

Department of Homeland Security
U.S. Citizenship and Immigration Services
U.S. Department of Justice
Executive Office for Immigration Review

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.1. Information About You

1. Alien Registration Number(s) (A-Number) (if any)	2. U.S. Social Security Number (if any)	3. USCIS Online Account Number (if any)
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4. Complete Last Name	5. First Name	6. Middle Name
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7. What other names have you used (include maiden name and aliases)?

8. Residence in the U.S. (where you physically reside)

Street Number and Name	Apt. Number
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City	State	Zip Code	Telephone Number
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9. Mailing Address in the U.S. (if different than the address in Item Number 8)

In Care Of (if applicable)	Telephone Number ()
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Street Number and Name	Apt. Number
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City	State	Zip Code
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10. Gender: Male Female

11. Marital Status: Single Married Divorced Widowed

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

13. City and Country of Birth

14. Present Nationality (Citizenship)

15. Nationality at Birth

16. Race, Ethnic, or Tribal Group

17. Religion

18. Check the box, a through c, that applies: a. I have never been in Immigration Court proceedings. b. I am now in Immigration Court proceedings. c. I am not now in Immigration Court proceedings, but I have been in the past.

19. Complete 19 a through c.

a. When did you last leave your country? (mm/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	Status	Date Status Expires
Date	Place	Status	
Date	Place	Status	

20. What country issued your last passport or travel document?

21. Passport Number	22. Expiration Date (mm/dd/yyyy)
Travel Document Number	

23. What is your native language (include dialect, if applicable)?

24. Are you fluent in English? Yes No

25. What other languages do you speak fluently?

For EOIR use only.	For USCIS use only.	Action:	Decision:
		Interview Date	Approval Date
		Asylum Officer ID No	Denial Date
			Referral Date