

# Request for Exceptional Hardship

## Applicant Information

Name of Applicant:

Date of Birth:

A-Number (if applicable):

## Beneficiary Information

Name of U.S. Citizen or Permanent Resident Spouse/Child:

Relationship to Applicant:

Immigration Status:

## Description of Exceptional Hardship

Please describe in detail the exceptional hardship that would result to your U.S. citizen or permanent resident spouse/child if you were denied your request:

## Supporting Evidence

List any supporting documents you are submitting (attach copies):

## Declaration

I certify under penalty of perjury that the information provided in this request is true and correct to the best of my knowledge and belief.

Signature:

Date: