

**I-824, Application for Action on an
Approved Application or Petition****Purpose of This Form.**

This form is used to apply to the Bureau of Citizenship and Immigration Services (BCIS) to request further action on a previously approved petition or application. The BCIS is comprised of offices of the former Immigration and Naturalization Service.

Who May File.

If you filed an application or petition that has been approved, use this form during the validity of the approved application or petition to:

- request a duplicate approval notice;
- request that another U.S. embassy or consulate be notified of the approval of the petition; or
- request that a U.S. embassy or consulate be notified that your status has been adjusted to permanent resident, so your spouse and children may apply for immigrant visas.

You should enclose a copy of the original approval notice. It may speed the processing of your request.

General Filing Instructions.

Please answer all questions by typing or clearly printing in black ink. Indicate that an item is not applicable with "N/A." If an answer is "none," write "none." If you need extra space to answer any item, attach a sheet of paper with your name and your alien registration number (A#), if any, and indicate the number of the item to which the answer refers. Your application must be properly signed and filed with the correct fee. If you are under 14 years of age, your parent or guardian may sign the application.

Where to File.

File this application with the office that approved the original application or petition.

Fee.

The fee for this application is **\$140.00**. The fee must be submitted in the exact amount. It cannot be refunded. **DO NOT MAIL CASH.**

All checks and money orders must be drawn on a bank or other institution located in the United States and must be payable in United States currency. The check or money order should be made payable to the Bureau of Citizenship and Immigration Services, except that:

- If you live in Guam and are filing this application in Guam, make your check or money order payable to the "Treasurer, Guam."
- If you live in the U.S. Virgin Islands and are filing this application in the Virgin Islands, make your check or money order payable to the "Commissioner of Finance of the Virgin Islands."

Checks are accepted subject to collection. An uncollected check will render the application and any document issued invalid. A charge of \$30.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn.

INSTRUCTIONS**Processing Information.**

Acceptance. Any application that is not signed or is not accompanied by the correct fee will be rejected with a notice that the application is deficient. You may correct the deficiency and resubmit the application. However, an application is not considered properly filed until accepted by the BCIS.

Initial processing. Once the application has been accepted, it will be checked for completeness. If you do not completely fill out the form, you will not establish a basis for eligibility and we may deny your application.

Requests for more information or interview. We may request more information or evidence or request that you appear at a BCIS office for an interview. We may also request that you submit the originals of any copy. We will return these originals when they are no longer required.

Decision. You will be notified in writing of the decision on your application.

Penalties.

If you knowingly and willfully falsify or conceal a material fact or submit a false document with this request, we will deny the benefit you are seeking and may deny any other immigration benefit. In addition, you will face severe penalties provided by law and may be subject to criminal prosecution.

Privacy Act Notice.

We ask for the information on this form and associated evidence to determine if you have established eligibility for the immigration benefit you are seeking. Our legal right to ask for this information is in 8 USC 1103. We may provide this information to other government agencies. Failure to provide this information and any requested evidence may delay a final decision or result in denial of your request.

Paperwork Reduction Act Notice.

A person is not required to respond to an information collection unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood and that impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is as follows: (1) 5 minutes to learn about the law and form; (2) 5 minutes to complete the form; and (3) 15 minutes to assemble and file the application; for a total estimated average of 25 minutes per application. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Bureau of Citizenship and Immigration Services, HQRFS, 425 I Street, N.W., Room 4034, Washington DC, 20536; OMB No. 1615-0044. **DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.**

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

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START HERE - Please Type or Print

FOR BCIS USE ONLY

Part 1. Information about the person that filed the original application or petition. (Individuals use the top name line. Organizations use the second line.)

Family Name	Given Name	Middle Name
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Company or Organization Name		
<input style="width:99%;" type="text"/>		
Address - In care of -		
<input style="width:99%;" type="text"/>		
Street Number and Name		Apt./Suite #
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>
City	State or Province	Zip/Postal Code
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Date of Birth (mm/dd/yyyy)		Country of Birth
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>
Social Security # (if any)	A # (if any)	IRS Tax # (if any)
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	
<input type="checkbox"/> Applicant Interviewed on _____	

Part 2. Application type. (check one)

a. I am applying for a duplicate approval notice.

b. I am requesting that a new U.S. Consulate or Port of Entry be notified of the previous approval of a petition. Please notify the U.S. Consulate or Port of Entry at:

c. I am requesting that a U.S. Consulate be notified that my status has been adjusted to permanent resident. Please notify the U.S. Consulate at:

Part 3. Processing information.

Type of Petition/Application (Form #)	Filing Receipt #
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Date of Filing (mm/dd/yyyy)	Date of Approval (mm/dd/yyyy)
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

If petition is filed for another person, give the following information about the person you filed for:

Family Name	Given Name	Middle Name
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Date of Birth (mm/dd/yyyy)	Country of Birth	A # (if any)
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Part 4. Signature. Read the information on penalties in the instructions before completing this section.

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. I authorize the release of any information from my records which the Bureau of Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature	Print or Type Your Name	Daytime Phone # (with A/C)	Date (mm/dd/yyyy)
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Part 5. Signature of person preparing form, if other than above. (Sign below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print or Type Your Name	Fax Number (if any)	Date (mm/dd/yyyy)
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Firm Name and Address	Daytime Telephone Number (with A/C)
<input style="width:99%;" type="text"/>	<input style="width:95%;" type="text"/>

Action Block

To Be Completed By
Attorney or Representative, if any.
 Fill in box if G-28 is attached to represent the applicant.

ATTY State License #