



**Notice of Appeal or Motion**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-290B**  
 OMB No. 1615-0095  
 Expires 05/31/2020

| For USCIS Use Only | Returned         | Reloc Sent       | Receipt | Remarks |
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|-----------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| To be completed by an attorney or accredited representative (if any). | <input checked="" type="checkbox"/> Select this box if Form G-28 is attached. | Attorney State Bar Number (if applicable)<br><input type="text" value="1234567"/> | Attorney or Accredited Representative USCIS Online Account Number (if any)<br><input type="text"/> |
|                                                                       |                                                                               |                                                                                   |                                                                                                    |

Please visit [www.uscis.gov/i-290b/jurisdiction](http://www.uscis.gov/i-290b/jurisdiction) for information on the immigration benefit types that are eligible for an appeal or motion using this form.

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

**FEE EXEMPT - RFM**

**Part 1. Information About the Applicant or Petitioner**

If you are an individual filing this appeal or motion, complete **Item Number 1**. If you are a business or organization, complete **Item Number 2**.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Business or Organization (if applicable)

3. Alien Registration Number (A-Number, if any)  
 ▶ A-

4. USCIS Online Account Number (if any)  
 ▶

**Mailing Address (or Military APO/FPO Address, if applicable)**

5.a. In Care Of Name (if any)

5.b. Street Number and Name

5.c.  Apt.  Ste.  Flr.

5.d. City or Town

5.e. State  5.f. ZIP Code

5.g. Province

5.h. Postal Code

5.i. Country

**Part 2. Information About the Appeal or Motion**

Please indicate whether you are filing an appeal to the Administrative Appeals Office (AAO) or a motion. You are not allowed to file both an appeal and a motion on a single form. **If you select more than one box, your filing may be rejected.**

**NOTE: DO NOT use this form if you are filing an appeal relating to a Form I-130, Petition for Alien Relative, or a Form I-360, Self-Petition for a Widow(er) of a U.S. Citizen. You must file those appeals with the Board of Immigration Appeals using Form EOIR-29.**

**Part 2. Information About the Appeal or Motion**  
(continued)

- 1.a.  I am filing an **appeal** to the AAO. My brief and/or additional evidence is attached.
- 1.b.  I am filing an **appeal** to the AAO. I will submit my brief and/or additional evidence to the AAO within 30 calendar days of filing the appeal.
- 1.c.  I am filing an **appeal** to the AAO. I will not be submitting a brief and/or additional evidence.
- 1.d.  I am filing a **motion to reopen**. My brief and/or additional evidence is attached.
- 1.e.  I am filing a **motion to reconsider**. My brief is attached.
- 1.f.  I am filing a **motion to reopen** and a **motion to reconsider**. My brief and/or additional evidence is attached.
- 2. USCIS Form for the Application or Petition That is the Subject of This Appeal or Motion (for example, Form I-140, I-360, I-129, I-485, I-601)
- 3. Receipt Number for the Application or Petition
- 4. Requested Nonimmigrant or Immigrant Classification (for example, H-1B, R-1, O-1, EB-1, EB-2, if applicable)
- 5. Date of the Adverse Decision (mm/dd/yyyy)
- 6. Office That Issued the Adverse Decision

**Part 3. Basis for the Appeal or Motion**

In **Part 7. Additional Information**, or on a separate sheet of paper, you must provide a statement regarding the basis for the appeal or motion. If you 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.

**Appeal:** Provide a statement that specifically identifies an erroneous conclusion of law or fact in the decision being appealed. **You must provide this information with your Form I-290B even if you intend to submit a brief later.**

**Motion to Reopen:** A motion to reopen must state new facts and be supported by documentary evidence demonstrating eligibility for the requested immigration benefit at the time you filed the application or petition.

**Motion to Reconsider:** A motion to reconsider must demonstrate that the decision was based on an incorrect application of law or policy, and that the decision was incorrect based on the evidence in the case record at the time of the decision. The motion must be supported by citations to appropriate statutes, regulations, precedent decisions, or statements of USCIS policy.

**Part 4. Applicant's or Petitioner's Statement, Contact Information, Certification, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-290B Instructions before completing this part.

**Section A**

If you are filing an appeal or motion based on an **APPLICATION OR PETITION FILED BY AN INDIVIDUAL (NOT A BUSINESS OR ORGANIZATION)**, complete this section:

**Applicant's or 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 I have read and understand every question and instruction on this form and my answer to every question.
- 1.b.  The interpreter named in **Part 5.** has read to me every question and instruction on this form, and my answer to every question, in  a language in which I am fluent. I understood all of this information as interpreted.
- 2.  At my request, the preparer named in **Part 6.** prepared this form for me based only upon information I provided or authorized.

**Applicant's or Petitioner's Contact Information**

- 3. Applicant's or Petitioner's Daytime Telephone Number
- 4. Applicant's or Petitioner's Mobile Telephone Number (if any)
- 5. Applicant's or Petitioner's Email Address (if any)

**Part 4. Applicant's or Petitioner's Statement, Contact Information, Certification, and Signature (continued)**

***Applicant's or 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 of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

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

I certify, under penalty of perjury, that all of the information in my form and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my form, and that all of this information is complete, true, and correct.

***Applicant's or Petitioner's Signature***

6.a. Applicant's or Petitioner's Signature

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

***Section B***

If you are filing an appeal or motion based on a **PETITION FILED BY A BUSINESS OR ORGANIZATION (NOT AN INDIVIDUAL)**, complete this section:

***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 I have read and understand every question and instruction on this form and my answer to every question.
- 1.b.  The interpreter named in **Part 5.** has read to me every question and instruction on this form, and my answer to every question, in
- 
- a language in which I am fluent. I understood all of this information as interpreted.
2.  At my request, the preparer named in **Part 6.** prepared this form for me based only upon information I provided or authorized.

***Petitioner's Contact Information***

Provide the following information about the petitioner's authorized signatory.

- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
4. Title
5. Daytime Telephone Number
6. Mobile Telephone Number (if any)
7. Email Address (if any)

***Petitioner's Certification***

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this form using publicly available open source information. I also recognize that any supporting evidence submitted in support of this form may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this form on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this form, I understand all of the information contained in, and submitted with, my appeal or motion, and all of this information is complete, true, and correct.

***Petitioner's Signature***

- 8.a. Petitioner's Signature
- 8.b. Date of Signature (mm/dd/yyyy)

**NOTE TO ALL APPLICANTS AND PETITIONERS:** If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may dismiss, deny, or reject your appeal or motion.

**Part 5. 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 Mobile Telephone Number (if any)
- 6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in Part 4., Item Number 1.b. in Section A or Section B, and I have read to this applicant or petitioner in the identified language every question and instruction on this form and his or her answer to every question. The applicant or petitioner informed me that he or she understands every instruction, question, and answer on the form, including the **Applicant's or Petitioner's Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

**Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Applicant or 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 Mobile Telephone Number (if any)
- 6. Preparer's Email Address (if any)

**Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Applicant or Petitioner**  
(continued)

***Preparer's Statement***

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

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the applicant or petitioner. The applicant or petitioner then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her form, including the **Applicant's or Petitioner's Certification**, and that all of this information is complete, true, and correct. I completed this form based only on information that the applicant or petitioner provided to me or authorized me to obtain or use.

***Preparer's Signature***

8.a. Preparer's Signature

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

**Part 7. Additional Information**

If you need extra space to provide any additional information within this form, 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 form or attach a separate sheet of paper. Type or print your name and A-Number 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.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A- 

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

3.d. I am a class member in R.F.M. v. Nielsen. My SIJS application was unlawfully denied/revoked and should be reconsidered according to the Amended Judgment in R.F.M v. Nielsen.

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

4.d. \_\_\_\_\_  
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5.a. Page Number  5.b. Part Number  5.c. Item Number

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

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

7.d. \_\_\_\_\_  
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**NOTE:** Make sure your appeal or motion is complete before filing.