage Hourly Wage From (mm/yy) To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City State and Zip Code Occupation

Annual Wage Hourly Wage From (mm/yy) To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City State and Zip Code Occupation

Annual Wage Hourly Wage From (mm/yy) To: (mm/yy)

Full Name of Employer

Street Name and Number (Apt. No.)

City State and Zip Code Occupation

Annual Wage Hourly Wage From (mm/yy) To: (mm/yy)

34. I have registered under the Military Selective Service Act. My Selective Service Number is:
- I am a male over the age of 17 and under the age of 26 required to register under the Military Selective Service Act and have not done so. I wish to register at this time. My SSS Form 1 is attached.
- I am a male born after 1959 and over the age of 26 and cannot now register.
- I am exempt from Selective Service Registration either because I am a female or I was born before 1960.

35. Have you ever assisted in the persecution of any person or persons on account of race, religion, political opinion, nationality or membership in a particular social group? Yes No

36. Have you ever been treated for a mental disorder, drug addiction or alcoholism? Yes No

37. Have you **ever** committed a crime or offense for which you were **not** arrested? Yes No

Have you **ever** been arrested, cited or detained by any law enforcement officer (including USCIS or former INS and military officers) for any reason? Yes No

Have you **ever** been charged with committing any crime or offense? Yes No

Have you **ever** been convicted of a crime or offense? Yes No

Have you **ever** been in jail or prison? Yes No

Have you **ever** been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)? Yes No

Have you **ever** received a suspended sentence, been placed on probation or been paroled? Yes No

38. Have you, or a dependent member of your immediate family, ever received public assistance from any source, including, but not limited to, the United States Government, any state, county, city or municipality? Yes No

If yes, provide the names(s) of the recipients(s) and U.S. Social Security number(s).

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39. Have you ever:

a. within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? Yes No

b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes No

c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the United States illegally? Yes No

d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance? Yes No

Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking or any other form of terrorist activity? Yes No

Do you intend to engage in the United States in:

a. espionage? Yes No

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 No

c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? Yes No

Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? Yes No

Did you, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion? Yes No

Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin or political opinion? Yes No

Have you ever been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal or rescission proceedings? Yes No

Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States or any immigration benefit? Yes No

- Have you ever left the United States to avoid being drafted into the United States Armed Forces? Yes No
- Have you ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? Yes No
- Are you now withholding custody of a United States citizen child outside the United States from a person granted custody of the child? Yes No
- Do you plan to practice polygamy in the United States? Yes No

40. If your native alphabet is in other than Roman letters, write your name in your native alphabet.

41. Language of your native alphabet.

42. Signature and Certification of Applicant.

I CERTIFY, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. I hereby consent and authorize the U.S. Citizenship and Immigration Services to verify the information provided and to conduct police, welfare and other record checks pertinent to this application.

Signature Date

43. Signature of person preparing form, if other than applicant.

I declare under penalty of perjury that I prepared this application at the request of the above person.

The answers provided are based on information of which I have personal knowledge and/or were provided to me by the above named person in response to the exact questions contained on this form.

Signature Date

Print Name

Address Telephone number with area code

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44. Recommendation: Temporary Residence Approved Denied

45. Recommendation: Waiver of Inadmissibility under Section 212(a) Approved Denied

46. Class of Admission	47. Place of Adjustment	48. Date of Adjustment
49. Recommended by (Print Name and Title)	50. ID Number	51. Date

52. Final Action: Temporary Residence Approved Denied

53. Director, Regional Processing Center	54. ID Number	55. Date
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CSS/Newman (LULAC) Class Membership Worksheet

LEGALIZATION APPLICANTS: You must complete this Class Membership Worksheet and file it with your Form I-687 if you are applying for legalization under the Immigration Reform and Control Act of 1986 (IRCS), 8 U.S.C. 1255a, pursuant to the settlement agreements reached in Catholic Social Services v. Ridge et al. (CSS) or Newman v. USCIS. (Newman/LULAC). Your completed Form I-687, with fee, together with this worksheet must be received by USCIS no later than December 31, 2005.

In order to apply, answer every question on this Class Membership Worksheet, which is a supplement to your application for temporary resident status. Provide your complete name and Alien Registration Number (A#) and mark your responses in the boxes provided below.

Family Name (in capital letters)	Given Name	Middle Name	A Number

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. During the period between May 5, 1987 and May 4, 1988, did you (or a parent or spouse) visit an office of the former Immigration and Naturalization Service (INS) to apply for legalization, but were turned away because the INS or the Qualified Designated Entity (QDE) believed that (1) you had traveled outside the United States after November 6, 1986, without advance parole, OR (2) you had traveled outside the United States and returned after January 1, 1982, with a visitor's visa, student visa or any other type of visa or travel document? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you enter the United States before January 1, 1982, and then reside in a continuous unlawful status, except for brief absences, from before 1982 until the date you (or your parent or spouse) were turned away by the INS when you (or your parent or spouse) tried to apply for legalization during 1987 to 1988? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were you continuously physically present in the United States, except for brief, casual and innocent departures from November 6, 1986, until the date you (or your parent or spouse) were turned away by the INS when you (or your parent or spouse) tried to apply for legalization? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been convicted of a felony or three or more misdemeanors committed in the United States, or have you ever been convicted of crimes, or committed acts which make you inadmissible pursuant to any provision of the Immigration and Nationality Act including but not limited to: section 212(a)(2)(A)(i)(I) (crime involving moral turpitude); section 212(a)(2)(B) (multiple criminal convictions); section 212(a)(2)(C) (controlled substance traffickers); Section 212(a)(2)(A)(i)(II) (controlled substances); section 212(a)(3) (security and related grounds)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you (or your parent or spouse) apply for a work permit or otherwise register for class membership under CSS or Newman/LULAC before October 1, 2000. If "Yes," attach copies of any available proof (for example, your CSS or Newman work permit). | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. When you (or your parent or spouse) visited the INS or a QDE during the legalization application period, did you (or your parent or spouse) bring with you a completed legalization application and fee? | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: If you answered "Yes" to Questions 1, 2 and 3 and "No" to Question 4, and "Yes" to either Question 5 or 6, your answers indicate that you may be eligible for legalization under the settlement agreements.

APPLICANT'S CERTIFICATION:

I certify, under the penalty of perjury under the laws of the United States of America, that this worksheet and the evidence submitted with it are all true and correct. I authorize the release of any information from the records that the U.S. Department of Homeland Security needs to determine eligibility for the benefit I am seeking.

I understand that information I provide in connection with this Class Membership Worksheet is confidential and may not be used to arrest, remove or deport me or for any purpose unrelated to the adjudication of this Class Membership Worksheet, except as provided in 8 U.S.C. 1255a(c)(5).

Signature

Date