FAX Request Form – From County DSS to USCIS [Submit on letterhead of requesting agency]

	ermont Service Center fax 802/52 d Alien Review Unit	7-3159 This FAX consists of pages
Name (printe	s being submitted by: d): e and address:	Title:
Fax number: Case ID:	(optional)	Phone number:
		penefits from the agency identified tegories [DSS mark either a) or b)]:
a)	the applicant's behalf by his/her	ition for Immigrant Status, was filed on spouse or parent; or has self-petitioned as 60, Petition for Amerasian, Widow or rt A below);
OR b)	has self-petitioned as a battered	spouse or child using INS Form I-360, or Special Immigrant (complete Part B
Item 2: The	above-referenced agency reques	ts that INS: (please check only one)
	Verify that the attached docume notice, prima facie determination	nt is valid. A copy of the I-797 approval n or receipt notice is attached.
	Make a prima facie (interim) de petition and notify the requesting	termination or expedite adjudication of the g agency of the outcome.
	of 1 st request) request for a prin expedited adjudication. (Request	ng agency's (insert date na facie (interim) determination or sting agency should allow three weeks the determination or filing of a petition
	has been filed on his or her beha so please make a prima facie (in	t has filed a petition or whether a petition of under (a) or (b) as indicated above. If terim) determination or expedited etition and notify the requesting agency of
Date:	Agency S	ignature:

PART A: For an Applicant Who Is the Beneficiary of a Petition Filed by Spouse or Parent or Who Has Self-Petitioned as a Widow(er)

Step 1:	Does the alien applicant have a copy of an INS Form I-797 indicating that an I-130 was filed on his/her behalf? If applicant has self-petitioned as a widow(er), check "No" and proceed to step 2.
	YES Attach a copy of the INS I-797 to this fax (you need not complete Step 2)
	NO If the applicant has no documentation or has documentation other than a Form I-797, proceed to Step 2.
Step 2:	If the applicant does not have a Form I-797, please fill out the following information. All blanks, except that noted "if available", must be completed.
	Applicant's full name:
	Applicant's date of birth:
	Applicant's best guess as to when petition was filed:(mo/yr)
	Applicant's best guess as to which INS office petition was filed:
	Petitioner's full name:
	Petitioner is Applicant'sspouse, or parent, or self[widow(er)] (check one)
	Petitioner is aU.S. citizen, orlawful permanent resident ("green card holder")
	Petitioner's date of birth:
	Petitioner's Alien Registration Number, if available:
	Petitioner's address at time of filing petition:
	(street address)
	(city, state, zip code)
i	

Part B: For an Applicant Who Has Self-Petitioned as a Battered Spouse or Child

Step 1: Attach a copy of the receipt notice or other documentation evidencing that a
Form I-360 has been filed with the USCIS. If that documentation does not include the
following information, please complete the blanks:
A multipoint/polify motition and a first manner
Applicant/self-petitioner's full name:
Applicant/self-petitioner's date of birth:
ripplicant/sen pentioner's date of onthi.
Date I-360 was filed:
Bute 1 500 was fried.
Location (city) of USCIS office where filed: