



# Petition for Amerasian, Widow(er), or Special Immigrant

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-360  
OMB No. 1615-0020  
Expires 03/31/2018

<b>For USCIS Use Only</b>		<b>Fee Stamp</b>	<b>Action Block</b>
Returned			
Resubmitted			
Relocated	Received Sent		
<b>Remarks:</b>	<input type="checkbox"/> Petitioner/Applicant Interviewed	<b>Classification</b>	<b>Priority Date</b>
	<input type="checkbox"/> Interviewed Beneficiary Interviewed	<b>Consulate</b>	
	<input type="checkbox"/> I-485 Filed Concurrently		
	<input type="checkbox"/> Bene "A" File Reviewed		

<b>To be completed by an Attorney or Accredited Representative (if any).</b>	<input type="checkbox"/> <b>Select this box if Form G-28 or G-28I is attached.</b>	<b>Attorney State Bar Number (if applicable)</b> <input type="text"/>	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <input type="text"/>

▶ **START HERE - Type or print in black ink.**

## Part 1. Information About Person or Organization Filing This Petition

**NOTE:** You must complete **Part 1.** as the petitioner if you are filing this petition on behalf of another person. If you are a Violence Against Women Act (VAWA) self-petitioner or special immigrant juvenile, skip to **Part 1., Item Number 7.**

**1. Your Full Name**

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**2. USCIS Online Account Number (if any)**

▶

**3. U.S. Social Security Number (if any)**

▶

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

▶ **A-**

**5. Individual IRS Tax Number (if any)**

▶

**6. Mailing Address**

In Care Of Name (if any)

Organization Name (if applicable)

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>

City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>