

Exceptional Hardship Claim

Applicant Name:

Beneficiary (Spouse/Child) Name:

Relationship to Applicant:

USCIS Case Number:

Description of Exceptional Hardship

Please explain in detail how denial of this application will cause exceptional hardship to your qualifying U.S. citizen or lawful permanent resident spouse/child. Attach supporting documentation as needed.

Supporting Documents

Choose File

No file selected

Applicant Signature

Date

Submit Claim