Date: MM/DD/YYYY

Re: **Form I-130/Form I-485/[if applicable] Form I-765/[if applicable] Form I-131/U.S. Citizen for Alien Spouse**

U.S. Citizen/Petitioner: FULL NAME, DOB: MM/DD/YYYY

Alien Spouse/Beneficiary: FULL NAME, DOB: MM/DD/YYYY

Dear Officer:

Enclosed please find the following documents in support of the captioned applications:

1. A check of $1760 for the filing fee ($535 for I-130, $1140 for I-485, [if applicable] $85 for biometric service)
2. Two photos of Petitioner for I-130 and four photos of Beneficiary for I-130 & I-485
3. Form I-130
4. Form I-130A
5. Copy of Petitioner’s Certificate of Birth in the U.S. [or valid U.S. Passport ID page; or Certificate of Naturalization; or Certificate of Citizenship]
6. Copy of Marriage Certificate
7. [if applicable] Copy of documents to prove all of Petitioner’s prior marriage(s) have been legally terminated
8. [if applicable] Copy of documents to prove all of Beneficiary’s prior marriage(s) have been legally terminated
9. Form I-485
10. Form I-693 Medical Exam Report of Beneficiary
11. Copy of Beneficiary’s Birth Certificate
12. Copy of Beneficiary’s valid passport ID page[or travel document ID page]
13. [if applicable] Copy of Beneficiary’s expired passport ID page [or travel document ID page] which Beneficiary used for Beneficiary’s last entry to the United States
14. Copy of Beneficiary’s U.S. visa stamp page(s)
15. Copy of Beneficiary’s most recent I-94 record
16. [if applicable] Copy of Form DS-2019 and Advisory Opinion letter issued by the Department of State to prove Beneficiary is not subject to the two –year foreign residence requirement.
17. [if applicable] Copy of Form DS-2019 and evidence to prove Beneficiary has complied with the foreign residence requirement
18. [if applicable] Copy of Form DS-2019 and J-1 Recommendation for Approval issued by Department of State
19. [if applicable] Certified copy of the judgment for criminal history of Beneficiary
20. [if applicable] Official/Certified letter issued by the arresting agency or applicable court confirming that no charges were filed against Beneficiary
21. [if applicable] Certified copy of the decree to prove Beneficiary satisfied the probation requirement
22. [if applicable] Certified copy of the decree to prove Beneficiary has rehabilitated
23. Form I-864 of Sponsor (also Petitioner)
24. if applicable] Copy of Sponsor’s most recent federal tax return with all Schedule(s)
25. [if applicable] Copy of Sponsor’s all most recent W-2(s)
26. [if applicable] Copy of Sponsor’s all most recent 1099 Form(s)
27. [if applicable] Copy of Sponsor’s most recent two paystubs
28. [if applicable] Copy of proof of Sponsor’s other income
29. [if applicable] Copy of proof of Sponsor’s assets
30. [if applicable] Form I-864 and copy of supporting documents of Joint Sponsor
31. [if applicable] Form I-765 and two photos of Beneficiary
32. [if applicable] Form I-131 and two photos of Beneficiary

Should you need any further information, please feel free to contact us. Thank you.

Sincerely,

(Petitioner’s) FULL NAME and (Beneficiary’s) FULL NAME