



ADJUSTMENT OF STATUS INQUIRY

Inquiries may be mailed, dropped off, or faxed as indicated below (choose one type of inquiry only).

* Please note that inquiries will only be accepted 180 days or more after your interview.

Please attach, if available, one of the following documents with this notice: Appointment Notice, Adjustment of Status Notice, Form I-72 or WR-827.

- **DROP OFF:** Room 8323, 300 N. Los Angeles St., Los Angeles, CA
 (Drop Off inquiry service hours are Monday through Friday, 7:00am to 3:00pm)
- **MAIL:** U.S. Citizenship and Immigration Services
 P.O. Box 532819, Los Angeles, CA 90053-2819
- **FAX:** (213) 894-3864

PLEASE COMPLETE ALL BLOCKS ONE THROUGH SIX (1-6)

1. Date of Inquiry:	Date I-485 Application Filed With Service:
---------------------	--

2. Last Name:	First Name:	Middle Initial:
Date of Birth:	Country of Birth:	
Other Names Used:	Petitioner Name (if any):	
A-Number(s):	Receipt Number (if known):	

3. Mailing Address (current):	Is this a change of address? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If this is a change of address, you are required to submit a completed form AR-11 (Alien's Change of Address Card) to the Kentucky address listed at the bottom of that form.
Phone #: ()	Fax #: ()
Email:	

4. List applicant's family members' names (spouse & children) and A numbers, if they also have applications pending. (If needed, you may attach a separate piece of paper.)		
Name:	A #:	Date of Birth:
Name:	A #:	Date of Birth:
Name:	A #:	Date of Birth:

5. Have you been interviewed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Interviewing Officer (print below):
If "YES", give date and place of interview:	
Have you been fingerprinted? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "YES", give date and place of last fingerprints:	

GIVE A BRIEF EXPLANATION OF YOUR INQUIRY (if needed, you may attach a separate piece of paper):	
Signature of Applicant or Authorized Representative:	

6. If this inquiry is submitted by a Community Based Organization (CBO) or Attorney, please provide the following:			
BIA Accredited? If Yes, Attach Form G-28		Attorney? If Yes, Attach Form G-28	
Name of CBO or Law Firm:		Email:	
Contact Person:	Phone # ()	Fax #: ()	

OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

A file #:	A file location:	T file #:	T file location:
FBI Status:	FBI Process Date:	Address Verified: <input type="checkbox"/>	Response Sent: <input type="checkbox"/>