

NOTE: Please read the attached instructions before submitting this form, and provide as much information as possible.

1. Name: Please identify the individual or employer encountering difficulties with USCIS (applicant/beneficiary/petitioner).	Mr. <input type="checkbox"/> First Name:	Middle Name:	Last Name:		
	Ms. <input type="checkbox"/>	<i>or</i>			
Petitioner/Company/Organization Name:					
2. Contact Information: Please provide information on the individual or employer encountering difficulties with USCIS (applicant/beneficiary/petitioner).	Street Address:		Apartment/Suite:	City:	State/Province:
	Country:	Zip Code:	E-Mail Address:	Phone Number:	Fax Number:
3. Date of Birth:	Date of Birth: (mm/dd/yyyy)				
4. Country of Birth and Citizenship:	Country of Birth:		Country of Citizenship:		
5. Alien Registration Number (A-Number): The A-number appears in the following format: A123-456-789.	A-Number: A				
	NOTE: Not every person is assigned an A-number by USCIS. If you do not have an A-number, leave this section blank.				
6. Person Preparing This Form: Please indicate who is completing this form.	a. <input type="checkbox"/> The individual or employer encountering difficulties with USCIS. b. <input type="checkbox"/> A representative of a company/organization: c. <input type="checkbox"/> An attorney/accredited representative. d. <input type="checkbox"/> Other (specify):				
7. Applications/Petitions Filed: List all applications and/or petitions pending with USCIS related to your case inquiry.	USCIS Form Name:		USCIS Form Number:	Receipt Number:	
	USCIS Form Name:		USCIS Form Number:	Receipt Number:	
	USCIS Form Name:		USCIS Form Number:	Receipt Number:	
8. Type of Immigration Benefit: Please provide the type of immigration benefit sought from USCIS.	a. <input type="checkbox"/> Nonimmigrant Status (ex. Student) b. <input type="checkbox"/> Immigrant Status (ex. Permanent Residency) c. <input type="checkbox"/> Citizenship or Naturalization d. <input type="checkbox"/> Asylum or Refugee Status e. <input type="checkbox"/> Interim Benefits (ex. Employment Authorization) f. <input type="checkbox"/> Waiver (ex. Waiver of Grounds of Inadmissibility) g. <input type="checkbox"/> Other (specify):				

<p>9. Reason for Inquiry: Please indicate if any of the options apply. Provide a description in section 10.</p>	<p>a. <input type="checkbox"/> I am facing or am about to face an immediate adverse action or impact, an emergency or any other type of significant hardship, caused by an action/inaction/delay in processing by USCIS, or a problem that could not be resolved through the normal processes provided for by the USCIS.</p> <p>b. <input type="checkbox"/> I am experiencing processing delays with a case that are beyond anticipated processing times.</p> <p>c. <input type="checkbox"/> I am incurring or am about to incur significant and unusual costs (including fees for professional representation that are not normally incurred).</p> <p>d. <input type="checkbox"/> I have brought this case problem to the attention of USCIS and have not received a response or resolution within the anticipated time frames.</p> <p>e. <input type="checkbox"/> Other (specify):</p>
<p>10. Description: Describe the difficulties experienced with USCIS. Attach additional pages if needed.</p>	
<p>11. Prior Actions Taken: Check all that apply: Please describe the response USCIS provided and attach any relevant correspondence.</p>	<p>a. <input type="checkbox"/> Contacted an attorney/accredited representative for assistance.</p> <p>b. <input type="checkbox"/> Visited My Case Status at www.uscis.gov.</p> <p>c. <input type="checkbox"/> Contacted the National Customer Service Center (NCSC) for information and/or assistance regarding this case at their toll-free number 1-800-375-5283.</p> <p>d. <input type="checkbox"/> Attended an InfoPass Appointment with USCIS.</p> <p>e. <input type="checkbox"/> Contacted a U.S. Government Agency or Congressional Representative.</p> <p>Please describe:</p>
<p>12. Consent: If you are the beneficiary of an immigration petition, consent of the individual who submitted the petition on your behalf is required. The petitioner must sign.</p>	<p>I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct, and that I am the individual or employer encountering difficulties with USCIS and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under the false pretenses is punishable under the provisions of 5 U.S.C. Section 552a (i)(3) by a fine of not more than \$5,000. Further, pursuant to 5 U.S.C. Section 522a(b), I authorize the Citizenship and Immigration Services Ombudsman to release any and all information relating to the individual or employer above mentioned to U.S. Citizenship and Immigration Services.</p> <p>Signature: _____ Date (mm/dd/yyyy): _____</p> <p>Print Name: _____</p>

13. Attorney or Accredited Representative:

Please complete this section if you are an attorney, a representative of an organization, an accredited representative, or anyone else preparing this form on behalf of the individual or employer encountering difficulties with USCIS.

First Name:		Middle Name:		Last Name:	
Street Address:		Suite:	City:	State/Province:	Zip Code:
Country:	E-Mail Address:		Phone Number:	Fax Number:	
<p>1. <input type="checkbox"/> I am an attorney and a member in good standing of the bar of the highest court of the following State, territory, insular possession, or District of Columbia and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law. State of Admission: _____ Name of Court: _____</p>					
<p>2. <input type="checkbox"/> I am an accredited representative of the following named religious, charitable, social service or similar organization established in the United States and recognized by the Board of Immigration Appeals pursuant to 8 CFR 292.1.</p>					
<p>3. <input type="checkbox"/> I have submitted a Form G-28 to USCIS as the attorney/accredited representative regarding applications or petitions related to this inquiry. A copy of my Form G-28 is attached.</p>					
<p>4. <input type="checkbox"/> Other (Explain fully): _____</p>					
Signature of Attorney/Representative:			Date (mm/dd/yyyy):		
_____			_____		