

SUPPLEMENT

61358

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U.S. Department of Justice
Immigration and Naturalization Service

Document Verification Request Supplement

THIS SECTION IS TO BE COMPLETED BY THE SUBMITTING AGENCY

To: Immigration and Naturalization Service

Date: _____

Applicant's Name (Last, First, Middle): _____

Social Security Number: _____

Alien Registration Number or I-94 Number: _____

From: Typed or Stamped Name and Address of Submitting Agency: _____

Telephone (_____) _____

Complete the following items: ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5 ☐ #6 ☐ #7

THIS SECTION IS TO BE COMPLETED BY THE SUBMITTING AGENCY

1. IMMIGRATION STATUS (check all that apply):

From the document or information submitted and/or a review of our records we find that the person identified is a/an:

- ☐ a. Lawful Permanent Resident alien of the United States.
(Complete b, c, d, g, h, or i if alien adjusted to LPR status from one of those statuses in the past 7 years.)
- ☐ b. Refugee admitted to the United States under Section 207 of the INA. (Complete Item 2 below.)
- ☐ c. Asylee under Section 208 of the INA. (Complete Item 3 below.)
- ☐ d. Alien whose deportation has been withheld under section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under section 241(b)(3).
Date deportation or removal ordered withheld: _____
- ☐ e. Alien paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.
(Complete Items 3 and 4 below.)
- ☐ f. Conditional Entrant pursuant to Section 203(a)(7) of the INA in effect prior to April 1, 1980.
- ☐ g. American Indian born in Canada to whom the provisions of Section 289 of the INA apply.
- ☐ h. Cuban/Haitian Entrant, as defined in Section 501(e) of the Refugee Education Assistance Act of 1980.
(Complete Item 3 below.)
- ☐ i. Amerasian immigrant, pursuant to Section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act of 1988. (Complete Item 2 below.)
- ☐ j. Other (indicate status): _____

2. Date alien entered the United States: _____

3. Date status was granted: _____

4. Date status expires: _____

5. CITIZEN STATUS:

- ☐ This document appears valid and relates to a United States citizen.

6. SPECIAL BENEFIT PROVISIONS FOR CERTAIN VICTIMS OF ABUSE:

- ☐ a. This alien obtained Lawful Permanent (or Conditional) Resident Status as the spouse, child, or widow(er) of a U.S. citizen.
- ☐ b. This alien obtained Lawful Permanent (or Conditional) Resident Status as the spouse, child, or unmarried son or daughter of a lawful permanent resident alien.
- ☐ c. This alien did not obtain status as described in (a) or (b).

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TO BE COMPLETED BY INS

7. AFFIDAVIT OF SUPPORT:

- ☐ a. This alien was sponsored on Form I-864, Affidavit of Support under Section 213A of the INA. Service receipt date _____ (Complete Item J on page 1.)
- ☐ b. This alien was not sponsored on Form I-864.

Name of Sponsor

Sponsor's Social Security Number

Sponsor's Address

Name of Joint Sponsor(s) (if any)

Joint Sponsor's Social Security Number

Joint Sponsor's Address

- ☐ See reverse for information on additional joint sponsor(s).

INS Stamp

* This supplement may be used in conjunction with Form G-845 to request verification; it cannot be used alone. It reflects information that may be relevant to eligibility for Federal, State, and local public benefits under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193.

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