

ASYLUM - Sample Form I-589 Parent Protector FGM Redacted

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

U.S. Department of Justice
Executive Office for Immigration Review

OMB No. 1615-0067; Expires 04/30/11

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

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

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

Part A. I. Information About You

1. Alien Registration Number(s) (A-Number) (if any) None		2. U.S. Social Security Number (if any) None	
3. Complete Last Name SMITH	4. First Name JEAN	5. Middle Name JOANNE	
6. What other names have you used (include maiden name and aliases)? Jojo			
7. Residence in the U.S. (where you physically reside)		Telephone Number	
Street Number and Name 123 Asylum Lane		Apt. Number 5	
City City	State Maryland	Zip Code 21244	
8. Mailing Address in the U.S. (if different than the address in No. 7) Tahirih Justice Center, c/o Lindsay Harris In Care Of (if applicable):		Telephone Number	
Street Number and Name 6402 Arlington Blvd, Suite 300		Apt. Number	
City Falls Church	State VA	Zip Code 22042	
9. Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	10. Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
11. Date of Birth (mm/dd/yyyy)	12. City and Country of Birth		
13. Present Nationality (Citizenship) Guinean	14. Nationality at Birth Guinean	15. Race, Ethnic, or Tribal Group Fulani	16. Religion Muslim
17. Check the box, a through c, that applies: a. <input checked="" 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.			
18. Complete 18 a through c. a. When did you last leave your country? (mmm/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 New York, New York Status B2 Visitor Date Status Expires: _____ Date _____ Place New York, New York Status B2 Visitor _____ Date _____ Place New York, New York Status B2 Visitor _____			
19. What country issued your last passport or travel document? Guinea		20. Passport # Travel Document #	21. Expiration Date (mm/dd/yyyy)
22. What is your native language (include dialect, if applicable)? Fulani	23. Are you fluent in English? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24. What other languages do you speak fluently? French			
For EOIR use only.		For USCIS use only. Decision:	
		Interview Date: _____	Approval Date: _____
		Asylum Officer ID#: _____	Denial Date: _____
			Referral Date: _____



Part A. II. Information About Your Spouse and Children**Your spouse**☐ I am not married. (Skip to **Your Children** below.)

1. Alien Registration Number (A-Number) (if any) None	2. Passport/ID Card No. (if any)	3. Date of Birth (mm/dd/yyyy)	4. U.S. Social Security No. (if any) None
5. Complete Last Name Smith	6. First Name	7. Middle Name	8. Maiden Name N/A
9. Date of Marriage (mm/dd/yyyy)	10. Place of Marriage	11. City and Country of Birth	
12. Nationality (Citizenship) Guinean	13. Race, Ethnic, or Tribal Group Fulani	14. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
15. Is this person in the U.S. <input checked="" type="checkbox"/> Yes (Complete Blocks 16 to 24.) <input type="checkbox"/> No (Specify location):			
16. Place of last entry into the U.S. New York, New York	17. Date of last entry into the U.S. (mm/dd/yyyy)	18. I-94 No. (if any)	19. Status when last admitted (Visa type, if any) B2 Visitor
20. What is your spouse's current status? None	21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	22. Is your spouse in Immigration Court proceedings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	23. If previously in the U.S., date of previous arrival (mm/dd/yyyy)
24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.) <input checked="" type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

Your Children. List all of your children, regardless of age, location, or marital status.☐ I do not have any children. (Skip to **Part A. III., Information about your background.**)☒ I have children. Total number of children: 2

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

1. Alien Registration Number (A-Number) (if any) None	2. Passport/ID Card No. (if any)	3. Marital Status (Married, Single, Divorced, Widowed) Single	4. U.S. Social Security No. (if any) None
5. Complete Last Name Smith	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth Conakry, Guinea	10. Nationality (Citizenship) Guinean	11. Race, Ethnic, or Tribal Group Fulani	12. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S. ? <input checked="" type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location):			
14. Place of last entry in the U.S. New York, New York	15. Date of last entry in the U.S. (mm/dd/yyyy)	16. I-94 No. (if any)	17. Status when last admitted (Visa type, if any) B2 Visitor
18. What is your child's current status? None	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input checked="" type="checkbox"/> Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			



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

1. Alien Registration Number (A-Number) (if any) None	2. Passport/ID Card No. (if any)	3. Marital Status (Married, Single, Divorced, Widowed) Single	4. U.S. Social Security No. (if any)
5. Complete Last Name Smith	6. First Name	7. Middle Name N/A	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth Alexandria, Virginia, U.S.A.	10. Nationality (Citizenship) U.S.A	11. Race, Ethnic, or Tribal Group Fulani/African-American	12. Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
13. Is this child in the U.S. ? <input checked="" type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location.)			
14. Place of last entry into the U.S. New York, New York	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 No. (If any) None	17. Status when last admitted (Visa type, if any) U.S. Citizen
18. What is your child's current status? U.S. Citizen	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) N/A	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input checked="" type="checkbox"/> No			

1. Alien Registration Number (A-Number) (if any) None	2. Passport/ID Card No. (if any) None	3. Marital Status (Married, Single, Divorced, Widowed) Single	4. U.S. Social Security No. (if any) None
5. Complete Last Name Smith	6. First Name Alison	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth Conakry, Guinea	10. Nationality (Citizenship) Guinean	11. Race, Ethnic, or Tribal Group Fulani	12. Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input checked="" type="checkbox"/> No (Specify location.) Conakry, Guinea			
14. Place of last entry into the U.S. N/A	15. Date of last entry into the U.S. (mm/dd/yyyy) N/A	16. I-94 No. (If any) N/A	17. Status when last admitted (Visa type, if any) N/A
18. What is your child's current status? N/A	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) N/A	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

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



Part A. III. Information About Your Background

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

Number and Street (Provide if available)	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)
Street Address			Guinea	01/2010	10/2010

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

Number and Street	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)
123 Asylum Lane	City	Maryland	U.S.A.	04/2011	Present
456 Refugee Road	Baltimore	Maryland	U.S.A.	02/2010	04/2011
789 Immigration Avenue	Baltimore	Maryland	U.S.A.	10/2010	02/2010
Street Address	Commun de Kaloum	Conakry	Guinea	01/2010	10/2010
Street Address	Commun de Kaloma	Conakry	Guinea	2/2008	01/2010

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

Name of School	Type of School	Location (Address)	Attended	
			From (Mo/Yr)	To (Mo/Yr)
Name of School	University (completing thesis)	Gamal, Dixinn, Conakry	01/1990	12/1992
Name of School	University	Gamal, Dixinn, Conakry	01/1986	07/1988
Name of School	Faculte (College)	Donka, Conakry	01/1981	07/1984
Name of School	College & Lycee	Matam, Conakry	10/1976	07/1980

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)
Name and Address of Employer	Teacher	02/2005	02/2010

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 Georgette Smith	Dalaba, Guinea	<input checked="" type="checkbox"/> Deceased
Father Peter Jones	Pita, Guinea	<input checked="" type="checkbox"/> Deceased
Sibling Marian Smith	Boffa, Guinea	<input type="checkbox"/> Deceased Conakry, Guinea
Sibling Molly Smith	Boffa, Guinea	<input type="checkbox"/> Deceased Conakry, Guinea
Sibling Terry Smith	Boffa, Guinea	<input type="checkbox"/> Deceased Unknown
Sibling Moses Smith	Boffa, Guinea	<input type="checkbox"/> Deceased Conakry, Guinea



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

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

☐ No ☒ Yes

If "Yes," explain in detail:

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

I was forced to undergo Female Genital Mutilation at age 6. My sisters also underwent FGM and two of my half-sisters died later in childbirth. At the age of 12, I was forced to marry a 38-year-old man who raped me. This marriage was dissolved after about a month. My husband's family, especially his Aunt _____ and her children, _____ and _____, have attacked me and threatened to kill me because I refuse to allow my daughter to undergo FGM. In February 2010, Fredericke beat me with a cassava stick and James slashed me with a knife and kicked me in the stomach. I was hospitalized for 5 days after this incident. In September 2010, _____, my son, _____, who wishes to marry my daughter after she undergoes FGM, threatened to kill me. I have repeatedly received death threats by phone and in person. In September 2006, James ran my husband off the road, causing a very serious accident, leading to physical harm and cognitive deficits. All of these things happened because I refuse to allow my daughter to undergo FGM. I will submit a detailed declaration regarding all of the harm I have suffered.

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

☐ No ☒ Yes

If "Yes," explain in detail:

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

My husband's family have made it clear that if I return to Guinea without my daughter, who is a U.S. citizen, they will kill me and my husband for preventing her from undergoing FGM. I firmly believe that my husband's family members, specifically his Aunt _____, her son _____, her daughter _____, and her grandson _____, will physically harm me and even kill me. I believe they will physically harm me because I oppose FGM in general and for my daughter, and because I have prevented them from subjecting my daughter to the practice of FGM. I will submit a detailed declaration regarding the harm and mistreatment I fear prior to my asylum interview.



Part B. Information About Your Application (Continued)

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

☒ No ☐ Yes

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

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

☐ No ☒ Yes

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

I was a member of a political party, the UFDG, in Guinea. This is the party of the Fulani people. My husband, [REDACTED], was also a member of the UFDG and he was active in that party.

- 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.

I am afraid that my husband's family members will kill me if I return to Guinea without my daughter. If I return to Guinea with my daughter, they will either succeed in subjecting her to Female Genital Mutilation, or, they will kill me or harm me for preventing them from succeeding in performing the FGM. I cannot allow them to cut out a part of my daughter's body. I am also afraid because I am a member of the Fulani tribe and was a member of the UFDG party; the current President of Guinea does not like Fulanis, so, I also feel that I could be harmed because I am a Fulani. I will submit a detailed declaration regarding the harm I fear prior to my asylum interview.



Part C. Additional Information About Your Application

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

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

☒ No

☐ Yes

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

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

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

☒ No

☐ Yes

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

My flight from Guinea to the United States stopped in Morocco for a layover for a few hours. I did not leave the airport or ask for asylum. Shortly after arriving in the U.S., I took a trip with a friend to try to see Niagara Falls in Buffalo, New York. We got lost and were crossing a bridge, I believe into Canada. We stopped to ask someone for directions and they turned us around. I believe we may have entered over the border into Canada because an immigration officer examined my passport and visa. This was around 10 days after my arrival to the United States on . My passport was not stamped.

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

☒ No

☐ Yes

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



Part C. Additional Information About Your Application (Continued)

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

☒ No ☐ Yes

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

I have not returned to Guinea since leaving in October 2010. Although I had made trips to the United States before, in 1998, 2000, 2003, 2006, and 2009, I always returned to Guinea because it was my home and my husband and I had stable jobs to provide for our family. The violence against me directly really started in February 2010, when I was attacked by my husband's cousins.

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.

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

☒ No ☐ Yes

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



Part D. Your Signature

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. Title 18, United States Code, Section 1546(a), provides in part: Whoever knowingly makes under oath, or as permitted under penalty of perjury under Section 1746 of Title 28, United States Code, knowingly subscribes as true, any false statement with respect to a material fact in any application, affidavit, or other document required by the immigration laws or regulations prescribed thereunder, or knowingly presents any such application, affidavit, or other document containing any such false statement or which fails to contain any reasonable basis in law or fact - shall be fined in accordance with this title or imprisoned for up to 25 years. I authorize the release of any information from my immigration record that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

Staple your photograph here or the photograph of the family member to be included on the extra copy of the application submitted for that person.

WARNING: Applicants who are in the United States illegally are subject to removal if their asylum or withholding claims are not granted by an asylum officer or an immigration judge. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, removal proceedings even if the application is later withdrawn. Applicants determined to have knowingly made a frivolous application for asylum will be permanently ineligible for any benefits under the Immigration and Nationality Act. You may not avoid a frivolous finding simply because someone advised you to provide false information in your asylum application. If filing with USCIS, unexcused failure to appear for an appointment to provide biometrics (such as fingerprints) and your biographical information within the time allowed may result in an asylum officer dismissing your asylum application or referring it to an immigration judge. Failure without good cause to provide DHS with biometrics or other biographical information while in removal proceedings may result in your application being found abandoned by the immigration judge. See sections 208(d)(5)(A) and 208(d)(6) of the INA and 8 CFR sections 208.10, 1208.10, 208.20, 1003.47(d) and 1208.20.

Print your complete name. WRITE CLIENT 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? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," complete Part E.)			
Asylum applicants may be represented by counsel. Have you been provided with a list of persons who may be available to assist you, at little or no cost, with your asylum claim? <input type="checkbox"/> No <input type="checkbox"/> Yes			

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

[_____]

Sign your name so it all appears within the brackets

Date (mm/dd/yyyy)

Part E. Declaration of Person Preparing Form, if Other Than Applicant, Spouse, Parent, or Child

I declare that I have prepared this application at the request of the person named in Part D, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant, and that the completed application was read to the applicant in his or her native language or a language he or she understands for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form I-589 may also subject me to civil penalties under 8 U.S.C. 1324c and/or criminal penalties under 18 U.S.C. 1546(a).

Signature of Preparer		Print Complete Name of Preparer ATTORNEY NAME	
Daytime Telephone Number (571) 282-6181		Address of Preparer: Street Number and Name Tahirih Justice Center, 6402 Arlington Blvd, Suite 300	
Apt. No.	City Falls Church	State VA	Zip Code 22042

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

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

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

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

Signature of Applicant

Date (mm/dd/yyyy)

Write Your Name in Your Native Alphabet

Signature of Asylum Officer

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

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

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

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

Signature of Applicant

Date (mm/dd/yyyy)

Write Your Name in Your Native Alphabet

Signature of Immigration Judge



Supplement A, Form I-589

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. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete blocks 14 to 21.) <input type="checkbox"/> No (Specify location.) _____			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

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13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete blocks 14 to 21.) <input type="checkbox"/> No (Specify location.) _____			
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21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			



Additional Information About Your Claim to Asylum

A-Number (if available)

Date

Applicant's Name

Applicant's Signature

Nene Djiba Bah

NOTE: Use this as a continuation page for any additional information requested. Copy and complete as needed.**Part** A, I.**Question** 18 c.

List each entry into the U.S. beginning with your most recent entry:

Date: Place: Newark, New Jersey Status: B2 visitor
Date: Place: New York, NY Status: B2 visitor
Date: Place: New York, NY Status: B2 visitor

Part A, III, Question 2 (residences for last 5 years):

Street Address,

Part A, III, Question 3:

Name of Primary School

Part A, III, Question 5

Siblings:

1

