U.S. Department of State

APPLICATION TO DETERMINE RETURNING RESIDENT STATUS

OMB APPROVAL NO. 1405-0091
EXPIRATION DATE 11/30/2013
ESTIMATED BURDEN: 30 MINUTES*

INSTRUCTIONS

This is an application for Special Immigrant Status under Section 101(a)(27)(A) of the Immigration and Nationality Act, for lawfully admitted permanent residents who are returning from a temporary visit abroad. To qualify you must submit with this application evidence that:

(1) You had the status of an alien lawfully admitted for permanent residence at the time of departure from the United States;
(2) You departed from the United States with the intention of returning and you have not abandoned this intention; and
(3) You are returning to the United States from a temporary visit abroad and, if the stay abroad was protracted, this was caused by reasons beyond your control and for which you are not responsible.

Applicants must submit evidence with this application to support the above requirements, including proof of lawful permanent residence (Examples: Form I-151, I-551, Reentry Permit, etc.), dates of travel outside of the United States (Examples: airline tickets, passport stamps, etc.), proof of ties to the United States and intention to return (Examples: tax returns, and evidence of economic, family and social ties to the United States), and proof a protracted stay was for reasons beyond the applicant's control (Examples: medical incapacitation, employment with a U.S. company, accompanying a U.S. citizen spouse, etc.) All documents will be returned to you.

1. Family Name | First Name | Middle Name

2. Other Names Used, Aliases *(If Married Woman, Give Maiden Name)*

3. Current Home Address and Telephone Number

4. Place of Birth *(City, Province, Country)*

5. Date of Birth *(mm-dd-yyyy)*

6. Marital Status

☐ Married ☐ Single *(Never Married)* ☐ Widowed ☐ Divorced

If married, information about spouse

a. Name *(Last, First, MI.)* _____

b. Address _____

c. Place of Birth _____

d. Date of Birth *(mm-dd-yyyy)* _____

e. U.S. Residence Status, if any *(U.S. Citizen, Legal Permanent Resident, Etc.)* _____

f. Date of Marriage to You *(mm-dd-yyyy)* _____

7. List Below All Close Family Members in the United States *(Continue on Separate Page if Necessary.)*

Full Name	Relationship	Resident Status	Place of Residence

8. Previous Immigration Record

a. DHS "A" Number _____

b. Immigration Category _____

c. Previous Immigrant Visa

Date of Issue *(mm-dd-yyyy)* _____ Place of Issue _____

d. Adjustment of Status

Date of Adjustment of Status with DHS *(IF ANY) (mm-dd-yyyy)* _____ Place of Adjustment of Status with DHS *(IF ANY)* _____

e. Initial Entry into the United States as Lawful Permanent Resident

Date of Entry *(mm-dd-yyyy)* _____ Port of Entry _____

f. Last Entry into the United States as Lawful Permanent Resident

Date of Entry *(mm-dd-yyyy)* _____ Port of Entry _____

9. Most Recent Departure from the United States

Date of Departure *(mm-dd-yyyy)* _____ Destination _____

Reason

Privacy Act and Paperwork Reduction Act Statements

This information asked for on this form is requested pursuant to Sections 101 and 222 of the Immigration and Nationality Act. The U.S. Department of State uses the facts you provide on this form to determine your eligibility for returning resident status. Individuals who fail to submit this form or who do not provide all the requested information may be denied returning resident status. Upon your return to the United States in immigrant status, the information collected will be protected from disclosure under the Privacy Act.

*Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: PRA_BurdenComments@state.gov

10. What continuing ties have you maintained with the United States? What efforts have you made to avoid abandoning your permanent resident status in the United States?

11. Reasons for not returning to the United States until time of this application.

12. List below all periods that you have lived outside of the United States for six months or longer since your initial entry into the United States as a permanent resident.

Dates *(mm-dd-yyyy)* From	To	Country

13. Have you been employed outside of the United States since your most recent departure? ☐ Yes ☐ No

If "Yes" complete the following:

Name of Employer	**Address**	**From** *(mm-dd-yyyy)*	**To** *(mm-dd-yyyy)*

14. I wish to return to the United States on or about _____ Date *(mm-dd-yyyy)*

15. I swear or affirm that all statements which appear on this application are true and complete to the best of my knowledge and belief. I understand that any false or misleading statement or willful concealment of a material fact may subject me to permanent exclusion from the United States. I understand that if this application for special immigrant status is approved, I must apply for an immigrant visa within six months from the date of approval.

Signature of Applicant _____ Date *(mm-dd-yyyy)* _____

DO NOT WRITE BELOW THIS SPACE - OFFICIAL USE ONLY

☐ Approved 101(a)(27)(A) ☐ Disapproved

Reason

Type Name of Consular Officer _____ Signature of Consular Officer _____ Date *(mm-dd-yyyy)* _____ at Post _____

Reviewed ☐ Concur ☐ Do NOT Concur

Type Name of Reviewing Officer _____ Signature of Reviewing Officer _____ Date *(mm-dd-yyyy)* _____