



Check this box-- even if it is an affirmative application-- you want to preserve the right to apply for WH/CAT and since they are converting USCIS cases to court may as well check this on all filings

# Application for Asylum and for Withholding of Removal

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

USCIS  
Form I-589

MB No. 1615-0067

Expires 09/30/2027

Don't worry about this box if they don't have an online account. Just put N/A

**START HERE - Type or print in black ink. See the instructions for information about eligibility and how to complete and file 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)                                                                                                                                                                                                                                                          |  | 2. U.S. Social Security Number (if any)                                                                                                                 |  | 3. USCIS Online Account Number (if any)                                                                                                      |  |
| 4. Complete Last Name                                                                                                                                                                                                                                                                                        |  | 5. First Name                                                                                                                                           |  | Many people don't have SSN. Just write none or NA. *** For all questions always put NA or NONE or UNKNOWN rather than leave blank!           |  |
| 7. What other names have you used (include maiden name and aliases)?                                                                                                                                                                                                                                         |  |                                                                                                                                                         |  |                                                                                                                                              |  |
| 8. Residence in the U.S. (where you physically reside)                                                                                                                                                                                                                                                       |  |                                                                                                                                                         |  | If this address has not been updated then make sure you file an AR-11 change of address with USCIS and (if they are in court the EOIR-33/IC) |  |
| Street Number and Name                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                         |  | Apt. Number                                                                                                                                  |  |
| City                                                                                                                                                                                                                                                                                                         |  | State                                                                                                                                                   |  | Telephone Number ( )                                                                                                                         |  |
| (NOTE: You must be residing in the United States to submit this form.)                                                                                                                                                                                                                                       |  |                                                                                                                                                         |  |                                                                                                                                              |  |
| 9. Mailing Address in the U.S. (if different than the address in Item Number 8)                                                                                                                                                                                                                              |  |                                                                                                                                                         |  |                                                                                                                                              |  |
| In Care Of (if applicable):                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                         |  | Telephone Number ( )                                                                                                                         |  |
| Street Number and Name                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                         |  | Apt. Number                                                                                                                                  |  |
| City                                                                                                                                                                                                                                                                                                         |  | State                                                                                                                                                   |  | Zip Code                                                                                                                                     |  |
| 10. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                        |  | 11. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |  |                                                                                                                                              |  |
| 12. Date of Birth (mm/dd/yyyy)                                                                                                                                                                                                                                                                               |  | 13. City and Country of Birth                                                                                                                           |  |                                                                                                                                              |  |
| 14. Present Nationality (Citizenship)                                                                                                                                                                                                                                                                        |  | 15. Nationality at Birth                                                                                                                                |  | 16. Race                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                         |  | If you don't have the I-94 but do have the passport then you can look up the I-94 online with Customs and Border Protection                  |  |
| 17. Religion                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                         |  |                                                                                                                                              |  |
| 18. Check the box, a through c, that applies: a. <input type="checkbox"/> I have never been in Immigration Court proceedings. b. <input type="checkbox"/> I am now in Immigration Court proceedings. c. <input type="checkbox"/> I am not now in Immigration Court proceedings, but I have been in the past. |  |                                                                                                                                                         |  |                                                                                                                                              |  |
| 19. Complete 19 a through c.                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                         |  |                                                                                                                                              |  |
| a. When did you last leave your country? (mm/dd/yyyy) _____ b. What is your current I-94 Number, if any? _____                                                                                                                                                                                               |  |                                                                                                                                                         |  |                                                                                                                                              |  |
| 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 _____                                                                                                                                                                                                                                                                                                   |  | Place _____                                                                                                                                             |  | Status _____                                                                                                                                 |  |
| Date _____                                                                                                                                                                                                                                                                                                   |  | Place _____                                                                                                                                             |  | Status _____                                                                                                                                 |  |
| Date _____                                                                                                                                                                                                                                                                                                   |  | Place _____                                                                                                                                             |  | Status _____                                                                                                                                 |  |
| 20. What country issued your last passport or travel document?                                                                                                                                                                                                                                               |  | 21. Passport Number _____                                                                                                                               |  |                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                              |  | Travel Document Number _____                                                                                                                            |  |                                                                                                                                              |  |
| 23. What is your native language (include dialect, if applicable)?                                                                                                                                                                                                                                           |  | 24. Are you fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                 |  | 25. What other languages do you speak fluently?                                                                                              |  |

## Part A.II. Information About Your Spouse and Children

|                                                                         |                            |                                                                         |                                                                                        |
|-------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <b>For EOIR use only.</b><br>Remember this needs to be a legal marriage | <b>For USCIS use only.</b> | <b>Action:</b><br>Interview Date: _____<br>Asylum Officer ID No.: _____ | <b>Decision:</b><br>Approval Date: _____<br>Denial Date: _____<br>Referral Date: _____ |
|-------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------|

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

|                                                                                                                                                                                                                                                                                                         |                                                                                         |                                                                                                                         |                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>1.</b> Alien Registration Number (A-Number) (if any)                                                                                                                                                                                                                                                 | <b>2.</b> Passport/ID Card Number (if any)                                              | <b>3.</b> Date of Birth (mm/dd/yyyy)                                                                                    | <b>4.</b> U.S. Social Security Number (if any)                                  |
| <b>5.</b> Complete Last Name                                                                                                                                                                                                                                                                            | <b>6.</b> First Name                                                                    | <b>7.</b> Middle Name                                                                                                   | <b>8.</b> Other names used (include maiden name and aliases)                    |
| <b>9.</b> Date of Marriage (mm/dd/yyyy)                                                                                                                                                                                                                                                                 | <b>10.</b> Place of Marriage                                                            | <b>11.</b> City and Country of Birth                                                                                    |                                                                                 |
| <b>12.</b> Nationality (Citizenship)                                                                                                                                                                                                                                                                    |                                                                                         | <b>13.</b> Race, Ethnic, or Tribal Group                                                                                | <b>14.</b> Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| <b>15.</b> Is this person in the U.S.?<br><input type="checkbox"/> Yes (Complete Blocks 16 to 24.) <input type="checkbox"/> No (Specify location): _____<br>People often want to lie here. It must be answered truthfully                                                                               |                                                                                         |                                                                                                                         |                                                                                 |
| <b>16.</b> Place of last entry into the U.S.                                                                                                                                                                                                                                                            | <b>17.</b> Date of last entry into the U.S. (mm/dd/yyyy)                                | <b>18.</b> I-94 Number (if any)                                                                                         | <b>19.</b> Status when last admitted (Visa type, if any)                        |
| <b>20.</b> What is your spouse's current status?                                                                                                                                                                                                                                                        | <b>21.</b> What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) | <b>22.</b> Is your spouse in Immigration Court proceedings?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>23.</b> If previously in the U.S., date of previous arrival (mm/dd/yyyy)     |
| <b>24.</b> If in the U.S., is your spouse to be included in this application? (Check the appropriate box.)<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If you are not sure about this question talk to your mentor. Generally speaking including spouses and children is a good idea |                                                                                         |                                                                                                                         |                                                                                 |

**Your Children.** List all of your children, regardless of age ☐ I do not have any children. (Skip to Part A.III., Information about your background.)

☐ I have children. Total number of children: \_\_\_\_\_  
If there are more than 4 children then you have to use the supplemental space at the back of the application

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

|                                                                                                                                                                       |                                                                                         |                                                                                                                        |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>1.</b> Alien Registration Number (A-Number) (if any)                                                                                                               | <b>2.</b> Passport/ID Card Number (if any)                                              | <b>3.</b> Marital Status (Married, Single, Divorced, Widowed)                                                          | <b>4.</b> U.S. Social Security Number (if any)                                  |
| <b>5.</b> Complete Last Name                                                                                                                                          | <b>6.</b> First Name                                                                    | <b>7.</b> Middle Name                                                                                                  | <b>8.</b> Date of Birth (mm/dd/yyyy)                                            |
| <b>9.</b> City and Country of Birth                                                                                                                                   | <b>10.</b> Nationality (Citizenship)                                                    | <b>11.</b> Race, Ethnic, or Tribal Group                                                                               | <b>12.</b> Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| <b>13.</b> Is this child in the U.S. ? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____                 |                                                                                         |                                                                                                                        |                                                                                 |
| <b>14.</b> Place of last entry into the U.S.                                                                                                                          | <b>15.</b> Date of last entry into the U.S. (mm/dd/yyyy)                                | <b>16.</b> I-94 Number (If any)                                                                                        | <b>17.</b> Status when last admitted (Visa type, if any)                        |
| <b>18.</b> What is your child's current status?                                                                                                                       | <b>19.</b> What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) | <b>20.</b> Is your child in Immigration Court proceedings?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                 |
| <b>21.</b> If in the U.S., is this child to be included in this application? (Check the appropriate box.)<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                         |                                                                                                                        |                                                                                 |



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

|                                                                                                                                                                                   |                                                                                                  |                                                                                                                        |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>1.</b> Alien Registration Number (A-Number)<br>(if any)                                                                                                                        | <b>2.</b> Passport/ID Card Number<br>(if any)                                                    | <b>3.</b> Marital Status ( <i>Married, Single, Divorced, Widowed</i> )                                                 | <b>4.</b> U.S. Social Security Number<br>(if any)                               |
| <b>5.</b> Complete Last Name                                                                                                                                                      | <b>6.</b> First Name                                                                             | <b>7.</b> Middle Name                                                                                                  | <b>8.</b> Date of Birth ( <i>mm/dd/yyyy</i> )                                   |
| <b>9.</b> City and Country of Birth                                                                                                                                               | <b>10.</b> Nationality ( <i>Citizenship</i> )                                                    | <b>11.</b> Race, Ethnic, or Tribal Group                                                                               | <b>12.</b> Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| <b>13.</b> 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> ): _____           |                                                                                                  |                                                                                                                        |                                                                                 |
| <b>14.</b> Place of last entry into the U.S.                                                                                                                                      | <b>15.</b> Date of last entry into the U.S. ( <i>mm/dd/yyyy</i> )                                | <b>16.</b> I-94 Number ( <i>If any</i> )                                                                               | <b>17.</b> Status when last admitted ( <i>Visa type, if any</i> )               |
| <b>18.</b> What is your child's current status?                                                                                                                                   | <b>19.</b> What is the expiration date of his/her authorized stay, if any? ( <i>mm/dd/yyyy</i> ) | <b>20.</b> Is your child in Immigration Court proceedings?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                 |
| <b>21.</b> If in the U.S., is this child to be included in this application? ( <i>Check the appropriate box.</i> )<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                                                                                  |                                                                                                                        |                                                                                 |
| <b>1.</b> Alien Registration Number (A-Number)<br>(if any)                                                                                                                        | <b>2.</b> Passport/ID Card Number<br>(if any)                                                    | <b>3.</b> Marital Status ( <i>Married, Single, Divorced, Widowed</i> )                                                 | <b>4.</b> U.S. Social Security Number<br>(if any)                               |
| <b>5.</b> Complete Last Name                                                                                                                                                      | <b>6.</b> First Name                                                                             | <b>7.</b> Middle Name                                                                                                  | <b>8.</b> Date of Birth ( <i>mm/dd/yyyy</i> )                                   |
| <b>9.</b> City and Country of Birth                                                                                                                                               | <b>10.</b> Nationality ( <i>Citizenship</i> )                                                    | <b>11.</b> Race, Ethnic, or Tribal Group                                                                               | <b>12.</b> Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| <b>13.</b> 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> ): _____           |                                                                                                  |                                                                                                                        |                                                                                 |
| <b>14.</b> Place of last entry into the U.S.                                                                                                                                      | <b>15.</b> Date of last entry into the U.S. ( <i>mm/dd/yyyy</i> )                                | <b>16.</b> I-94 Number ( <i>If any</i> )                                                                               | <b>17.</b> Status when last admitted ( <i>Visa type, if any</i> )               |
| <b>18.</b> What is your child's current status?                                                                                                                                   | <b>19.</b> What is the expiration date of his/her authorized stay, if any? ( <i>mm/dd/yyyy</i> ) | <b>20.</b> Is your child in Immigration Court proceedings?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                 |
| <b>21.</b> If in the U.S., is this child to be included in this application? ( <i>Check the appropriate box.</i> )<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                                                                                  |                                                                                                                        |                                                                                 |
| <b>1.</b> Alien Registration Number (A-Number)<br>(if any)                                                                                                                        | <b>2.</b> Passport/ID Card Number<br>(if any)                                                    | <b>3.</b> Marital Status ( <i>Married, Single, Divorced, Widowed</i> )                                                 | <b>4.</b> U.S. Social Security Number<br>(if any)                               |
| <b>5.</b> Complete Last Name                                                                                                                                                      | <b>6.</b> First Name                                                                             | <b>7.</b> Middle Name                                                                                                  | <b>8.</b> Date of Birth ( <i>mm/dd/yyyy</i> )                                   |
| <b>9.</b> City and Country of Birth                                                                                                                                               | <b>10.</b> Nationality ( <i>Citizenship</i> )                                                    | <b>11.</b> Race, Ethnic, or Tribal Group                                                                               | <b>12.</b> Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| <b>13.</b> 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> ): _____           |                                                                                                  |                                                                                                                        |                                                                                 |
| <b>14.</b> Place of last entry into the U.S.                                                                                                                                      | <b>15.</b> Date of last entry into the U.S. ( <i>mm/dd/yyyy</i> )                                | <b>16.</b> I-94 Number ( <i>If any</i> )                                                                               | <b>17.</b> Status when last admitted ( <i>Visa type, if any</i> )               |
| <b>18.</b> What is your child's current status?                                                                                                                                   | <b>19.</b> What is the expiration date of his/her authorized stay, if any? ( <i>mm/dd/yyyy</i> ) | <b>20.</b> Is your child in Immigration Court proceedings?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                 |
| <b>21.</b> If in the U.S., is this child to be included in this application? ( <i>Check the appropriate box.</i> )<br><input type="checkbox"/> Yes<br><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<br>(Provide if available) | City/Town | Department, Province, or State | Country | Dates        |            |
|---------------------------------------------|-----------|--------------------------------|---------|--------------|------------|
|                                             |           |                                |         | From (Mo/Yr) | To (Mo/Yr) |
|                                             |           |                                |         |              |            |
|                                             |           |                                |         |              |            |

Do your best here. Not all countries have postal notations that fit in here. You can always describe more in the supplemental space in the back

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

Do your best with month and year. If you only know year its ok to just put the year

| Number and Street | City/Town | Department, Province, or State | Country | Dates        |            |
|-------------------|-----------|--------------------------------|---------|--------------|------------|
|                   |           |                                |         | From (Mo/Yr) | To (Mo/Yr) |
|                   |           |                                |         |              |            |
|                   |           |                                |         |              |            |
|                   |           |                                |         |              |            |
|                   |           |                                |         |              |            |
|                   |           |                                |         |              |            |

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

Annoyingly this goes all the way back... not just 5 years

| Name of School | Type of School | Location (Address) | Attended     |            |
|----------------|----------------|--------------------|--------------|------------|
|                |                |                    | From (Mo/Yr) | To (Mo/Yr) |
|                |                |                    |              |            |
|                |                |                    |              |            |
|                |                |                    |              |            |
|                |                |                    |              |            |

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) |
|                              |                 |              |            |
|                              |                 |              |            |
|                              |                 |              |            |

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    |                                | <input type="checkbox"/> Deceased |
| Father    |                                | <input type="checkbox"/> Deceased |
| Sibling   |                                | <input type="checkbox"/> Deceased |
| Sibling   |                                | <input type="checkbox"/> Deceased |
| Sibling   |                                | <input type="checkbox"/> Deceased |
| Sibling   |                                | <input type="checkbox"/> Deceased |

Must be truthful here. Can put U.S. state if in the U.S.



## 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 1: 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 type="checkbox"/> Membership in a particular social group |
| <input type="checkbox"/> Nationality | <input type="checkbox"/> Torture Convention                      |

You can pick multiple boxes if multiple theories apply to your case

Good idea to check to preserve the possibility

- 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.

This is essentially where the past persecution is outlined. Some people like to write "see declaration" but lately that opens up too much risk for the government to find that the application wasn't complete. Here it is best to do an overview of what happened that is focused but doesn't give all the detail and then say, see declaration for more detail.

- 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.

Here specifically outline the harm that is feared. Do not be vague like "I fear persecution from the people who did bad things to me before". Be as focused and specific as possible about the what the who and the why. If it is not government actors then explain why government cannot protect them as well. Always add, see declaration for more detail

## 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 (including for an immigration law violation)?

☐ No

☐ Yes

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

Yes, "family members" is vague. Definitely include spouse, parents, siblings, and children..

- 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.

Again, "family members" is a vague term as is "groups". Here, err on the side of caution and list everything that is a possibility

- 3.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.

This doesn't have to be specific (it can be) but describe what harm the client fears and why the government won't stop it. Torture is a specific definition but we fill out this section so clients aren't precluded from claiming CAT protection if necessary



## 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

- 2.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.

This question addresses the Firm Resettlement Bar. List every country and do your best with the length of stay and the explanation of why they didn't apply for status... it can be as simple as they were scared or they didn't know how or they did not have enough time because they were in transit

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.



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**Part C. Additional Information About Your Application (continued)**

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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 1: Filing Instructions, Section V. "Completing the Form," Part C.



If you check yes on this box  
you need to speak with your  
mentor about how to mitigate  
the problems surrounding the  
one-year filing deadline

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 (including for an immigration law violation)?

☐ 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 certify that I am physically present in the United States or seeking admission at a Port of Entry when I execute this application. 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.

**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.

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?

☐ 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.)

➔ [ \_\_\_\_\_ ]  
Sign your name so it all appears within the brackets

This is where they sign for filing

Date (mm/dd/yyyy)

**REMEMBER WHEN YOU FILE THERE IS A FEE!**

## 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).

This is you

Signature of Preparer

Print Complete Name of Preparer

Daytime Telephone Number  
( )

Address of Preparer: Street Number and Name

Apt. Number

City

State

Zip Code

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)

G-28's are only used in USCIS affirmative filings

## 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 Leave this page blank! 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





# Application for Asylum and for Withholding of Removal Supplement A

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

USCIS  
Form I-589  
OMB No. 1615-0069  
Expires 09/30/2027

|                         |                       |
|-------------------------|-----------------------|
| A-Number (If available) | Date                  |
| Applicant's Name        | Applicant's Signature |

## 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. Sex<br><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?<br><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.)<br><input type="checkbox"/> Yes<br><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. Sex<br><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?<br><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.)<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                                                                  |                                                                                                                 |                                                                          |





# Application for Asylum and for Withholding of Removal Supplement B

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

USCIS  
**Form I-589**  
OMB No. 1615-0069  
Expires 09/30/2027

## Additional Information About Your Claim to Asylum

|                         |                       |
|-------------------------|-----------------------|
| A-Number (if available) | Date                  |
| Applicant's Name        | Applicant's Signature |

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

Part \_\_\_\_\_

Question \_\_\_\_\_

