



Petition to Remove Conditions on Residence

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

USCIS
Form I-751
OMB No. 1615-0038
Expires 03/31/2027

For USCIS Use Only	Receipt		Action Block	Remarks
	Reloc Sent	Reloc Received		
	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)		
	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)		
	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)		
<input type="checkbox"/> Petitioner interviewed on (mm/dd/yyyy) / / <input type="checkbox"/> Approved under INA 216(c)(4)(C) Battered Spouse/Child				

To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)

► **START HERE** - Type or print in black ink.

Part 1. Information About You, the Conditional Resident

1.a. Family Name (Last Name)	Suarez
1.b. Given Name (First Name)	Marcel
1.c. Middle Name	Cruz

Other Names Used

List all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 11**.

Additional Information.

2.a. Family Name (Last Name)	Gonzalez
2.b. Given Name (First Name)	Pepe
2.c. Middle Name	Delgad
3.a. Family Name (Last Name)	
3.b. Given Name (First Name)	
3.c. Middle Name	

Other Information

4. Date of Birth (mm/dd/yyyy)	01/18/1985
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5. Country of Birth	
6. Country of Citizenship or Nationality (provide all that apply)	
7. Alien Registration Number (A-Number) (if any)	► A- 3 2 1 6 5 4 9 8 7
8. U.S. Social Security Number (if any)	► 3 2 1 6 5 4 9 8 7
9. USCIS Online Account Number (if any)	► 1 2 3 1 2 3 3 1 2 3

Marital Status

10. Marital Status	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
11. Date of Marriage (mm/dd/yyyy)	
12. Place of Marriage	
13. If the marriage through which you gained conditional residence has ended, provide the date it ended (date of divorce or date of death) (mm/dd/yyyy)	
14. Conditional Residence Expires On (mm/dd/yyyy)	

Part 1. Information About You, the Conditional Resident (continued)

Mailing Address

15.a. In Care Of Name

2253 Mailing

15.b. Street Number and Name

Deerfield Beach Mailing

15.c. ☐ Apt. ☐ Ste. ☐ Flr.

15.d. City or Town

NY

15.e. State

ID

15.f. ZIP Code

22222

16. Is your physical address different than your mailing address?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 16.**, provide your physical address below.

Physical Address

17.a. In Care Of Name

17.b. Street Number and Name

2386 Brickel

17.c. ☐ Apt. ☐ Ste. ☐ Flr.

17.d. City or Town

Miami

17.e. State

FL

17.f. ZIP Code

11111

Additional Information About You

18. Are you in removal, deportation, or rescission proceedings?

☐ Yes ☐ No

19. Was a fee paid to anyone other than an attorney in connection with this petition?

☐ Yes ☐ No

20. Have you ever been arrested, detained, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance (excluding traffic regulations), or committed any crime which you were not arrested in the United States or abroad?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 20.**, provide a detailed explanation in **Part 11. Additional Information** or on a separate sheet of paper, and refer to the **What Initial Evidence Is Required** section of the Form I-751 instructions to determine what criminal history document to include with your petition.

21. If you are married, is this a different marriage than the one through which you gained conditional resident status?

☐ Yes ☐ No

22. Have you resided at any other address since you became a permanent resident?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 22.**, provide a list of all addresses where you have resided since becoming a permanent resident and the dates you resided at those locations in the space provided in **Part 11. Additional Information**.

23. Is your spouse or parent's spouse currently serving with or employed by the U.S. Government and serving outside the United States?

☐ Yes ☐ No

Part 2. Biographic Information

1. Ethnicity (Select **only one** box)

☐ Hispanic or Latino

☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ White

☐ Asian

☐ Black or African American

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

3. Height

Feet

Inches

4. Weight

Pounds

5. Eye Color (Select **only one** box)

☐ Black

☐ Blue

☐ Brown

☐ Gray

☐ Green

☐ Hazel

☐ Maroon

☐ Pink

☐ Unknown/Other

6. Hair Color (Select **only one** box)

☐ Bald (No hair)

☐ Black

☐ Blond

☐ Brown

☐ Gray

☐ Red

☐ Sandy

☐ White

☐ Unknown/Other

Part 3. Basis for Petition

Joint Filing

My conditional residence is based on my marriage or my parent's marriage to a U.S. citizen or lawful permanent resident, and I am filing this joint petition together with (Select **only one** box):

- 1.a. ☐ My spouse.
- 1.b. ☐ My parent's spouse because I am unable to be included in a joint petition filed by my parent and my parent's spouse.

OR (Select **all** applicable boxes in the next section.)

Waiver or Individual Filing Request

My conditional residence is based on my marriage or my parent's marriage to a U.S. citizen or lawful permanent resident, I am unable to file a joint petition with my spouse or my parent's spouse, because:

- 1.c. ☐ My spouse is deceased.
- 1.d. ☐ My marriage was entered in good faith, but the marriage was terminated through divorce or annulment.
- 1.e. ☐ I entered the marriage in good faith, and, during the marriage, I was battered, or was the subject of extreme cruelty, by my U.S. citizen or lawful permanent resident spouse.
- 1.f. ☐ My parent entered the marriage in good faith, and, during the marriage, I was battered, or was subjected to extreme cruelty, by my parent's U.S. citizen or lawful permanent resident spouse or by my conditional resident parent.
- 1.g. ☐ The termination of my status and removal from the United States would result in an extreme hardship.

Part 4. Information About the U.S. Citizen or Lawful Permanent Resident Spouse. If Filing as a Child Separately, Information About the U.S. Citizen or Lawful Permanent Resident Stepparent Through Whom You Gained Your Conditional Residence.

Relationship

- 1.a. ☐ Spouse or Former Spouse
- 1.b. ☐ Parent's Spouse or Former Spouse

Other Information

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
3. Date of Birth (mm/dd/yyyy)
4. U.S. Social Security Number (if any)
5. A-Number (if any)

Physical Address

- 6.a. Street Number and Name
- 6.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 6.c. City or Town
- 6.d. State 6.e. ZIP Code
- 6.f. Province
- 6.g. Postal Code
- 6.h. Country

Part 5. Information About Your Children

Provide information on all of your children. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

Child 1

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name
2. Date of Birth (mm/dd/yyyy)
3. A-Number (if any)
4. Is this child living with you? ☐ Yes ☐ No
5. Is this child applying with you? ☐ Yes ☐ No

Part 5. Information About Your Children
(continued)

Physical Address

6.a. Street Number and Name

6.b. ☐ Apt. ☐ Ste. ☐ Flr.

6.c. City or Town

6.d. State 6.e. ZIP Code

6.f. Province

6.g. Postal Code

6.h. Country

Child 2

7.a. Family Name (Last Name)

7.b. Given Name (First Name)

7.c. Middle Name

8. Date of Birth (mm/dd/yyyy)

9. A-Number (if any)
▶ A-

10. Is this child living with you? ☐ Yes ☐ No

11. Is this child applying with you? ☐ Yes ☐ No

Physical Address

12.a. Street Number and Name

12.b. ☐ Apt. ☐ Ste. ☐ Flr.

12.c. City or Town

12.d. State 12.e. ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

Child 3

13.a. Family Name (Last Name)

13.b. Given Name (First Name)

13.c. Middle Name

14. Date of Birth (mm/dd/yyyy)

15. A-Number (if any)
▶ A-

16. Is this child living with you? ☐ Yes ☐ No

17. Is this child applying with you? ☐ Yes ☐ No

Physical Address

18.a. Street Number and Name

18.b. ☐ Apt. ☐ Ste. ☐ Flr.

18.c. City or Town

18.d. State 18.e. ZIP Code

18.f. Province

18.g. Postal Code

18.h. Country

Child 4

19.a. Family Name (Last Name)

19.b. Given Name (First Name)

19.c. Middle Name

20. Date of Birth (mm/dd/yyyy)

21. A-Number (if any)
▶ A-

22. Is this child living with you? ☐ Yes ☐ No

23. Is this child applying with you? ☐ Yes ☐ No



Part 5. Information About Your Children (continued)

Physical Address

24.a. Street Number and Name

24.b. ☐ Apt. ☐ Ste. ☐ Flr.

24.c. City or Town

24.d. State 24.e. ZIP Code

24.f. Province

24.g. Postal Code

24.h. Country

Child 5

25.a. Family Name (Last Name)

25.b. Given Name (First Name)

25.c. Middle Name

26. Date of Birth (mm/dd/yyyy)

27. A-Number (if any)
▶ A-

28. Is this child living with you? ☐ Yes ☐ No

29. Is this child applying with you? ☐ Yes ☐ No

Physical Address

30.a. Street Number and Name

30.b. ☐ Apt. ☐ Ste. ☐ Flr.

30.c. City or Town

30.d. State 30.e. ZIP Code

30.f. Province

30.g. Postal Code

30.h. Country

Part 6. Accommodations for Individuals With Disabilities and/or Impairments

NOTE: Read the information in the Form I-751 Instructions before completing this part.

1. Are you requesting an accommodation because of your disabilities and/or impairments? ☐ Yes ☐ No
2. Are you requesting an accommodation because of your spouse's disabilities and/or impairments? ☐ Yes ☐ No
3. Are you requesting an accommodation because of your included children's disabilities and/or impairments? ☐ Yes ☐ No

If you answered "Yes" to **Item Numbers 1. - 3.**, select any applicable box for **Item Numbers 4.a. - 4.c.** Provide information on the disabilities and/or impairments for each person.

- 4.a. ☐ I am deaf or hard of hearing and request the following accommodation. (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).):
-
- 4.b. ☐ I am blind or have low vision and request the following accommodation:
-
- 4.c. ☐ I have another type of disability and/or impairment. (Describe the nature of your disability and/or impairment and the accommodation you are requesting.):
-



Part 7. Petitioner's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature

NOTE: Read the information on penalties in the **Penalties** section of the Form I-751 Instructions before completing this part.

NOTE: If you selected **Box 1.a.** in **Part 3.**, your spouse must also read and sign the petition in **Part 8.** Signature of a conditional resident child under 14 years of age is not required; a parent may sign for a child.

Petitioner's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☐ I can read and understand English, and have read and understand every question and instruction on this petition, as well as my answer to every question. I have read and understand the **Acknowledgement of Appointment at USCIS Application Support Center.**
- 1.b. ☐ The interpreter named in **Part 9.** has also read to me every question and instruction on this petition, as well as my answer to every question, in , a language in which I am fluent. I understand every question and instruction on this petition as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in **Part 9.** has also read the **Acknowledgement of Appointment at USCIS Application Support Center** to me, in the language in which I am fluent, and I understand this Application Support Center (ASC) Acknowledgement as read to me by my interpreter.
2. ☐ I have requested the services of and consented to , who ☐ is ☐ is not an attorney or accredited representative, preparing this petition for me. This person who assisted me in preparing my petition has reviewed the **Acknowledgement of Appointment at USCIS Application Support Center** with me, and I understand the ASC Acknowledgement.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

4. Petitioner's Mobile Telephone Number (if any)

5. Petitioner's Email Address (if any)

Acknowledgement of Appointment at USCIS Application Support Center

I, , understand that the purpose of a USCIS ASC appointment is for me to provide fingerprints, photograph, and/or signature and to re-affirm that all of the information in my petition is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment.

By signing here, I declare under penalty of perjury that I have reviewed and understand my application, petition, or request as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.

If conditional residence was based on a marriage, I further certify that the marriage was entered into in accordance with the laws of the place where the marriage took place and was not for the purpose of procuring an immigration benefit.

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-affirming that I willingly submit this petition; I have reviewed the contents of this petition; all of the information in my petition and all supporting documents submitted with my petition were provided by me and are complete, true, and correct; and if I was assisted in completing this petition, the person assisting me also reviewed this **Acknowledgement of Appointment at USCIS Application Support Center** with me.



Part 7. Petitioner's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature (continued)

Petitioner's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify under penalty of perjury, that the information in my petition, my responses to each question, and any document submitted with my petition were provided by me and are complete, true, and correct.

Petitioner's Signature

6.a. Petitioner's Signature

6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

NOTE: If you are filing based on claims of having been battered or subjected to extreme cruelty waiver or individual filing, you are not required to have the spouse's or individual listed in **Part 4's** signature.

Part 8. Spouse's or Individual Listed in Part 4.'s Statement, Contact Information, Acknowledgement of Appointment USCIS Application Support Center, Certification, and Signature (if applicable)

Provide the following information about the spouse or individual listed in **Part 4**.

NOTE: Read the information on penalties in the **Penalties** section of the Form I-751 Instructions before completing this part.

Spouse's or Individual's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and have read and understand every question and instruction on this petition, as well as the petitioner's answer to every question. I have read and understand the **Acknowledgement of Appointment at USCIS Application Support Center.**

1.b. ☐ The interpreter named in **Part 9**, has also read to me every question and instruction on this petition, as well as the petitioner's answer to every question, in , a language in which I am fluent. I understand every question and instruction on this petition as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in **Part 9**, has also read the **Acknowledgement of Appointment at USCIS Application Support Center** to me, in the language in which I am fluent, and I understand this Application Support Center (ASC) Acknowledgement as read to me by my interpreter.

2. ☐ I have requested the services of and consented to , who ☐ is ☐ is not an attorney or accredited representative, preparing this petition for me. This person who assisted me in preparing my petition has reviewed the **Acknowledgement of Appointment at USCIS Application Support Center** with me, and I understand the ASC Acknowledgement.

Spouse's or Individual's Contact Information

3. Spouse's or Individual's Daytime Telephone Number

4. Spouse's or Individual's Mobile Telephone Number (if any)

5. Spouse's or Individual's Email Address (if any)



Part 8. Spouse's or Individual Listed in Part 4.'s Statement, Contact Information, Acknowledgement of Appointment USCIS Application Support Center, Certification, and Signature (if applicable) (continued)

Acknowledgement of Appointment at USCIS Application Support Center

I, ,
understand that the purpose of a USCIS ASC appointment is for me to provide my fingerprints, photograph, and/or signature and to re-affirm that all of the information in my petition is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment.

By signing here, I declare under penalty of perjury that I have reviewed and understand my application, petition, or request as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-affirming that I willingly submit this petition; I have reviewed the contents of this petition; all of the information in my petition and all supporting documents submitted with my petition were provided by me and are complete, true, and correct; and if I was assisted in completing this petition, the person assisting me also reviewed this **Acknowledgement of Appointment at USCIS Application Support Center** with me.

Spouse's or Individual's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify under penalty of perjury, that the information in my petition, my responses to each question, and any document submitted with my petition were provided by me and are complete, true, and correct.

Spouse's or Individual's Signature

6.a. Spouse's or Individual's Signature

6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL SPOUSES OR INDIVIDUALS: If you do not completely fill out this petition or fail to submit required documents listed in the instructions, USCIS may deny your petition.

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Email Address (if any)



Part 9. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Certification

I certify that:

I am fluent in English and , which is the same language provided in **Part 7., Item Number 1.b.**;

I have read to this petitioner every question and instruction on this petition, as well as the answer to every question, in the language provided in **Part 7., Item Number 1.b.**; and

I have read the **Acknowledgement of Appointment at USCIS Application Support Center** to the petitioner in the same language provided in **Part 7., Item Number 1.b.**

The petitioner has informed me that he or she understands every instruction and question on the petition, as well as the answer to every question, and the petitioner verified the accuracy of every answer; and

The petitioner has also informed me that he or she understands the ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photograph, and/or signature, he or she is re-affirming that the contents of this petition and all supporting documentation are complete, true, and correct.

Interpreter's Signature

6.a. Interpreter's Signature

6.b. Date of Signature (mm/dd/yyyy)

Part 10. Contact Information, Statement, Certification, and Signature of the Person Preparing this Petition, If Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Fax Number

6. Preparer's Email Address (if any)

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.

7.b. ☐ I am an attorney or accredited representative and my representation of the petitioner in this case ☐ extends ☐ does not extend beyond the preparation of this petition.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.



Part 10. Contact Information, Statement, Certification, and Signature of the Person Preparing this Petition, If Other Than the Petitioner (continued)

Preparer's Certification

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner. I completed this petition based only on responses the petitioner provided to me. After completing the petition, I reviewed it and all of the petitioner's responses with the petitioner, who agreed with every answer on the petition. If the petitioner supplied additional information concerning a question on the petition, I recorded it on the petition. I have also read the **Acknowledgement of Appointment at USCIS Application Support Center** to the petitioner and the petitioner has informed me that he or she understands the ASC Acknowledgement

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)



Part 11. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

Your Full Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any)

A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.

