

I-589, Application for Asylum and for Withholding of Removal

START HERE - Type or print in black ink. See the instructions for information about eligibility and how to complete and file this application. There is NO filing fee for this application.

NOTE: Check this box if you also want to apply for withholding of removal under the Convention Against Torture.

Part A. I. Information About You

1. Alien Registration Number(s) (A-Number) (if any) 555-555-555	2. U.S. Social Security Number (if any)
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3. Complete Last Name Doe	4. First Name Jose	5. Middle Name Guillermo
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6. What other names have you used (include maiden name and aliases)?
None

7. Residence in the U.S. (where you physically reside) C/O	Telephone Number (240) 555-555
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Street Number and Name 1234 Morningside Dr.	Apt. Number 101
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City Hyattsville	State MD	Zip Code 20781
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8. Mailing Address in the U.S. (if different than the address in No. 7) Anna Attorney c/o Law Firm In Care Of (if applicable):	Telephone Number (202) 000 0000
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Street Number and Name 100 Law Firm Place	Apt. Number N/A
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City Washington	State DC	Zip Code 20000
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9. Gender: Male Female **10. Marital Status:** Single Married Divorced Widowed

11. Date of Birth (mm/dd/yyyy) 09/21/1997	12. City and Country of Birth San Salvador, El Salvador
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13. Present Nationality (Citizenship) El Salvador	14. Nationality at Birth El Salvador	15. Race, Ethnic, or Tribal Group Hispanic	16. Religion Catholic
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17. Check the box, a through c, that applies: a. I have never been in Immigration Court proceedings.
 b. I am now in Immigration Court proceedings. c. I am not now in Immigration Court proceedings, but I have been in the past.

18. Complete 18 a through c.
 a. When did you last leave your country? (mmm/dd/yyyy) 06/23/2011 b. What is your current I-94 Number, if any? N/A
 c. List each entry into the U.S. beginning with your most recent entry.
List date (mm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.)

Date	07/21/2011	Place	Brownsville, TX	Status	EWI	Date Status Expires:	N/A
Date		Place		Status			
Date		Place		Status			

19. What country issued your last passport or travel document? El Salvador	20. Passport # 123456789 Travel Document # N/A	21. Expiration Date (mm/dd/yyyy) 02/14/2014
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22. What is your native language (include dialect, if applicable)? Spanish	23. Are you fluent in English? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	24. What other languages do you speak fluently? None
For EOIR use only.	For USCIS use only. Decision:	
	Interview Date: _____	Approval Date: _____
	Asylum Officer ID#: _____	Denial Date: _____
		Referral Date: _____



Part A. II. Information About Your Spouse and Children

Your spouse

I am not married. (Skip to **Your Children** below.)

1. Alien Registration Number (A-Number) <i>(if any)</i>		2. Passport/ID Card No. <i>(if any)</i>		3. Date of Birth <i>(mm/dd/yyyy)</i>		4. U.S. Social Security No. <i>(if any)</i>	
5. Complete Last Name			6. First Name		7. Middle Name		8. Maiden Name
9. Date of Marriage <i>(mm/dd/yyyy)</i>			10. Place of Marriage			11. City and Country of Birth	
12. Nationality <i>(Citizenship)</i>			13. Race, Ethnic, or Tribal Group			14. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
15. Is this person in the U.S.? <input type="checkbox"/> Yes <i>(Complete Blocks 16 to 24.)</i> <input type="checkbox"/> No <i>(Specify location):</i> _____							
16. Place of last entry into the U.S.		17. Date of last entry into the U.S. <i>(mm/dd/yyyy)</i>		18. I-94 No. <i>(if any)</i>		19. Status when last admitted <i>(Visa type, if any)</i>	
20. What is your spouse's current status?		21. What is the expiration date of his/her authorized stay, if any? <i>(mm/dd/yyyy)</i>		22. Is your spouse in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No		23. If previously in the U.S., date of previous arrival <i>(mm/dd/yyyy)</i>	
24. If in the U.S., is your spouse to be included in this application? <i>(Check the appropriate box.)</i> <input type="checkbox"/> Yes <i>(Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)</i> <input type="checkbox"/> No							

Your Children. List all of your children, regardless of age, location, or marital status.

I do not have any children. *(Skip to Part A. III., Information about your background.)*

I have children. Total number of children: _____

(NOTE: Use Form I-589 Supplement A or attach additional sheets of paper and documentation if you have more than four children.)

1. Alien Registration Number (A-Number) <i>(if any)</i>		2. Passport/ID Card No. <i>(if any)</i>		3. Marital Status <i>(Married, Single, Divorced, Widowed)</i>		4. U.S. Social Security No. <i>(if any)</i>	
5. Complete Last Name			6. First Name		7. Middle Name		8. Date of Birth <i>(mm/dd/yyyy)</i>
9. City and Country of Birth			10. Nationality <i>(Citizenship)</i>		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 <i>(Complete Blocks 14 to 21.)</i> <input type="checkbox"/> No <i>(Specify location.)</i> _____							
14. Place of last entry in the U.S.		15. Date of last entry in the U.S. <i>(mm/dd/yyyy)</i>		16. I-94 No. <i>(if any)</i>		17. Status when last admitted <i>(Visa type, if any)</i>	
18. What is your child's current status?		19. What is the expiration date of his/her authorized stay, if any? <i>(mm/dd/yyyy)</i>		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? <i>(Check the appropriate box.)</i> <input type="checkbox"/> Yes <i>(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.)</i> <input type="checkbox"/> No							



Part A. II. Information About Your Spouse and Children (Continued)

1. Alien Registration Number (A-Number) (if any)		2. Passport/ID Card No. (if any)		3. Marital Status (Married, Single, Divorced, Widowed)		4. U.S. Social Security No. (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 No. (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 No. (if any)		3. Marital Status (Married, Single, Divorced, Widowed)		4. U.S. Social Security No. (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 No. (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 No. (if any)		3. Marital Status (Married, Single, Divorced, Widowed)		4. U.S. Social Security No. (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 No. (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							



Part A. III. Information About Your Background

1. List your last address where you lived before coming to the United States. If this is not the country where you fear persecution, also list the last address in the country where you fear persecution. (List Address, City/Town, Department, Province, or State and Country.)
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Number and Street (Provide if available)	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)
37 Calle Oriente 436	San Salvador	San Salvador	El Salvador	09/21/1997	06/23/2011

2. Provide the following information about your residences during the past 5 years. List your present address first.
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Number and Street	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)
1234 Morningside Dr., Apt. 101	Hyattsville	Maryland	USA	09/11	present
IES Brownsville	Brownsville	Texas	USA	07/11	09/11
37 Calle Oriente 436	San Salvador	San Salvador	El Salvador	09/97	06/11

3. Provide the following information about your education, beginning with the most recent.
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Name of School	Type of School	Location (Address)	Attended	
			From (Mo/Yr)	To (Mo/Yr)
Northwestern High School	High School	7000 Adelphi Rd, Hyattsville, MD 20781	09/11	present
Colegio de Santa Rosa	Grade School	Calle Santa Rosa, San Salvador, El Salvador	01/05	06/11

4. Provide the following information about your employment during the past 5 years. List your present employment first.
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Name and Address of Employer	Your Occupation	Dates	
		From (Mo/Yr)	To (Mo/Yr)
N/A			

5. Provide the following information about your parents and siblings (brothers and sisters). Check the box if the person is deceased.
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Full Name	City/Town and Country of Birth	Current Location
Mother Ana Doe	Colonia La Gloria, San Vicente, El Salvador	<input type="checkbox"/> Deceased Hyattsville, MD
Father Carlos Doe	Colonia La Gloria, San Vicente, El Salvador	<input checked="" type="checkbox"/> Deceased
Sibling Maria Doe	San Salvador, El Salvador	<input type="checkbox"/> Deceased Hyattsville, MD
Sibling Yeny Doe	San Salvador, El Salvador	<input type="checkbox"/> Deceased Hyattsville, MD
Sibling Julio Doe	Colonia La Gloria, San Vicente, El Salvador	<input checked="" type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased



Part B. Information About Your Application

(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part B.)

When answering the following questions about your asylum or other protection claim (withholding of removal under 241(b)(3) of the INA or withholding of removal under the Convention Against Torture), you must provide a detailed and specific account of the basis of your claim to asylum or other protection. To the best of your ability, provide specific dates, places, and descriptions about each event or action described. You must attach documents evidencing the general conditions in the country from which you are seeking asylum or other protection and the specific facts on which you are relying to support your claim. If this documentation is unavailable or you are not providing this documentation with your application, explain why in your responses to the following questions.

Refer to Instructions, Part I: Filing Instructions, Section II, "Basis of Eligibility," Parts A - D, Section V, "Completing the Form," Part B, and Section VII, "Additional Evidence That You Should Submit," for more information on completing this section of the form.

1. Why are you applying for asylum or withholding of removal under section 241(b)(3) of the INA, or for withholding of removal under the Convention Against Torture? Check the appropriate box(es) below and then provide detailed answers to questions A and B below:

I am seeking asylum or withholding of removal based on:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Political opinion |
| <input type="checkbox"/> Religion | <input checked="" type="checkbox"/> Membership in a particular social group |
| <input type="checkbox"/> Nationality | <input checked="" type="checkbox"/> Torture Convention |

- A. Have you, your family, or close friends or colleagues ever experienced harm or mistreatment or threats in the past by anyone?

No Yes

If "Yes," explain in detail:

1. What happened;
2. When the harm or mistreatment or threats occurred;
3. Who caused the harm or mistreatment or threats; and
4. Why you believe the harm or mistreatment or threats occurred.

While I was growing up in San Salvador, my father was an active member of the gang Mara Salvatrucha (MS-13). He was an alcoholic who did drugs, and he would often hurt me and my family. One day when I was fourteen, my sister Yeny and I witnessed our father's fellow gang-members brutally murder him with a machete. They did not know that we had seen them until later because we were hiding under a table. After they left, we told the police. When the gang members found out, they swore that they would "get" me and my sister, as well as force us to pay for the debts of our father.

- B. Do you fear harm or mistreatment if you return to your home country?

No Yes

If "Yes," explain in detail:

1. What harm or mistreatment you fear;
2. Who you believe would harm or mistreat you; and
3. Why you believe you would or could be harmed or mistreated.

My sister Yeny and I have received numerous threats from the MS-13. They still come to our mother's house and say that they will kill us if they find us. When we told the police about the threats, they refused to help. I believe that if I return to El Salvador, the MS-13 will find me, force me to pay for my father's debts, and kill me for having sought the assistance of the police.



Part B. Information About Your Application (Continued)

2. Have you or your family members ever been accused, charged, arrested, detained, interrogated, convicted and sentenced, or imprisoned in any country other than the United States?

No Yes

If "Yes," explain the circumstances and reasons for the action.

My father was arrested once in San Salvador, El Salvador for abusing my mother. I was little and do not know how much time he spent in jail.

- 3.A. Have you or your family members ever belonged to or been associated with any organizations or groups in your home country, such as, but not limited to, a political party, student group, labor union, religious organization, military or paramilitary group, civil patrol, guerrilla organization, ethnic group, human rights group, or the press or media?

No Yes

If "Yes," describe for each person the level of participation, any leadership or other positions held, and the length of time you or your family members were involved in each organization or activity.

I was a member of the soccer team of El Colegio Santa Rosa: Team Captain, from September 2010 to June 2011. My father was a member of the gang MS-13, but I don't know when he joined; I believe he was a member until he was killed.

- B. Do you or your family members continue to participate in any way in these organizations or groups?

No Yes

If "Yes," describe for each person your or your family members' current level of participation, any leadership or other positions currently held, and the length of time you or your family members have been involved in each organization or group.

4. Are you afraid of being subjected to torture in your home country or any other country to which you may be returned?

No Yes

If "Yes," explain why you are afraid and describe the nature of torture you fear, by whom, and why it would be inflicted.

My father's fellow members of the gang MS-13 have said they will harm me and my sister Yeny because of our father's debts and because we told police of our father's murder. We saw them use a machete to torture our father before cutting his throat, and we think that they will do the same or worse to us. The police did not help us when we advised them of the threats we were receiving, and they will do nothing if we return.



Part C. Additional Information About Your Application

(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part C.)

1. Have you, your spouse, your child(ren), your parents or your siblings ever applied to the U.S. Government for refugee status, asylum, or withholding of removal?

No Yes

If "Yes," explain the decision and what happened to any status you, your spouse, your child(ren), your parents, or your siblings received as a result of that decision. Indicate whether or not you were included in a parent or spouse's application. If so, include your parent or spouse's A-number in your response. If you have been denied asylum by an immigration judge or the Board of Immigration Appeals, describe any change(s) in conditions in your country or your own personal circumstances since the date of the denial that may affect your eligibility for asylum.

2. A. After leaving the country from which you are claiming asylum, did you or your spouse or child(ren) who are now in the United States travel through or reside in any other country before entering the United States? No Yes

B. Have you, your spouse, your child(ren), or other family members, such as your parents or siblings, ever applied for or received any lawful status in any country other than the one from which you are now claiming asylum?

No Yes

If "Yes" to either or both questions (2A and/or 2B), provide for each person the following: the name of each country and the length of stay, the person's status while there, the reasons for leaving, whether or not the person is entitled to return for lawful residence purposes, and whether the person applied for refugee status or for asylum while there, and if not, why he or she did not do so.

My sister and I traveled through Guatemala and Mexico by bus. We spent only a few days in each place - I don't know exactly how many -- and we did not request asylum. We do not have a visa or other legal means to return to either country.

3. Have you, your spouse or your child(ren) ever ordered, incited, assisted or otherwise participated in causing harm or suffering to any person because of his or her race, religion, nationality, membership in a particular social group or belief in a particular political opinion?

No Yes

If "Yes," describe in detail each such incident and your own, your spouse's, or your child(ren)'s involvement.



Part C. Additional Information About Your Application (Continued)

4. After you left the country where you were harmed or fear harm, did you return to that country?

No Yes

If "Yes," describe in detail the circumstances of your visit(s) (for example, the date(s) of the trip(s), the purpose(s) of the trip(s), and the length of time you remained in that country for the visit(s).)

5. Are you filing this application more than 1 year after your last arrival in the United States?

No Yes

If "Yes," explain why you did not file within the first year after you arrived. You must be prepared to explain at your interview or hearing why you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see Instructions, Part I: Filing Instructions, Section V. "Completing the Form," Part C.

I am filing this application more than one year after I arrived in the U.S. on July 21, 2011 I was designated an unaccompanied alien child and was detained at IES from July until September 23, 2011, when we went to live with my mother in Hyattsville. I was referred to KIND, but did not meet with them for a legal screening until April 15, 2012, and I did not get a pro bono lawyer until August 1, 2012. I am filing my application as soon as I could after getting a lawyer.

6. Have you or any member of your family included in the application ever committed any crime and/or been arrested, charged, convicted, or sentenced for any crimes in the United States?

No Yes

If "Yes," for each instance, specify in your response: what occurred and the circumstances, dates, length of sentence received, location, the duration of the detention or imprisonment, reason(s) for the detention or conviction, any formal charges that were lodged against you or your relatives included in your application, and the reason(s) for release. Attach documents referring to these incidents, if they are available, or an explanation of why documents are not available.



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.

* PHOTO *

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.

* PHOTO *


WARNING: Applicants who are in the United States illegally 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. Jose Guillermo Doe	Write your name in your native alphabet. Jose Guillermo Doe
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Did your spouse, parent, or child(ren) assist you in completing this application? No Yes (If "Yes," list the name and relationship.)

(Name)	(Relationship)	(Name)	(Relationship)
Did someone other than your spouse, parent, or child(ren) prepare this application? <input type="checkbox"/> No <input checked="" type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

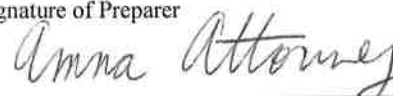
Signature of Applicant (The person in Part A.I.)

[] 10/12/2012

Sign your name so it all appears within the brackets 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 Anna Attorney	
Daytime Telephone Number (202) 000-0000		Address of Preparer: Street Number and Name 100 Law Firm Place	
Apt. No.	City Washington	State DC	Zip Code 2000

Part F. To Be Completed at Asylum Interview, if Applicable

NOTE: You will be asked to complete this part when you appear for examination before an asylum officer of the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS).

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are all true or not all true to the best of my knowledge and that correction(s) numbered ____ to ____ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

Signature of Applicant

Date (mm/dd/yyyy)

Write Your Name in Your Native Alphabet

Signature of Asylum Officer

Part G. To Be Completed at Removal Hearing, if Applicable

NOTE: You will be asked to complete this Part when you appear before an immigration judge of the U.S. Department of Justice, Executive Office for Immigration Review (EOIR), for a hearing.

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are all true or not all true to the best of my knowledge and that correction(s) numbered ____ to ____ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

Signature of Applicant

Date (mm/dd/yyyy)

Write Your Name in Your Native Alphabet

Signature of Immigration Judge

