

Form G-845 Supplement, **Verification Request**

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

USCIS Form G-845 Supplement

OMB No. 1615-0101 Expires 04/30/2024

> ;	START HERE - Type or print in black ink.		
Par	t 1. Information From the Registered Agency	3.	Case Verification Number
	TE: Only the Registered Agency should complete this rmation.	4.	Date of Birth (mm/dd/yyyy)
То:	U.S. Citizenship and Immigration Services (USCIS)	5.	Social Security Number
Attn	: USCIS SAVE Program Status Verification Office	٥.	Social Security Pulliber
			rmation Requested by the Registered Agency (Select all licable boxes)
		6.a.	☐ Immigration Status
Stamp, type, or print the name, address, and ZIP Code of the Registered Agency. (Print clearly since USCIS may use agency address below with a No. 10 window envelope.)			Citizenship Status
			 Special Benefit Provision for Certain Victims of Abuse
Fron	n:	6.d.	Affidavit of Support
		6.e.	USCIS to verify Cuban/Haitian entrants by filling out Part 3 .
		6.f.	Form SSA-8510, Authorization for the Social Security Administration to Obtain Personal Information, or
NOTE: You may only submit a completed Form G-845 Supplement with a completed Form G-845 to request verification. You may not submit Form G-845 Supplement			other agency's equivalent release form, attached. (Use only for applicants with proceedings pending with EOIR.)
alon	e. The information on this request concerns eligibility for in Federal, state, and local public benefits.	6.g.	For SSA only: Retirement, Survivors, and Disability Insurance (RSDI) Claim. (USCIS completes Item Numbers 4.a 4.d. in Part 2.)
Applicant Information			Status of this applicant as of 8/22/1996 is required
Imm	nigration Document Number	6.h.	(USCIS completes Item Numbers 1.a 1.b. in
	Alien Registration Number (A-Number)		Part 3.)
	A-	Res	gistered Agency Information
1.b.	Form I-94 Number (Arrival-Departure Record)	Full	Name of Agency Official
	▶		Last Name
1.c.	Other Immigration Number		
			First Name
1.d.	Name or Form Number of Document Containing the Other Immigration Number	8.a.	Daytime Telephone Number (Include Area Code)
		8.b.	Extension Number (if applicable)
Appl	licant's Full Name as Shown on the Immigration		
	ument	9.	Date Request Completed
2.a.	Last Name		(mm/dd/yyyy)
2.b.	First Name		
2.c.	Middle Name		

	t 1. Information From the Registered Agency ntinued)	Part 2. USCIS Responses						
4 <i>d</i> a	litional Information	NOTE: Only USCIS should complete this information, unless otherwise indicated.						
	litional Information	Upon review of these documents, information submitted, and						
0.	Registered Agency Comments (if any)	our records, we find the following for the applicant:						
		Current Immigration Status (Select all applicable boxes)						
		1.a. Lawful Permanent Resident (LPR) of the United States. (The Registered Agency must select only one date necessary to make their benefit determination.)						
		Effective Date of LPR Status/Rollback						
		(mm/dd/yyyy)						
		Date Adjustment to LPR Approved						
		(mm/dd/yyyy)						
		PRIOR STATUS: If the applicant adjusted to LPR in the past 7 years from a status listed below in Item Numbers 1.b. , 1.c. , 1.d. , 1.g. , 1.h. , 1.i. , or 1.j. , select the appropriate prior status and provide dates and class of admission where indicated.						
		1.b. Refugee admitted to the United States under section 207 of the Immigration and Nationality Act (INA).						
		Date of Admission as a Refugee						
		(mm/dd/yyyy)						
		1.c. Asylee under section 208 of the INA.						
		Date Asylum Granted						
		(mm/dd/yyyy)						
		1.d. Applicant whose deportation has been withheld under INA 243(h) (as in effect prior to April 1, 1997) or whose removal has been withheld under INA 241(b)(3).						
		Date Deportation or Removal Ordered Withheld						
		(mm/dd/yyyy)						
		1.e. Applicant paroled into the United States under INA 212(d)(5) for a period of at least 1 year.						
		Date Parole Granted						
		(mm/dd/yyyy)						
		Date Parole Expires						
		(mm/dd/yyyy)						
		1.f. Conditional entrant under INA 203(a)(7) prior to April 1, 1980.						
		Date Status Granted						
		(mm/dd/yyyy)						

Par	t 2.	USCIS Responses (continued)	_	cial Benefit Provision for Certain Victims of
1.g.		American Indian born in Canada to whom the provisions of INA 289 apply. Date Status Recognized (mm/dd/yyyy)	<i>Abi</i> 3.a.	Applicant obtained lawful (or conditional) permanent resident status as the spouse, child, or widow(er) of a U.S. citizen. Date Status Granted
1.h.		Cuban/Haitian entrant as defined in section 501(e) of the Refugee Education Assistance Act of 1980.	3.b.	(mm/dd/yyyy) Applicant obtained lawful (or conditional) permanent
1.i.		Amerasian immigrant under section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act of 1988.		resident status as the spouse, child, or unmarried son or daughter of a lawful permanent resident. Date Status Granted
		Date of Entry (mm/dd/yyyy)		(mm/dd/yyyy)
1.j.		Applicant classified as an Iraqi/Afghan special immigrant admitted under INA 101(a)(27).	3.c.	Applicant did not obtain status described in Item Number 3.a. or 3.b.
		Date of Entry	Aff	idavit of Support
		(mm/dd/yyyy) Date Status Granted (mm/dd/yyyy) Class of Admission (COA)	4.a. 4.b.	Applicant was not sponsored on Form I-864. Receipt Date (mm/dd/yyyy) Applicant was sponsored on Form I-864, Affidavit of Support, under INA 213A.
1.k.		Other (Indicate Status)		Receipt Date
				(mm/dd/yyyy)
		Date Status Granted (mm/dd/yyyy)	4.c.	Sponsor's Information (USPS ZIP Code Lookup) Last Name
		Class of Admission (COA) (if applicable)		First Name
Citi	zens	ship Status		Middle Name
2.a.		U.S. Citizen		Social Security Number
2.b.		Not a U.S. Citizen		Street Number and Name
2.c.		For SSA only: Status Dates for RSDI Claims (Registered Agency representative provides dates)		Apt. Ste. Flr.
		From (mm/dd/yyyy)		City or Town
		To (mm/dd/yyyy)		State ZIP Code
		Response		Province
				Postal Code
				Country

Applicant's First Name

Case Verification Number

Applicant's Last Name

Аррп	icant's Last Name	Applicant's First Name	<u> </u>		Case Verificatio	n Number		
Par	t 2. USCIS Responses (continu	ned)	2.b.		paroled into the U			
4.d.	Joint Sponsor's Information Last Name First Name Middle Name Social Security Number Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code Province Postal Code Country		2.c.	501(e) of to 1980, on of Cuban/Hai 1980. (Car Status Date provides de From To Response Applicant pacquired an (Category)	(mm/dd/yyyy) (mm/dd/yyyy) paroled into the Uny other status und 2A) es (Registered Ag	Juited States der the INA	er Octo	ct of), or a ober 10, //e has not
4.e.	☐ Information on additional joint sp	ponsors attached.		To Response	(mm/dd/yyyy)			
NOT unles Depa	t 3. USCIS Additional Responses to the USCIS should complete this softherwise indicated. Please do not artment of Homeland Security (DHS a review of these documents, information of the security info	is information, t preselect) responses.	2.d.	custody of	paroled into the U Federal, state, or for law enforcem try (mm/dd/yyyy)	local enforc	ement	
our re Immi	r records, we find the following for the applicant: migration status as of 8/22/1996 Type or print "N/A," as appropriate		2.e.	Applicant's asylum application was filed under INA 208 and is pending with DHS. (Category 2C) Date Asylum Application Filed (mm/dd/yyyy)				
1.b.	Immigration status at initial entry		2.f.	 208 and is	s asylum application	IR. (Categor	ry 2B)	
2.a.	igration Status of Cuban/Haitian Na Is the applicant a Cuban or Haitian na by the document provided by the appl u answered "NO," do not process form	ational as indicated licant?		ncy's equiva	Agency must attac lent release form. Im Application Ro (mm/dd/yyyy)			,, OI

Par	t 3.	USCIS Additional Responses (continued)	Part 4. USCIS Comments
2.g.		Applicant who is in removal proceedings for whom a final, non-appealable, legally enforceable order of removal has NOT been entered. (Category 2B.)	NOTE: Only USCIS should complete this information.
		Date Placed Into Proceedings (mm/dd/yyyy)	
2.h.		Applicant does not meet any of the categories described above.	
Rem	oval	Proceedings	
3.a.		Applicant is subject to an order of removal that is final, non-appealable, and legally enforceable.	
		Date Order Became Final	
		(mm/dd/yyyy)	
3.b.		Applicant is subject to an order of supervision after an order of removal.	
		Date of Order	
		(mm/dd/yyyy)	
3.c.		Applicant is NOT subject to an order of removal that is final, non-appealable, and legally enforceable.	
Adjı	ısted	to Lawful Permanent Resident Status	
4.a.		Cuban or Haitian national (or citizen) as indicated on the document provided by the applicant who adjusted status under:	
		Nicaraguan Adjustment and Central American Relief Act (NACARA)	
		Haitian Refugee Immigration Fairness Act (HRIFA)	
		☐ Immigration Reform and Control Act of 1986 (IRCA)	
		Cuban Adjustment Act of 1966 (CAA)	
		Date Form I-485 Approved	USCIS Stamp
		(mm/dd/yyyy)	-
		Class of Admission (COA)	
4.b.		Applicant is NOT an LPR or adjusted under a different section of law.	

Applicant's First Name

Case Verification Number

Applicant's Last Name