

Part D. Your Signature

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(a), 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 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 for up to 25 years. I authorize the release of any information from my immigration record that U.S. Citizenship and Immigration Services (USCIS) 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 unlawfully 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may be used as a basis for the institution of, or as evidence in, removal proceedings even if the application is later withdrawn.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. You may not avoid a frivolous finding simply because someone advised you to provide false information in your asylum application. If filing with USCIS, unexcused failure to appear for an appointment to provide biometrics (such as fingerprints) and your biographical information within the time allowed may result in an asylum officer dismissing your asylum application or referring it to an immigration judge. Failure without good cause to provide DHS with biometrics or other biographical information while in removal proceedings may result in your application being found abandoned by the immigration judge. See sections 208(d)(5)(A) and 208(d)(6) of the INA and 8 CFR sections 208.10, 1208.10, 208.20, 1003.47(d) and 1208.20.

| | |
|---------------------------|--|
| Print your complete name. | Write your name in your native alphabet. |
| <input type="text"/> | <input type="text"/> |

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

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (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.)

➔ **FIRME AQUI**

Sign your name so it all appears within the brackets

FECHA (Mes/Día/Año)
Date (mm/dd/yyyy)

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. 1324c and/or criminal penalties under 18 U.S.C. 1546(a).

| | | | |
|---|--|---|--|
| Signature of Preparer | | Print Complete Name of Preparer | |
| <input type="text"/> | | <input type="text"/> | |
| Daytime Telephone Number () | | Address of Preparer: Street Number and Name | |
| <input type="text"/> | | <input type="text"/> | |
| Apt. Number | City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| To be completed by an attorney or accredited representative (if any). | <input type="checkbox"/> Select this box if Form G-28 is attached. | Attorney State Bar Number (if applicable) | Attorney or Accredited Representative USCIS Online Account Number (if any) |
| | | <input type="text"/> | <input type="text"/> |

| | |
|-------------------------|--|
| A-Number (If available) | Date FECHA (Mes/Día/Año) |
| Applicant's Name | Applicant's Signature FIRME AQUI |

List All of Your Children, Regardless of Age or Marital Status

(NOTE: Use this form and attach additional pages and documentation as needed, if you have more than four children)

| | | | |
|---|--|---|---|
| 1. Alien Registration Number (A-Number) (if any) | 2. Passport/ID Card Number (if any) | 3. Marital Status (Married, Single, Divorced, Widowed) | 4. U.S. Social Security Number (if any) |
| 5. Complete Last Name | 6. First Name | 7. Middle Name | 8. Date of Birth (mm/dd/yyyy) |
| 9. City and Country of Birth | 10. Nationality (Citizenship) | 11. Race, Ethnic, or Tribal Group | 12. Gender <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 into the U.S. | 15. Date of last entry into the U.S. (mm/dd/yyyy) | 16. I-94 Number (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? (mm/dd/yyyy) | 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 photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No | | | |
| 1. Alien Registration Number (A-Number) (if any) | 2. Passport/ID Card Number (if any) | 3. Marital Status (Married, Single, Divorced, Widowed) | 4. U.S. Social Security Number (if any) |
| 5. Complete Last Name | 6. First Name | 7. Middle Name | 8. Date of Birth (mm/dd/yyyy) |
| 9. City and Country of Birth | 10. Nationality (Citizenship) | 11. Race, Ethnic, or Tribal Group | 12. Gender <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 into the U.S. | 15. Date of last entry into the U.S. (mm/dd/yyyy) | 16. I-94 Number (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? (mm/dd/yyyy) | 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 photograph of your child in the upper right 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-Number (if available) | Date FECHA (Mes/Día/Año) |
| Applicant's Name | Applicant's Signature FIRME AQUI |

NOTE: Use this as a continuation page for any additional information requested. Copy and complete as needed.

| | |
|----------|--|
| Part | |
| Question | |

Name: _____

A# _____

PROOF OF SERVICE

On **FECHA**, I, _____, mailed a copy of this **TO FILE RESPONDENT'S PRO SE I-589 APPLICATIONS FOR ASYLUM, WITHHOLDING OF REMOVAL, AND RELIEF UNDER THE CONVENTION AGAINST TORTURE** to the DHS/ICE Office of Chief Counsel at the following address: 606 S. Olive Street 8th Fl. Los Angeles, CA 90014.

FIRME AQUI

Signature

FECHA (Mes/Día/Año)

Date

Date: **FECHA (Mes/Día/Año)**

U.S. Citizenship and Immigration Services
Nebraska Service Center
Defensive Asylum Application with Immigration Court
P.O. Box 87589
Lincoln, NE 68501-7589

Re: Defensive I-589 Application for Asylum

_____, A# _____

To Whom It May Concern:

I am representing myself pro se in removal proceedings. In compliance with the immigration court's instructions, I am submitting the following:

- 1) A copy of the first 3 pages of my I-589 application; and
- 2) A copy of the instructions

Please contact me if you require any additional information at _____ . Thank
you for your attention to this matter. (Phone Number)

Sincerely,

FIRME AQUI

Name: _____

Address: _____

Enclosures.