

U.S. Department of State

OMB CONTROL NO.1405-0091 EXPIRATION Date: 05/31/2023 ESTIMATED BURDEN: 30 MINUTES*

APPLICATION TO DETERMINE RETURNING RESIDENT STATUS

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.

		First Name		Middle Name		
Other Names Used, Aliases (If Ma	rried Woma	an, Give Maiden Name)				
Current Home Address and Teleph	ione Numb	per				
Place of Birth (City, Province, Cou				5. Date of Birth (mm-dd-yyyy)		
Flace of Birtin (City, Flowince, Cou	iuy)			5. Date of Bitti (<i>min-dd-yyyy)</i>		
Marital Status						
Married Singl	le (<i>Never N</i>	<i>Married</i>) Widowe	ed Divorced			
If married, information about	•					
b. Address						
c. Place of Birth						
d. Date of Birth (<i>mm-dd-yyyy</i>) _						
e. U.S. Residence Status, if any	(U.S. Citize	en, Legal Permanent Re	sident, Etc.)			
f. Date of Marriage to You (mm-c	ld-yyyy) _			_		
List Below All Close Family Memb	ora in tha l	Inited States (Continue	on Sonarota Dago if Naca	2227()		
List below All Close Parily Memb				Place of Residence		
Previous Immigration Record						
a. DHS "A" Number			b. Immigration Category			
c. Previous Immigrant Visa			d. Adjustment of Status			
Date of Issue (<i>mm-dd-yyyy</i>)	m-dd-yyyy) Place of Issue		Date of Adjustment with DHS (<i>IF ANY</i>)	of Status Place of Adjustment of (mm-dd-yyyy) Status with DHS (IF ANY)		
e. Initial Entry into the United as Lawful Permanent Resident			f. Last Entry into the	United States as Lawful Permanent Resid		
Date of Entry (mm-dd-yyyy)	of Entry (<i>mm-dd-yyyy</i>) Port of Entry		Date of Entry (mm-o	dd-yyyy) Port of Entry		
Most Recent Departure from the L	Jnited State	es Destinat				
Data of Damantuma (mana alalumum)	Destinat				
Date of Departure (<i>mm-dd-yyyy</i> Reason						

11. Reasons for not returning to the United States until time of this application.									
12. List below all periods that you have li permanent resident.	ived outside of the U	Inited States for six months or longer s	since you	r initial entry into the U	nited States as a				
Dates (mm-dd-yyyy)			0						
From To		Country							
13. Have you been employed outside of	the United States si	nce your most recent departure?		Yes	No No				
If "Yes" complete the following:									
Name of Employer	Address	Iress		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. By typing my name in the field below, 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.					-				
Name of A	e (mm-dd-yyyy)								
DO NOT WRITE BELOW THIS SPACE - OFFICIAL USE ONLY									
Approved 101(a)(27)(A)	Disap	pproved							
Reason									
	Will add ele	ectronic signature when converted to pdf		at					
Type Name of Consular Officer	S	ignature of Consular Officer	Date (n	nm-dd-yyyy)	Post				
Reviewed Concur	Do NOT Conc	ur							
Will add electronic signature when converted to pdf									
Type Name of Reviewing Officer Signature of Reviewing Officer					Date (mm-dd-yyyy)				
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DS-117					Page 2 of 3				

Privacy Act Statements

AUTHORITIES: The information is sought pursuant to 8 U.S.C. § 1101 et seq, 8 U.S.C. §§ 1201-1202, and by regulations issued pursuant to 8 CFR 211.1 and 22 CFR 42.22.

PURPOSE: The information solicited on this form will be used to determine your eligibility for returning resident status.

ROUTINE USES: The information on this form maybe shared with federal, state, and local government agencies, members of Congress, and officials of foreign governments in accordance with certain approved routine uses. More information on the Routine Uses for the system can be found in the System of Records Notice State-39, Visa Records.

DISCLOSURE: Providing this information is mandatory. Failure to provide the information requested on this form may result in the applicant's inability to receive returning resident status.

Confidentiality Statement

INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of visa records may be made available to a court which certifies that the information contained in such records is needed in a case pending before the court.

DS-117

Page 3 of 3