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

To: USCIS Vermont Service Center fax 802/527-3159
Attn: Battered Alien Review Unit

This FAX consists of __ pages

This request is being submitted by:
Name (printed): ____________________________ Title: ____________________________
Agency name and address: _______________________________________________
Fax number: ___________________ Phone number: ___________________
Case ID: ______________________ (optional)

Item 1: An alien applicant is seeking public benefits from the agency identified above. This applicant falls into one of two categories [DSS mark either a) or b]):

__ a) believes an INS Form I-130, Petition for Immigrant Status, was filed on the applicant’s behalf by his/her spouse or parent; or has self-petitioned as a widow(er) using INS Form I-360, Petition for Amerasian, Widow or Special Immigrant (complete Part A below);

OR

__ b) has self-petitioned as a battered spouse or child using INS Form I-360, Petition for Amerasian, Widow or Special Immigrant (complete Part B below).

Item 2: The above-referenced agency requests that INS: (please check only one)

___ Verify that the attached document is valid. A copy of the I-797 approval notice, prima facie determination or receipt notice is attached.

___ Make a prima facie (interim) determination or expedite adjudication of the petition and notify the requesting agency of the outcome.

___ Update the status of the requesting agency’s ____________ (insert date of 1st request ) request for a prima facie (interim) determination or expedited adjudication. (Requesting agency should allow three weeks from the request for a prima facie determination or filing of a petition before making this request.)

___ Determine whether the applicant has filed a petition or whether a petition has been filed on his or her behalf under (a) or (b) as indicated above. If so please make a prima facie (interim) determination or expedited adjudication of the applicant’s petition and notify the requesting agency of the outcome.

Date: ____________________ Agency Signature: ________________________

Revised 05/2011
DMA-5132
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’s ___spouse, or ___ parent, or ___ self[widow(er)] (check one)

Petitioner is a ___U.S. citizen, or ___lawful 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)
### Part B: For an Applicant Who Has Self-Petitioned as a Battered Spouse or Child

<table>
<thead>
<tr>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Applicant/self-petitioner’s full name:</strong></td>
</tr>
<tr>
<td><strong>Applicant/self-petitioner’s date of birth:</strong></td>
</tr>
<tr>
<td><strong>Date I-360 was filed:</strong></td>
</tr>
<tr>
<td><strong>Location (city) of USCIS office where filed:</strong></td>
</tr>
</tbody>
</table>