

NBC SIJ TEMPLATES

NBC I-360 RFE (SIJ)

Header

[[[LETTERHEADER]]]

Processing of your Petition for Amerasian, Widow(er), or Special Immigrant (Form I-360) cannot be completed without additional information. You must submit the information requested by[[[LETTER_CALL_UP_DT]]] to: **U.S. Department of Homeland Security, PO Box 648004, Lee's Summit, MO 64002**. For Express Mail or Courier deliveries, send to: **USCIS, Attention: Adjustment of Status, 850 NW Chipman Rd., Lee's Summit, MO 64063**. Submit ALL of the information requested below at one time. Failure to do so will result in a denial. Include this letter with your response.

Please ensure all copies of documents submitted are clear and legible. If you submit a document in any language other than English, it must be submitted with a full English translation. The translator must certify that the translation is complete and accurate and that he or she is competent to translate from the foreign language into English.

If you need additional information, please visit the USCIS website at <http://www.uscis.gov> or call our National Customer Service Center at 1-800-375-5283 (1-800-767-1833 for the hearing impaired). This toll-free call center can connect you to live assistance, in English and Spanish, during office hours.

Footer

xxxINSERT RFE SNIPPETS HERExxx

[[[SIGNATURE]]]

Standard Paragraphs

NONE

Snippets

Name	Content
Court/Admin Docs	<ul style="list-style-type: none"> • Please provide a copy of a juvenile court order declaring that: 1) you are dependent on the court or under the custody of an agency or department of the state, or an individual entity appointed by the court; 2) reunification with one or both of your parents is not viable due to abuse, neglect, abandonment, or a similar basis under state law; and 3) it would not be in your best interest to be returned to your or your parent’s country of nationality or last habitual residence.
Court/Admin Insuf No Basis	<ul style="list-style-type: none"> • You have provided USCIS with a copy of XXX DescofSubmtDocs XXX from the State of XXX STATE XXX. A review of this court order and the documentation provided finds that there is insufficient evidence to show the factual basis of the court order. <p>Per the USCIS Policy Manual:</p> <p><i>If a petitioner does not submit a court order that includes facts that establish a factual basis for all of the required findings, USCIS may request evidence of the factual basis for the court’s findings. USCIS does not require specific documents to establish the factual basis or the entire record considered by the court. However, the burden is on the petitioner to provide the factual basis for the court’s findings.</i></p> <p>Please provide USCIS with documentation to establish a reasonable factual basis for the courts findings. Examples of acceptable documentation include, but are not limited to:</p> <ul style="list-style-type: none"> • Any supporting documents submitted to the juvenile court, if available; • The petition for dependency or complaint for custody or other documents which initiated the juvenile court proceedings;

	<ul style="list-style-type: none"> • Affidavits summarizing the evidence presented to the court or records from the judicial proceedings; and • Affidavits or records that were not presented to the court but are consistent with the findings made by the court.
Court/Admin Insuf Rqmts	<ul style="list-style-type: none"> • You have provided USCIS with a copy of XXX DescofSubmtDocs XXX from the State of XXX STATE XXX. This document is insufficient because it does not show XXX list specific ground—i.e.: would not be in the child’s best interest to be returned to the child’s or their parent’s country of nationality or last habitual residence XXX. <p>Please provide a copy of a juvenile court order declaring that: 1) you are dependent on the court or under custody of an agency or department of the state, or an individual entity appointed by the court; 2) reunification with one or both of your parents is not viable due to abuse, neglect, abandonment, or a similar basis under state law; and 3) it would not be in your best interest to be returned to your or your parent’s country of nationality or last habitual residence.</p>
DOB Discrepancy	<ul style="list-style-type: none"> • USCIS records indicate that you were born on XXX USCIS_DOB XXX. You indicated on XXX DocumentWhereNewDOBClaimed XXX that you were born on XXX ClaimedDOB XXX. Please submit documentary evidence to establish your true date of birth. Such evidence may include a timely-registered birth certificate issued by the appropriate civil authorities, passport, government-issued identification card showing name and date of birth, and/or secondary evidence such as baptismal certificate or school records, which in the discretion of USCIS establishes your age.
Name Change	<ul style="list-style-type: none"> • Submit documentary evidence showing that XXX NameOne XXX and XXX NameTwo XXX are the same person. Documentary evidence of a name change may include, but is not limited to, a birth certificate, adoption decree, marriage certificate, divorce decree, death certificate (of the spouse whose name you used), court-ordered legal name change petition, or other legal document. Acceptable evidence must show that the event was registered with the appropriate civil authority.

No English Translation	<ul style="list-style-type: none"> You submitted XXX DescofFrngDocSubmtd XXX without the English translation. Please submit the English translation. The translator must certify that the translation is complete and accurate, and that he or she is competent to translate from the foreign language into English.
No Foreign Document	<ul style="list-style-type: none"> You submitted the English translation for XXX DescofEnglishDocSubmtd XXX without the foreign language document. Please submit a <u>legible copy</u> of XXX DescofFrngDocNeeded XXX in its original language from which the translation was taken.
Partial English Translation	<ul style="list-style-type: none"> You submitted only a partial or abstract English translation of XXX DescofEnglishDocmnt XXX. Please submit a complete English translation of the document. The translator must certify that the translation is complete and accurate, and that he or she is competent to translate from the foreign language into English.
Proof of Age	<ul style="list-style-type: none"> Please provide evidence of your age. Such evidence can include: a timely-registered birth certificate issued by the appropriate civil authorities, passport, government-issued identification card showing name and date of birth, or secondary evidence such as a baptismal certificate or school records, which in the discretion of USCIS establishes your age.
Proof of Age Insuf	<ul style="list-style-type: none"> As proof of age, you have submitted XXX Desc of Proof XXX. This evidence is insufficient because XXX Descof WhyInsuf XXX. <p>Please provide evidence of your age. Such evidence can include: a timely-registered birth certificate issued by the appropriate civil authorities, passport, government-issued identification card showing name and date of birth, or secondary evidence such as a baptismal certificate or school records, which in the discretion of USCIS establishes your age.</p>
Signature Unacceptable	<p>The Form I-360, <u>Petition for Amerasian, Widow(er), or Special Immigrant</u>, you provided is unacceptable because it was not properly signed by the petitioner. The petitioner must sign the Form I-360. USCIS policy also requires petitioners to sign Form I-360 based on age:</p>

	<ul style="list-style-type: none"> • If age 14 or older, the petitioner <u>must sign their own Form I-360</u>. A parent, legal guardian or other party may not sign for the petitioner. However, a legal guardian may sign for a mentally incompetent person. • If under age 14, the petitioner or their parent or legal guardian may sign Form I-360. <p>Please sign and return the enclosed signature page of Form I-360.</p>
General Legal Basis	<p>You have provided USCIS with a copy of XXX Insert Order Number XXX dated XXX Insert Date of Order XXX, from the State of XXX State XXX. This document is insufficient because it is unclear if the Court relied upon state law in reaching its findings. The Order cites to provisions of the XXX Insert what provisions of INA/CFR were cited XXX. Please provide evidence the order was issued in accordance with relevant state law.</p>
Order Insfent - Guard w/o Custod	<ul style="list-style-type: none"> • You have provided USCIS with a copy of an order appointing XXXGUARDIAN NAMEXXX as your guardian. This does not establish that you have been placed under the custody of XXXGUARDIAN NAMEXXX. <p>Per 101(a)(27)(J) and the USCIS Policy Manual Volume 6 Part J Chapter 2D:</p> <p><i>Placing the petitioner “under the custody of” an individual requires that person to be given physical custody.</i></p> <p>Please provide evidence that you have been placed under the custody of an individual.</p>
Order Insufficient - Not Juv Crt	<ul style="list-style-type: none"> • You have provided USCIS with a copy of XXXORDERXXX dated XXXDATEXXX, from the State of XXXSTATEXXX. <p>Per 101(a)(27)(J), 8 CFR 204.11(a), 8 CFR 204.11(d)(2) and the USCIS Policy Manual</p>

Volume 6 Part J Chapter 2D:

A juvenile court is defined as a U.S. court having jurisdiction under state law to make judicial determinations about the custody and care of juveniles. The juvenile court order must have been properly issued under state law to be valid for the purposes of establishing eligibility for SIJ classification. This includes the need for the juvenile court to follow their state laws on jurisdiction.

Please provide evidence that the court order you submitted was issued by a juvenile court with jurisdiction over your care and custody as a juvenile under the state law of XXXstate order was issuedinXXX.

NBC 485 RFE (SIJ)

Header

[[[LETTERHEADER]]]

Dear [[[LETTER_BENEFICIARY_FIRST_NAME_TX]]] [[[LETTER_BENEFICIARY_LAST_NAME_TX]]]:

Why We Are Writing You

On [[[LETTER_CASE_RECEIPT_DT]]], you submitted your [[[FORM_TYPE_NAME_TX]]]. We are writing to inform you that we need more information from you to make a decision on your case. Please read this letter carefully and follow all of the instructions below.

What You Need To Do

You must provide the following information in order for us to make a final decision on your case.

XXXThe Form I-693, Report of Medical Examination and Vaccination Record, that you submitted is incomplete. We need additional medical information to complete your case. PLACE ALL I-693 RELATED RFE STANDARD PARAGRAPHS and SNIPPETS BELOW THIS TEXT OR DELETE IF RFE DOES NOT PERTAIN TO I-693XXX

Footer

When You Need To Do It

You must send the requested information by mail to the address shown below by [[[LETTER_CALL_UP_DT]]].

You must submit all of the requested evidence at one time. If you submit only part of the evidence, we will make a decision based on the evidence that you submit. We will not consider any evidence that is submitted after the due date. If you do not respond to this request by the date shown above, we will deny your case.

If you submit a document in any language other than English, you must provide: (1) a copy of the original document in its foreign language; and (2) a full English translation of the document. The translator must certify that the translation is complete and accurate, and that he or she is competent to translate from the foreign language to English.

We strongly recommend you keep a copy of all documents that you submit to USCIS in response to this request.

Please include a copy of this letter with your response.

Submit your response with requested document(s), information, etc. to this address:

Regular Mail

**U.S. Department of Homeland
Security**

PO Box 648004

Lee's Summit, MO 64002

Express Mail or Courier Deliveries

**USCIS, Attention: Adjustment of
Status**

850 NW Chipman Rd

Lee's Summit, MO 64063

Please do not forget to include a copy of this letter with your response.

Sincerely,

[[[SIGNATURE]]]

Snippets

NBJ SIJ 485 RFE TOPIC

Name	Content
FORM I-693 INCOMPLETE	The Form I-693, Report of Medical Examination and Vaccination Record, that you submitted is incomplete. We need additional medical information to complete your case.

NBC AOS RFE SIJ – I-693

Name	Content
Intoxication - DUI/DWI SIJ	<p>An arrest for alcohol-related driving may be evidence of health-related inadmissibility under INA 212(a)(1)(A)(iii), as a physical or mental disorder with related harmful behavior. Because your file does not show that the information about your driving under the influence (DUI) or driving while intoxicated (DWI) was considered by a USCIS Civil Surgeon, please go to a USCIS Civil Surgeon so he or she can examine you. You must then submit a Form I-693 that shows the DUI/DWI was reported to the Civil Surgeon as part of the exam.</p> <p>Once this is complete, please return the amended Form I-693 in an envelope sealed by the civil</p>

	<p>surgeon. Please note civil surgeons must use the current Edition of Form I-693. You can find the current edition of Form I-693 on USCIS’s website at www.uscis.gov. In addition, the civil surgeon must ensure that all parts of Form I-693 were properly completed. You may find a list of designated civil surgeons by calling the USCIS National Customer Service Center at 1-800-375-5283, or on USCIS’s website at www.uscis.gov.</p>
Syphilis Test SIJ	<p>Because you are 15 years of age or older, you must have the Serologic Test for syphilis. Your file does not show that a USCIS Civil Surgeon did this test. Please go to a USCIS Civil Surgeon to take this test, and then submit the results to us.</p> <p>Once this is complete, please return the amended Form I-693 in an envelope sealed by the civil surgeon. Please note civil surgeons must use the current Edition of Form I-693. You can find the current edition of Form I-693 on USCIS’s website at www.uscis.gov. In addition, the civil surgeon must ensure that all parts of Form I-693 were properly completed. You may find a list of designated civil surgeons by calling the USCIS National Customer Service Center at 1-800-375-5283, or on USCIS’s website at www.uscis.gov.</p>
TB X-Ray SIJ	<p>A review of your Form I-693 shows a reading of XXX(INSERT number)XXX millimeters on your tuberculin (TB) skin test. All applicants whose TB skin test has a result of greater than 5 millimeters must have a chest x-ray exam. Because your TB skin test result is greater than 5 millimeters, please make arrangements to have a chest x-ray exam with a USCIS Civil Surgeon.</p> <p>Once this is complete, please return the amended Form I-693 in an envelope sealed by the civil surgeon. Please note civil surgeons must use the current Edition of Form I-693. You can find the current edition of Form I-693 on USCIS’s website at www.uscis.gov. In addition, the civil surgeon must ensure that all parts of Form I-693 were properly completed. You may find a list of designated civil surgeons by calling the USCIS National Customer Service Center at 1-800-375-5283, or on USCIS’s website at www.uscis.gov.</p>
Vaccination SIJ	<p>You must get a vaccination certification from a USCIS Civil Surgeon and submit this to us.</p> <p>Once this is complete, please return the amended Form I-693 in an envelope sealed by the civil surgeon. Please note civil surgeons must use the current Edition of Form I-693. You can find the current edition of Form I-693 on USCIS’s website at www.uscis.gov. In addition, the civil surgeon must ensure that all parts of Form I-693 were properly completed. You may find a list of designated civil surgeons by calling the USCIS National Customer Service Center at 1-800-375-5283, or on USCIS’s website at www.uscis.gov.</p>

Name	Content
NBC SIJ SUBMIT I-693	<ul style="list-style-type: none"> Submit a complete Form I-693, Report of Medical Examination and Vaccination Record, completed by a USCIS Civil Surgeon. We will NOT accept photocopied medical exam results. You must submit the original form and any original supplement completed by the Civil Surgeon to us. You and the Civil Surgeon must sign the form, and it must be sent to us in a sealed envelope from the Civil Surgeon. If the Civil Surgeon refers you to a specialist, the exam by the specialist must be included, and the specialist must complete the proper sections of the Form I-693. Please note civil surgeons must use the current Edition of Form I-693. You can find the current edition of Form I-693 on USCIS’s website at www.uscis.gov. In addition, the civil surgeon must ensure that all parts of Form I-693 were properly completed. You may find a list of designated civil surgeons by calling the USCIS National Customer Service Center at 1-800-375-5283, or on USCIS’s website at www.uscis.gov. <p>XXX SELECT proper Snippet(s) from Snippet Group “NBC AOS RFE SIJ - I-693” if any apply; if none apply, delete this placeholder. REMOVE placeholder XXXs and XXX</p>
NBC SIJ 693 INCOMPLETE	<p>The Form I-693, Report of Medical Examination and Vaccination Record, that you submitted is incomplete. We need additional medical information to complete your case.</p> <p>XXX Insert proper Standard Paragraphs associated with NBS AOS SIJ 485 XXX</p>
NBC SIJ 693 CS SIGNATUTRE	<ul style="list-style-type: none"> The medical examination report, Form I-693, submitted with your application to adjust status, was not signed by a civil surgeon and as a result is unacceptable. Your original Form I-693 is hereby returned to you in the enclosed sealed envelope. <p>Take this letter and your enclosed Form I-693 to the civil surgeon who conducted your medical examination. ONLY THE CIVIL SURGEON SHOULD OPEN THE SEALED ENVELOPE. The civil surgeon must verify that he or she completed the medical examination recorded on the I-693 and must sign and date the form in the space provided. If your Form I-</p>

693 was not originally completed by a civil surgeon, you must have a new Form I-693 completed by a designated civil surgeon.

Blank immigration forms are available online from the official USCIS website: www.uscis.gov. You may also order immigration forms by phone at 1-800-870-3676. A list of civil surgeons in your area is also available online at www.uscis.gov or by phone at 1-800- 375-5283.

IMPORTANT WARNING: Only a designated civil surgeon authorized by USCIS to conduct medical examinations is qualified to complete the Form I-693. The civil surgeon must sign and date the Form I-693. Signatures by a nurse or physician’s assistant are not acceptable. You must also sign and date the Form I-693 when instructed to do so by the civil surgeon. When appropriately completed and signed, the ORIGINAL Form I-693 must be sealed in a separate envelope by the civil surgeon. The sealed envelope must be returned, unopened, to this office with any other requested evidence.

NBC SIJ 693 PHOTOCOPY SUBMITTED

- The civil surgeon’s signature on the Form I-693 submitted with your application to adjust status is a photocopy and as a result is unacceptable. Your original Form I-693 is hereby returned to you in the enclosed sealed envelope.

Take this letter and your enclosed Form I-693 to the civil surgeon who administered your vaccinations. **ONLY THE CIVIL SURGEON SHOULD OPEN THE SEALED ENVELOPE.** The civil surgeon must verify that he or she completed the Form I-693 and place it in a sealed envelope before returning it to you.

IMPORTANT WARNING: Only a designated civil surgeon authorized by USCIS to conduct medical examinations is qualified to complete the Form I-693. The civil surgeon must sign and date the Form I-693. Signatures by a nurse or physician’s assistant are not acceptable. You must also sign and date the Form I-693 when instructed to do so by the civil

surgeon. When appropriately completed and signed, the ORIGINAL Form I-693 must be sealed in a separate envelope by the civil surgeon. The sealed envelope must be returned, unopened, to this office with any other requested evidence.

NBC SIJ 693 APPLICANT SIGNATURE

- The Form I-693, Report of Medical Examination and Vaccination Record you provided is unacceptable because it was not properly signed by the applicant. The applicant and civil surgeon must both sign Form I-693. USCIS policy also requires applicants to sign Form I-693 based on age:
 - If **age 14 or older**, the applicant must sign their own Form I-693. A parent, legal guardian or other party may not sign for the applicant. However, a legal guardian may sign for a mentally incompetent person.
 - If **under age 14**, the applicant or their parent or legal guardian may sign Form I-693.

Your original Form I-693 has been returned in the enclosed sealed envelope. Take this letter and your enclosed Form I-693 to the civil surgeon who conducted your medical examination. **ONLY THE CIVIL SURGEON SHOULD OPEN THE SEALED ENVELOPE.** The civil surgeon must verify that you are the person who received the medical examination recorded on the Form I-693. You must then sign the I-693 in the presence of the civil surgeon.

If the civil surgeon is unable to determine that you are the person who received the medical examination recorded on the Form I-693 then the civil surgeon must complete a new medical examination and document the results on a new I-693.

IMPORTANT WARNING: Only a designated civil surgeon authorized by USCIS to conduct medical examinations is qualified to complete the Form I-693. The civil surgeon must sign and date the Form I-693. Signatures by a nurse or physician’s assistant are not acceptable. You must also sign and date the Form I-693 when instructed to do so by the civil surgeon. When appropriately completed and signed, the ORIGINAL Form I-693 must be sealed in a separate envelope by the civil surgeon. The sealed envelope must be returned, unopened, to this office

NBC SIJ 693 VERSION NOT ACCEPTED	<p>with any other requested evidence.</p> <ul style="list-style-type: none"> You submitted a medical examination with your application to adjust status that is no longer being accepted by USCIS. You must submit a current version of Form I-693 that properly documents your vaccination history and the results of your medical examination. <p>Blank immigration forms and information are available online from the official USCIS website at www.uscis.gov. You may also order immigration forms by phone at 1-800-870-3676.</p> <p>Your original Form I-693 is hereby returned to you in the enclosed sealed envelope. Take this letter and your enclosed Form I-693 to the civil surgeon who conducted your medical examination. ONLY THE CIVIL SURGEON SHOULD OPEN THE SEALED ENVELOPE. You are not required to complete a new medical examination; however, the civil surgeon must transfer the results of your medical examination from the old Form I-693 to the new Form I-693.</p> <p>IMPORTANT WARNING: Only a designated civil surgeon authorized by USCIS to conduct medical examinations is qualified to complete the Form I-693. The civil surgeon must sign and date the Form I-693. Signatures by a nurse or physician's assistant are not acceptable. You must also sign and date the Form I-693 when instructed to do so by the civil surgeon. When appropriately completed and signed, the ORIGINAL Form I-693 must be sealed in a separate envelope by the civil surgeon. The sealed envelope must be returned, unopened, to this office with any other requested evidence.</p>
NBC SIJ 693 GONORRHEA TEST	<ul style="list-style-type: none"> The medical examination report, Form I-693, submitted with your application to adjust status does not establish that you were given a laboratory test for gonorrhea. Effective August 1, 2016, all I-693 medicals completed for applicants 15 years or older must include testing for gonorrhea. Your original Form I-693 is hereby returned to you in the enclosed sealed envelope. Take this letter and your enclosed Form I-693 to the civil surgeon who conducted your medical examination. ONLY THE CIVIL SURGEON SHOULD OPEN THE SEALED ENVELOPE.

The civil surgeon must administer the required test and record the results in the Remarks section of Part 5, Civil Surgeon Worksheet, Section C, “Other Class A/Class B Conditions for Communicable Diseases of Public Health Significance” on Form I-693.

If applicable, the civil surgeon must assign a Class A or Class B classification for gonorrhea on Form I-693 and include all medical documentation, including any laboratory reports. Applicants with untreated gonorrhea are Class A. After completing treatment, they are re-classified as Class B and should be recorded as such on the Form I-693.

Note: Form I-693 currently has no box for gonorrhea Class B. Until the form can be updated, the civil surgeon should write “Gonorrhea, Class B” in the Remarks section of Part 5.

If an applicant received treatment and no longer has gonorrhea, the civil surgeon is required to include “no longer has gonorrhea” in the remarks section and to document the following on Form I-693 or attached documentation:

- Laboratory test used to make the diagnosis;
- Drug regimen received (including doses, dosage units, and administration routes of all medications), start date, completion date, and any periods of interruption; and
- Clinical course observed, such as clinical improvement or lack of improvement during and after treatment, including resolution of symptoms and signs, as well as any drug reactions.

IMPORTANT WARNING: Only a designated civil surgeon authorized by USCIS to conduct medical examinations is qualified to complete the Form I-693. The civil surgeon must sign and date the Form I-693. Signatures by a nurse or physician’s assistant are not acceptable. You must also sign and date the Form I-693 when instructed to do so by the civil surgeon. When appropriately completed and signed, the ORIGINAL Form I-693 must be sealed in a separate envelope by the civil surgeon. The sealed envelope must be returned, unopened, to this office with any other requested evidence.

<p>NBC SIJ 693 PAGES MISSING</p>	<ul style="list-style-type: none"> • The Form I-693, Report of Medical Examination and Vaccination Record, you submitted with your I-485 application is missing page(s) XXX Insert Missing Pages XXX. You may obtain blank copies of the Form I-693 either online from the official USCIS website at www.uscis.gov or by ordering over the phone at 1-800-870-3676. <p>Take this letter, your enclosed Form I-693, and the blank missing pages from the Form I- 693 that you have obtained to the civil surgeon who conducted your medical examination. ONLY THE CIVIL SURGEON SHOULD OPEN THE SEALED ENVELOPE. You must complete your personal information and sign the Form I-693 in Part 1. The civil surgeon must complete the missing pages from the I-693 and must sign and date the form as described below.</p> <p>IMPORTANT WARNING: Only a designated civil surgeon authorized by USCIS to conduct medical examinations is qualified to complete the Form I-693. The civil surgeon must sign and date the Form I-693. Signatures by a nurse or physician’s assistant are not acceptable. You must also sign and date the Form I-693 when instructed to do so by the civil surgeon. When appropriately completed and signed, the ORIGINAL Form I-693 must be sealed in a separate envelope by the civil surgeon. The sealed envelope must be returned, unopened, to this office with any other requested evidence.</p>
<p>NBC SIJ 693 NO LONGER VALID</p>	<ul style="list-style-type: none"> • Due to a policy change, as of June 1, 2014, Form I-693, Report of Medical Examination and Vaccination Record, will lose its validity one year after having been submitted to USCIS. The Form I-693 that you submitted in support of your Form I-485, Application to Register Permanent Residence or Adjust Status, is no longer valid. Please submit a new Form I-693 completed by a designated civil surgeon to this office together with a copy of this notice. Including a copy of this notice with your Form I-693 will facilitate matching the medical report with your file. <p>Blank immigration forms are available online from the official USCIS website: www.uscis.gov. You may also order immigration forms by phone at 1-800-870-</p>

3676. A list of civil surgeons in your area is also available online at www.uscis.gov or by phone at 1-800-375-5283.

IMPORTANT WARNING: Only a designated civil surgeon authorized by USCIS to conduct medical examinations is qualified to complete the Form I-693. The civil surgeon must sign and date the Form I-693. Signatures by a nurse or physician's assistant are not acceptable. You must also sign and date the Form I-693 when instructed to do so by the civil surgeon. When appropriately completed and signed, the ORIGINAL Form I-693 must be sealed in a separate envelope by the civil surgeon. The sealed envelope must be returned, unopened, to this office with any other requested evidence.

NBC SIJ 693 EXPIRED WHEN SUBMITTED

- The medical examination report, Form I-693, you submitted with your application to adjust status was more than one year old when it was submitted and is expired. You must submit a new Form I-693, Report of Medical Examination and Vaccination Record. The Form I-693 must be completed by a designated civil surgeon who will conduct your medical examination and administer any necessary vaccines. The civil surgeon must record the results of your medical examination and your vaccination history as provided in the instructions to the Form I-693.

Blank immigration forms are available online from the official USCIS website: www.uscis.gov. You may also order immigration forms by phone at 1-800-870-3676. A list of civil surgeons in your area is also available online at www.uscis.gov or by phone at 1-800-375-5283.

IMPORTANT WARNING: Only a designated civil surgeon authorized by USCIS to conduct medical examinations is qualified to complete the Form I-693. The civil surgeon must sign and date the Form I-693. Signatures by a nurse or physician's assistant are not acceptable. You must also sign and date the Form I-693 when instructed to do so by the civil surgeon. When appropriately completed and signed, the ORIGINAL Form I-693 must be sealed in a separate envelope by the civil surgeon. The sealed envelope must be returned,

unopened, to this office with any other requested evidence.

NBC SIJ 693 WAIVER INDICATED

- You indicated on the Form I-693, Report of medical Examination and Vaccination Record, submitted with your application to adjust status that you will request a waiver based upon religious or moral convictions. To qualify for a waiver under section 212(g)(2)(c) of the Act, you bear the burden of establishing a strong objection to vaccinations that is based on religious or moral beliefs as opposed to a mere preference against vaccinations.

To apply for the waiver you must submit a Form I-601, Application For Waiver of Grounds of Excludability with the appropriate filing fee. Blank immigration forms are available online from the official USCIS website: www.uscis.gov. You may also order immigration forms by phone at 1-800- 870-3676.

You must submit with the Form I-601 a signed statement which explains that you are:

- (1) opposed to vaccinations in any form;
- (2) that the objection is based on religious belief or moral convictions; and
- (3) that the religious belief or moral conviction is sincere.

If, however, the indication on the Form I-693 is incorrect, or you do not otherwise wish to request a waiver, you must return to the civil surgeon who completed your Form I-693 to complete a revised Form I-693. The civil surgeon should administer any needed vaccines and document your vaccination history on the Form I-693. If you cannot complete a vaccine series because it is not medically appropriate, the civil surgeon should request a waiver of that vaccination requirement on the Form I-693.

IMPORTANT WARNING: Only a designated civil surgeon authorized by USCIS to conduct medical examinations is qualified to complete the Form I-693. The civil surgeon must sign and date the Form I-693. Signatures by a nurse or physician’s assistant are not acceptable. You

	<p>must also sign and date the Form I-693 when instructed to do so by the civil surgeon. When appropriately completed and signed, the ORIGINAL Form I-693 must be sealed in a separate envelope by the civil surgeon. The sealed envelope must be returned, unopened, to this office with any other requested evidence.</p>
<p>NBC SIJ 693 TUBERCULOSIS SCREENING REQUIREMENT</p>	<ul style="list-style-type: none"> • Tuberculosis screening requirement: The civil surgeon must indicate the results of a tuberculin skin test (TST) or an Interferon Gamma Release Assay (IGRA) on Form I-693 for any applicant who is two years of age or older. A Form I-693 without TST or IGRA results is not acceptable. Additionally, a chest x-ray alone, without the required TST or IGRA results, is not sufficient. The TST or IGRA may be waived only if medically contraindicated. <p>IMPORTANT WARNING: Only a designated civil surgeon authorized by USCIS to conduct medical examinations is qualified to complete the Form I-693. The civil surgeon must sign and date the Form I-693. Signatures by a nurse or physician’s assistant are not acceptable. You must also sign and date the Form I-693 when instructed to do so by the civil surgeon. When appropriately completed and signed, the ORIGINAL Form I-693 must be sealed in a separate envelope by the civil surgeon. The sealed envelope must be returned, unopened, to this office with any other requested evidence.</p>
<p>NBC SIJ 693 UNSEALED ENVELOPE</p>	<ul style="list-style-type: none"> • The Form I-693 submitted with your application to adjust status was not in an envelope sealed by the civil surgeon and as a result is unacceptable. Your original Form I-693 is hereby returned to you in the enclosed sealed envelope. <p>Take this letter and your enclosed Form I-693 to the civil surgeon who conducted your medical examination. ONLY THE CIVIL SURGEON SHOULD OPEN THE SEALED ENVELOPE. The civil surgeon must verify that you are the person who received the medical examination and vaccinations recorded on the I-693 and that the I-693 documents the unaltered results of your medical examination and vaccination history.</p> <p>If the civil surgeon is unable to determine that you are the person who received the medical examination or vaccinations documented on the I-693, or if the results on the I-693 appear</p>

	<p>to have been altered, then the civil surgeon must conduct a new medical examination and document the results on a new Form I-693. The civil surgeon must place the I-693 in a sealed envelope before returning it to you.</p> <p>IMPORTANT WARNING: Only a designated civil surgeon authorized by USCIS to conduct medical examinations is qualified to complete the Form I-693. The civil surgeon must sign and date the Form I-693. Signatures by a nurse or physician’s assistant are not acceptable. You must also sign and date the Form I-693 when instructed to do so by the civil surgeon. When appropriately completed and signed, the ORIGINAL Form I-693 must be sealed in a separate envelope by the civil surgeon. The sealed envelope must be returned, unopened, to this office with any other requested evidence.</p>
Finger Prints Twice Unclassifiable	<p>USCIS has determined that you are unable to provide legible fingerprints for the purpose of conducting a FBI criminal background check. Therefore, you are required to provide alternate documentation to establish your eligibility.</p> <p>Submit police clearance(s) from each city or state jurisdiction where you have lived for six (6) or more months in the United States during the past five (5) years.</p> <p>If you have ever been arrested, cited, charged, indicted, convicted, fined, or imprisoned, submit originals or certified copies of all arrest records and court dispositions showing how each incident was resolved. All court dispositions concerning any arrest and/or charges must be certified by the court.</p> <p>If the arrest report is unavailable, submit original or certified documents from the arresting agency, confirming that the record is unavailable.</p> <p>If the court record is unavailable, you must submit an original or certified document from the court having jurisdiction over your case, confirming the record is unavailable. Claims of “No Record” must be certified by the Clerk of Court in both the felony and misdemeanor divisions in the County where the arrest occurred. Sealed or expunged records must be submitted.</p>
Submit Form G-325A for Applicant	Please submit a completed and signed Form G-325A, Biographic Information sheet, for XXX INSERT APPLICANT NAME XXX

<p>Submit Applicant Photos</p>	<p>Please submit two identical color photographs for XXX INSERT APPLICANT NAME XXX. The photos must:</p> <ul style="list-style-type: none"> • have a white to off-white background, • be printed on thin paper with a glossy finish, • be unmounted and unretouched, • be 2” x 2” and in color, • have a full face, frontal view, • have a head height of 1” to 1 3/8” from the top of the hair to the bottom of the chin, and • have an eye height between 1 1/8” to 1 3/8” from the bottom of the photograph. <p>This is similar to a passport-style photograph. Your head must be bare, unless you are wearing headwear as required by your religion. However, your face must be visible. If a digital photo is submitted, it must be taken from a camera with at least 3.5 mega pixels of resolution. Using a pencil or felt pen, lightly print the name and Alien Registration Number (A-Number) on the back of each photograph you submit.</p>
<p>Submit Police Records</p>	<p>Please submit certified police and court records for any criminal charges, arrests or convictions you may have.</p> <p>If you were EVER arrested or detained by a law enforcement officer for any reason anywhere in the world, including the United States, and no criminal charges were filed, you must submit: An original or certified copy of the complete arrest report; and Either an official statement by the arresting or detaining agency or prosecutor’s office OR an applicable court order that indicates the final disposition of your arrest or detention; If you were EVER charged for any reason (even if you were not arrested) anywhere in the world, including the United States, you must submit: An original or certified copy of the complete arrest report; and Certified copies of BOTH the indictment, information, or other formal charging document AND the final disposition of each charge (for example, a dismissal order or acquittal order); If you were EVER convicted or placed in an alternative sentencing or rehabilitative program (such as probation, drug treatment, deferred adjudication, or community service program) anywhere in the world, including the United States, you must submit: An original or certified copy of the complete arrest report; and Certified copies of the following: the indictment, information, or other formal charging document; any plea agreement, whether in the form of a court filing or recording in a hearing transcript; and the final</p>

	<p>disposition for each incident (for example, conviction record, deferred adjudication order, probation order); and</p> <p>Either an original or certified copy of your probation or parole record showing that you completed the mandated sentence, conditions set for the deferred adjudication, or rehabilitative program OR documentation showing that you completed the alternative sentencing or rehabilitative program; or</p> <p>If you EVER had any arrest or conviction vacated, set aside, sealed, expunged, or otherwise removed from your record anywhere in the world, including the United States, you must submit:</p> <p>An original or certified copy of the complete arrest report; the indictment, information, or other formal charging document; any plea agreement, whether in the form of a court filing or recording in a hearing transcript; and the final disposition of each incident (for example, conviction record, deferred adjudication order, probation order); and</p> <p>A certified copy of the court order vacating, setting aside, sealing, expunging, or otherwise removing the arrest or conviction.</p> <p>You must disclose all arrests and charges, even if the arrest occurred when you were a minor. An adjudication of juvenile delinquency is not a “conviction” under U.S. immigration law, but a juvenile can be charged as an adult for an offense committed while a juvenile. If you were convicted as an adult, there is a conviction, regardless of whether you were tried before a criminal court or a juvenile court. An adjudication of juvenile delinquency could also be relevant to the exercise of discretion. If you claim that an arrest resulted in adjudication of delinquency, and not in a conviction, you must submit a copy of the court document that establishes this fact.</p> <p>If you are not able to obtain certified copies of any court disposition, please submit:</p> <p>Any explanation of why the documents are not available, including (if possible) a certificate from the custodian of the documents explaining why the documents are not available;</p> <p>Any secondary evidence that shows the disposition of the case; or</p> <p>If secondary evidence is also not available, on or more written statements, signed under penalty of perjury under 28 U.S.C. section 1746, by someone who has personal knowledge of the disposition.</p>
Submit Applicant Birth Certificate	<p>Please submit a copy of the applicant’s foreign birth certificate issued by the appropriate civil authority. The birth certificate must show timely registration, date and place of birth, and parents’ names. If the document is in a language other than English, you must submit a copy of the foreign language document and an English translation.</p> <p>If the birth certificate is not available, you must submit acceptable secondary evidence AND an</p>

	<p>original written statement from the government agency authorized to issue the birth certificate. The letter must indicate the reason the record does not exist and whether similar records for the time and place are available. Examples of acceptable secondary evidence you may submit include, but are not limited to, church or school records listing your parents' names and your date of birth; hospital records of your birth; or other official records indicating a country and record of birth.</p> <p>Information on acceptable birth records for people born outside the United States can be found at http://travel.state.gov/content/visas/en/fees/reciprocity-by-country.html.</p>
Part 3 Question(s) Not Answered	<p>You did not answer the following question(s) in Part 3 of your Form I-485:</p> <p>XXXInsert Question(s)XXX</p> <p>Please respond by answering either Yes or No to the question(s) above. You must also provide a written statement explaining any Yes response.</p>
Answered None to Part 3-C (but applicant was in an organization or the military)	<p>You indicated on Form I-485, Part 3-C that you do not have any present or past membership in, or affiliation with, any political organization, association, fund, foundation, party, club, society or similar group in the United States or in other places since your 16th birthday, and you did not include any foreign military service. However, this information appears to contradict the information contained in your file. Therefore, please enter your own dated, signed statement indicating any present or past membership in or affiliation with every political organization, association, fund, foundation, party, club, society or similar group in the United States or in other places since your 16th birthday, and include any foreign military service. Include the name(s) of the organization(s), location(s), dates of membership from and to, and the nature of the organization(s). If none, please so indicate. Also, please indicate if you have any foreign military service, and indicate for which country you served. Please indicate all dates and places of service, all ranks and positions you held and all duties you performed. Also, please describe all involvements in hostilities, combat or warfare as a result of your involvement with any foreign military. If none, please so indicate.</p>
Answered Yes to Part 3 Question B, but did	<p>You indicated on Form I-485, Part 3, Question #1(b), that you have been arrested, cited, charged,</p>

<p>not submit explanation or documentation</p>	<p>indicted, fined or imprisoned for breaking or violating any law or ordinance, excluding traffic violations. However, you did not explain your answer on a separate piece of paper. Therefore, please submit an explanation of your answer and also submit a police report and court judgment and disposition for each of your arrests. If the police report and court judgment and disposition are not available, you must provide certified evidence from the appropriate law enforcement agency or court confirming the unavailability of the record. If the arrests were outside the United States and were related to persecution, then law enforcement agency and court records are not required.</p>
<p>NBC SIJ SIG UNAC</p>	<p>The Form I-485, Application to Register Permanent Residence or Adjust Status, you provided is unacceptable because it was not properly signed by the applicant. The applicant must sign the Form I-485. USCIS policy also requires applicants to sign Form I-485 based on age:</p> <ul style="list-style-type: none"> • If age 14 or older, the applicant <u>must sign their own Form I-485</u>. A parent, legal guardian or other party may not sign for the applicant. However, a legal guardian may sign for a mentally incompetent person. • If under age 14, the applicant or their parent or legal guardian may sign Form I-485. <p>Please sign and return the enclosed signature page of Form I-485.</p>