9 FAM 42.22 Exhibit III

42.22 EXHIBIT III
FORM DSP-117 – APPLICATION TO DETERMINE RESIDENT STATUS

TYPE OR PRINT ALL ANSWERS CLEARLY

OMB APPROVAL NO. 1405-0091
EXPIRATION DATE: 1-31-96
ESTIMATED BURDEN: 30 MINUTES*

U.S. DEPARTMENT OF STATE
APPLICATION TO DETERMINE RETURNING RESIDENT STATUS

INSTRUCTIONS: This is an application for Special Immigrant Status under Section 101(a)(27)(A) of the Immigration and Nationality Act, for lawfully admitted permanent residents who are returning from a temporary visit abroad. To qualify you must submit with this application evidence that:
(1) You had the status of an alien lawfully admitted for permanent residence at the time of departure from the United States;
(2) You departed from the United States with the intention of returning and you have not abandoned this intention; and
(3) You are returning to the United States from a temporary visit abroad and, if the stay abroad was protracted, this was caused by reasons beyond your control and for which you are not responsible.

Applicants must submit evidence with this application to support the above requirements, including proof of lawful permanent residence, (Examples: Form I-151, I-551, Reentry Permit, etc.), dates of travel abroad, (Example: airline tickets, passport stamps, etc.), proof of ties to the United States and intent to return, (Example: tax returns, and evidence of economic, family and social ties to the United States), and proof a protracted stay was for reasons beyond the applicant's control, (Examples: medical incapacitation, employment with a U.S. company, accompanying a U.S. citizen spouse, etc.). All documents will be returned to you.

1. NAME *(Last name)* *(First name)* *(Middle name)*

2. OTHER NAMES USED, ALIASES *(If married woman, give maiden name)*

3. CURRENT HOME ADDRESS AND TELEPHONE NUMBER

4. PLACE OF BIRTH *(City, Province, Country)* 5. DATE OF BIRTH *(Month, Day, Year)*

6. MARITAL STATUS
☐ Married ☐ Single ☐ Widowed ☐ Divorced

If married, information about spouse –

a. Name: _____

b. Address: _____

c. Place of Birth: _____

d. Date of Birth: _____

e. U.S. Residence Status, if any *(U.S. citizen, LPR, etc.)*: _____

7. LIST BELOW ALL CLOSE FAMILY MEMBERS IN THE UNITED STATES

FULL NAME	RELATIONSHIP	RESIDENCE STATUS	PLACE OF RESIDENCE

8. PREVIOUS IMMIGRATION RECORD

a. INS "A" Number: _____ b. Immigration Category: _____

c. Previous Immigrant Visa:
DATE OF ISSUE _____ PLACE OF ISSUE _____

d. Adjustment of Status
DATE OF ADJUSTMENT OF STATUS WITH I.N.S. *(IF ANY)* _____ PLACE OF ADJUSTMENT OF STATUS WITH I.N.S. *(IF ANY)* _____

e. Initial Entry into the United States:
DATE OF ENTRY _____ PORT OF ENTRY _____

f. Last Entry into the United States:
DATE OF ENTRY _____ PORT OF ENTRY _____

9. MOST RECENT DEPARTURE FROM UNITED STATES

Date of Departure: _____ Destination: _____
Reason:

FORM 6-92 **DSP-117**

*Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (OIS/RA/DR) Washington, D.C. 20520-0264, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (1405-0091), Washington, D. C. 20503.

9 FAM 42.22 Exhibit III

Form DSP-117 – Continued

10. WHAT CONTINUING TIES HAVE YOU MAINTAINED WITH THE UNITED STATES? WHAT EFFORTS HAVE YOU MADE TO AVOID ABANDONING YOUR PERMANENT RESIDENT STATUS IN THE UNITED STATES?

11. REASONS FOR NOT RETURNING TO THE UNITED STATES UNTIL TIME OF THIS APPLICATION

12. LIST BELOW ALL PERIODS THAT YOU HAVE LIVED ABROAD FOR SIX MONTHS OR LONGER SINCE YOUR INITIAL ENTRY INTO THE UNITED STATES AS A PERMANENT RESIDENT

DATES (FROM – TO)	COUNTRY

13. HAVE YOU BEEN EMPLOYED ABROAD? ☐ YES ☐ NO

If "Yes," complete the following:

NAME OF EMPLOYER	ADDRESS	FROM -- TO

14. I WISH TO RETURN TO THE UNITED STATES ON OR ABOUT _____
(Date)

15. I swear or affirm that all statements which appear on this application are true and complete to the best of my knowledge and belief. I understand that any false or misleading statement or willful concealment of a material fact may subject me to permanent exclusion from the United States. I understand that if this application for special immigrant status is approved, I must apply for an immigrant visa within six months from the date of approval.

_____ Signature of Applicant

_____ Date

DO NOT WRITE IN THIS SPACE - OFFICIAL USE ONLY

☐ Approved 101(a)(27)(A) ☐ Disapproved

Reason:

_____ Signature of Consular Officer

_____ Date

At: _____ Post

REVIEWED: ☐ Concur ☐ Do NOT Concur

_____ Signature of Reviewing Officer

_____ Date