

Form I-290B, Notice of Appeal or Motion

OMB No. 1615-0095

Expires 05/31/2020

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For USCIS Use Only

Returned

Date

Date

Resubmitted

Date

Date

Reloc Sent

Date

Date

Reloc Rec'd

Date

Date

Receipt

Remarks

To be completed by an attorney or accredited representative (if any).

[] 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)

Please visit www.uscis.gov/i-290b/jurisdiction for information on the immigration benefit types that are eligible for an appeal or motion using this form.

START HERE - Type or print in black ink.

If you do not completely fill out this form or fail to submit required documents listed in the Instructions, your appeal or motion may be dismissed or rejected.

Part 1. Information About the Applicant or Petitioner

If a business or organization is filing this appeal or motion, skip to **Item Number 3.** and do not complete **Item Numbers 1. or 2.**

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Date of Birth

3. Business or Organization **Name** (if applicable)

4. Alien Registration Number (A-Number, if any)

5. USCIS Online Account Number (if any)

Mailing Address (or Military APO/FPO Address, if applicable)

- 6.a. In Care Of Name (if any)
- 6.b. Street Number and Name
- 6.c. Apt. Ste. Flr. [Fillable Field]
- 6.d. City or Town
- 6.e. State
- 6.f. ZIP Code
- 6.g. Province
- 6.h. Postal Code
- 6.i. Country

Alternate or Safe Mailing Address

If you are filing an appeal or motion related to a decision on a Violence Against Women Act (VAWA) petition, human trafficking victim (T nonimmigrant) application, or victim of a qualifying crime (U nonimmigrant) petition, and you do not want USCIS to send notices about the appeal or motion to your home, you may provide a safe mailing address. If you are filing an appeal or motion related to a decision in a special immigrant juvenile petition, you may provide an alternate mailing address.

- 7.a. In Care Of Name (if any)
- 7.b. Street Number and Name
- 7.c. Apt. Ste. Flr. [Fillable Field]
- 7.d. City or Town
- 7.e. State
- 7.f. ZIP Code
- 7.g. Province
- 7.h. Postal Code
- 7.i. Country

Part 2. Information About the Appeal or Motion

Please indicate whether you are filing an **appeal** or a **motion**. You **cannot** file both an appeal and a motion on a single form. **If you select both an appeal and a motion, we may dismiss or reject your filing.**

NOTE: DO NOT use this form to file an appeal with the Board of Immigration Appeals (BIA). You must instead use Form EOIR-29.

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I am filing an **appeal**.

1.a. My brief and/or additional evidence is attached.

1.b. I will submit my brief and/or additional evidence to the **Administrative Appeals Office** within 30 calendar days of filing the appeal.

1.c. I will not be submitting a brief and/or additional evidence.

I am filing a **motion**.

2.a. I am filing a **motion to reopen**. My brief and/or additional evidence is attached.

2.b. I am filing a **motion to reconsider**. My brief is attached.

- 2.c.** I am filing a **motion to reopen** and a **motion to reconsider**. My brief and/or additional evidence is attached.
- 3. Immigration Form That** is the Subject of This Appeal or Motion (for example, Form I-140, I-360, I-129, I-485, I-601)
- 4.** Receipt Number for the **Application, Petition, or Other Request** (list **only one** Receipt Number)
- 5. Requested Classification** (for example, H-1B, R-1, O-1, EB-1, EB-2, **EB-3**) (if applicable)
- 6.** Date of the **Unfavorable** Decision (mm/dd/yyyy)
- 7.** Office That Issued the **Unfavorable** Decision

Part 3. Basis for the Appeal or Motion

You must provide a statement regarding the basis for your appeal or motion in the space provided below. If you need additional space to provide your explanation, use Part 7. Additional Information or a separate sheet of paper.

Appeal: Provide a statement that specifically identifies an erroneous conclusion of law or **statement of fact** in the decision **you are appealing**. **You MUST provide this information with your Form I-290B even if you intend to submit a brief later.**

Motion to Reopen: A motion to reopen must state new facts and **must** be supported by documentary evidence demonstrating eligibility for the requested immigration benefit at the time you filed the application or petition.

Motion to Reconsider: A motion to reconsider must **state the reasons for reconsideration and must be supported by any pertinent decisions to establish** that the decision was based on an incorrect application of law or **service policy, if applicable**. **A motion to reconsider must also establish** that the decision was incorrect based on the evidence **of record** at the time of the **decision**.

[Fillable field]

Part 4. Applicant's or Petitioner's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-290B Instructions before completing this part.

Section A

If you are filing an appeal or motion based on an **application or petition filed by an individual (not a business or organization)**, complete this section:

Applicant's or Petitioner's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.

1.b. The interpreter named in **Part 5.** read to me every question and instruction on this form, and my answer to every question, in [Fillable Field], a language in which I am **fluent, and I understood everything.**

2. At my request, the preparer named in **Part 6.** prepared this form for me based only upon information I provided or authorized.

Applicant's or Petitioner's Contact Information

- 3. **Daytime** Telephone Number
- 4. **Mobile** Telephone Number (if any)
- 5. **Email** Address (if any)

If **Part 4., Section A.** is being completed by an Authorized Signatory, provide the following information:

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7. Title

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Applicant's or Petitioner's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any **and all** of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I further authorize release of information contained in this form, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I certify, under penalty of perjury, that **I provided or authorized** all of the information in my **form**. **I understood** all of the information contained in, and submitted with, my form, and that all of this information is complete, true, and correct.

If filing this petition on behalf of someone else, I certify that I am authorized to do so by that person.

Applicant's or Petitioner's Signature

- 8.a. Applicant's or Petitioner's Signature
- 8.b. Date of Signature (mm/dd/yyyy)

Section B

If you are filing an appeal or motion based on a **petition filed by a business or organization (not an individual)**, complete this section:

Petitioner's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ___ I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.

1.b. ___ The interpreter named in **Part 5. read** to me every question and instruction on this form, and my answer to every question, in [Fillable Field], a language in which I am **fluent, and I** understood all of this information as interpreted.

2. ___ At my request, the preparer named in **Part 6**, prepared this form for me based only upon information I provided or authorized.

Petitioner's Contact Information

Provide the following information about the petitioner's authorized signatory.

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4. Title

5. Daytime Telephone Number

6. Mobile Telephone Number (if any)

7. Email Address (if any)

Petitioner's Certification

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any **information contained in this form, in supporting documents, and in the petitioning organization's USCIS records**, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this form using publicly available open source information. I also recognize that any supporting evidence submitted in support of this form may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this form on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that **I provided or authorized all of the information in my form**. I understood all of the information contained in, and submitted with, my appeal or motion, and all of this information is complete, true, and correct.

Signature of Authorized Signatory

8.a. Petitioner's Signature

8.b. Date of Signature (mm/dd/yyyy)

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Part 5. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3.a. Street Number and Name

- 3.b. Apt. Ste. Flr. [fillable field]
- 3.c. City or Town
- 3.d. State
- 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Interpreter's Contact Information

- 4. Interpreter's Daytime Telephone Number
- 5. Interpreter's Mobile Telephone Number (if any)
- 6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and [Fillable Field], which is the same language specified in **Part 4., Item Number 1.b.** in **Section A** or **Section B**, and I have read to this applicant or petitioner in the identified language every question and instruction on this form and his or her answer to every question. The applicant or petitioner informed me that he or she understands every instruction, question, and answer on the form, including the **Applicant's or Petitioner's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

Part 6. Contact Information, Declaration, and Signature of the Person Preparing This Form, if Other Than the Applicant or Petitioner

Provide the following information about the preparer.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr. [fillable field]
- 3.c. City or Town
- 3.d. State
- 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Preparer's Contact Information

- 4. Preparer's Daytime Telephone Number
- 5. Preparer's Mobile Telephone Number (if any)
- 6. Preparer's Email Address (if any)

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Preparer's Statement

7.a. I am not an attorney or accredited representative but have prepared this form on behalf of the applicant or petitioner and with the applicant's or petitioner's consent.

7.b. I am an attorney or accredited representative and my representation of the applicant or petitioner in this case extends/does not extend beyond the preparation of this form.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the applicant or petitioner. The applicant or petitioner then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her form, including the **Applicant's or Petitioner's Certification**, and that all of this information is complete, true, and correct. I completed this form based only on information that the applicant or petitioner provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

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Part 7. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name and A-Number at the top of each sheet; indicate the **Page Number, Part Number, and Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any)

3.a. Page Number

3.b. Part Number

3.c. Item Number

3.d. [Fillable field]

4.a. Page Number

4.b. Part Number

4.c. Item Number

4.d. [Fillable field]

5.a. Page Number

5.b. Part Number

5.c. Item Number

5.d. [Fillable field]

6.a. Page Number

6.b. Part Number

6.c. Item Number
6.d. [Fillable field]

7.a. Page Number
7.b. Part Number
7.c. Item Number
7.d. [Fillable field]