



Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "Applicant's/Petitioner's/Requester's Information," "Credit Card Billing Information," and "Credit Card Information" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

NOTE: Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

NOTE: Please see the USCIS Form G-1450 website for additional information.

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) FELIPE	Middle Name (if any)	Family Name (Last Name) DAMERAU OURIQUES	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 2.965.00
Credit Card Expiration Date CVV Code (mm/yyyy)			



March 3th, 2026

USCIS Phoenix Lockbox

USCIS
Attn: I-907
P.O. Box 21300
Phoenix, AZ 85036-1300

RE: B2 NATL INTEREST WAIVER
Petitioner: FELIPE DAMERAU OURIQUES
Beneficiary: CAROLINA DA SILVA COMIN

Receipt Number: IOE0930087319

Dear Sir or Madam,

Please find enclosed the Form I-907, Request for Premium Processing Service, filed as an upgrade to the pending Form I-140 (B2 NATL INTEREST WAIVER) for the above-named Beneficiary, along with Notice of Action, and Form G-28, Notice of Appearance as Attorney or Accredited Representative.

All relevant documentation has been included to ensure prompt and proper processing of the premium request.

Sincerely,



Otavio Haverroth Silva
California Bar # 343486



e-Notification of Application/Petition Acceptance

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-1145

What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

ROUTINE USES: The information provided on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [**DHS/USCIS-007 - Benefits Information System and DHS/USCIS-001 - Alien File (A-File) and Central Index System (CIS)**], which can be found at www.dhs.gov/privacy. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name DAMERAU OURIQUES	Applicant/Petitioner Full First Name FELIPE	Applicant/Petitioner Full Middle Name
Email Address felipe.douriques@gmail.com		Mobile Phone Number (Text Message) +1 (205) 480-1548





Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)
▶

0	0	7	4	9	2	6	2	5	4	3	8
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Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)
 2.b. Given Name (First Name)
 2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name
 3.b. Apt. Ste. Flr.
 3.c. City or Town
 3.d. State 3.e. ZIP Code
 3.f. Province
 3.g. Postal Code
 3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number
 5. Mobile Telephone Number (if any)
 6. Email Address (if any)
 7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

- 1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.
 Licensing Authority
- 1.b. Bar Number (if applicable)
- 1.c. I (select **only one** box) am not am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.
- 1.d. Name of Law Firm or Organization (if applicable)
- 2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.
- 2.b. Name of Recognized Organization
- 2.c. Date of Accreditation (mm/dd/yyyy)
3. I am associated with , the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.
- 4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).
- 4.b. Name of Law Student or Law Graduate



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-907

2.a. U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

▶ I O E 0 9 3 0 0 8 7 3 1 9

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

- Applicant Petitioner Requestor
 Beneficiary/Derivative Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name) N/A

6.b. Given Name (First Name) N/A

6.c. Middle Name N/A

7.a. Name of Entity (if applicable)

7.b. Title of Authorized Signatory for Entity (if applicable)

8. Client's USCIS Online Account Number (if any)

9. Client's Alien Registration Number (A-Number) (if any)

▶ A-

Client's Contact Information

10. Daytime Telephone Number

+1 (205) 480-1548

11. Mobile Telephone Number (if any)

+1 (205) 480-1548

12. Email Address (if any)

felipe.douriques@gmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name PO Box 90487

13.b. Apt. Ste. Flr. N/A

13.c. City or Town San Diego

13.d. State CA 13.e. ZIP Code 92169

13.f. Province N/A

13.g. Postal Code N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

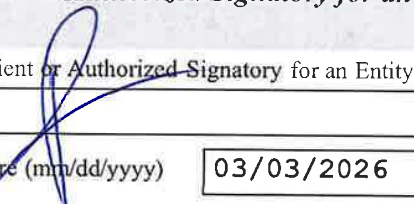
USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that users send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

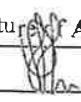
NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. I request that users send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity
→ 
- 2.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

- 1. a. Signature of Attorney or Accredited Representative

- 1. b. Date of Signature (mm/dd/yyyy)
- 2. a. Signature of Law Student or Law Graduate
- 2. b. Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name)

1.b Given Name (First Name)

1.c Middle Name

2.a Page Number 2.b Part Number 2.c Item Number

2.d _____

3.a Page Number 3.b Part Number 3.c Item Number

3.d _____

4.a Page Number 4.b Part Number 4.c Item Number

4.d _____

5.a Page Number 5.b Part Number 5.c Item Number

5.d _____

6.a Page Number 6.b Part Number 6.c Item Number

6.d _____





Request for Premium Processing Service

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-907
OMB No. 1615-0048
Expires 02/28/2027

For USCIS Use Only	Request Physically Received by USCIS	Returned	Resubmitted	Receipt
	_____	_____	_____	
	Date	Date	Date	
	_____	_____	_____	
	Date	Date	Date	Action Block
Remarks				

To be completed by an attorney or accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached.	Attorney State Bar Number (if applicable) 343486	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 0 7 4 9 2 6 2 5 4 3 8
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▶ **START HERE - Type or print in black ink.**

Part 1. Information About the Person Filing This Request

1. Alien Registration Number (A-Number) (if any) 2. USCIS Online Account Number (if any)

▶ A- ▶

3. Family Name (Last Name) Given Name (First Name) Middle Name

4. Company or Organization Named in the Related Case (If filed on behalf of a company or organization)

5. Mailing Address

In Care Of Name

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code [USPS ZIP Code Lookup](#)

Province Postal Code Country

6. Is your current mailing address the same as your physical address? Yes No

If you answered "No" to **Item Number 6.**, provide your physical address in **Item Number 7.**



Part 1. Information About the Person Filing This Request (continued)

7. Physical Address

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

8. Request for Premium Processing Service (select **only one** box):

- I am the **petitioner** who is filing or has filed a petition eligible for Premium Processing Service.
- I am the attorney or accredited representative **for the petitioner** who is filing or has filed a petition eligible for Premium Processing Service. (Complete and submit Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, if Form G-28 or Form G-28I has not been submitted with the petition.)
- I am the **applicant** who is filing or has filed an application eligible for Premium Processing Service.
- I am the attorney or accredited representative **for the applicant** who is filing or has filed an application eligible for Premium Processing Service. (Complete and submit Form G-28 or Form G-28I, if Form G-28 or Form G-28I has not been submitted with the application.)

Part 2. Information About the Request

1. Form Number of Related Petition or Application	2. Receipt Number of Related Petition or Application	3. Classification or Eligibility Requested
<input type="text" value="I-140"/>	<input type="text" value="IOE0930087319"/>	<input type="text" value="N/A"/>
4. Petitioner or Applicant in the Related Case		
Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text" value="DAMERAUS OURIQUES"/>	<input type="text" value="Felipe"/>	<input type="text" value="N/A"/>
5. Beneficiary in the Related Case		
Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text" value="DAMERAUS OURIQUES"/>	<input type="text" value="Felipe"/>	<input type="text" value="N/A"/>
6. Name of Point of Contact for the Company or Organization		
Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
Position Title		
<input type="text" value="N/A"/>		
7. Company or Organization IRS Employer Identification Number (EIN) (if any)		
<input type="text" value="N/A"/>		



Part 2. Information About the Request (continued)

8. Address of Petitioner, Applicant, Company, or Organization Named in Related Case

Street Number and Name	Apt.	Ste.	Flr.	Number
1701 1st Ave S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
City or Town	State	ZIP Code		
Birmingham	AL	35233		
Province	Postal Code	Country		
N/A	N/A	USA		

Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-907 Instructions before completing this section.

I understand that U.S. Citizenship and Immigration Services (USCIS) will refund the Premium Processing Service fee to the person listed in **Part 1.** of this request if USCIS does not take an action on the related case within the applicable processing timeframe. I understand that case actions include a referral for investigation of suspected fraud, misrepresentation, or the issuance of an approval notice, a request for evidence, a notice of intent to deny, or a denial notice.

Requestor's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Requestor's Statement Regarding the Interpreter

- A. I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- B. The interpreter named in **Part 4.** read to me every question and instruction on this request and my answer to every question in , a language in which I am fluent, and I understood everything.

2. Requestor's Statement Regarding the Preparer

- At my request, the preparer named in **Part 5.**, , prepared this request for me based only upon information I provided or authorized.

Requestor's Contact Information

3. Requestor's Daytime Telephone Number

4. Requestor's Mobile Telephone Number (if any)

5. Requestor's Fax Number (if any)

6. Requestor's Email Address (if any)

Requestor's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.


I furthermore authorize release of information contained in this request, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.



Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature
(continued)

I certify, under penalty of perjury, that all of the information in my request and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my request and that all of this information is complete, true, and correct.

Requestor's Signature

7. Requestor's Signature  Date of Signature (mm/dd/yyyy)

NOTE TO ALL REQUESTORS: If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
Province Postal Code Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 3, Item B.** in **Item Number 1.**, and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the **Requestor's Declaration and Certification**, and has verified the accuracy of every answer.



Part 4. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Signature

7. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

Preparer's Statement

- 7.A. I am not an attorney or accredited representative but have prepared this request on behalf of the requestor with the requestor's consent.
- B. I am an attorney or accredited representative and my representation of the requestor in this case
 extends does not extend beyond the preparation of this request.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28 or Form G-28I with this request.



Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this request at the request of the requestor. The requestor then reviewed this completed request and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the **Requestor's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this request based only on information that the requestor provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name)	Given Name (First Name)	Middle Name
HAVERROTH SILVA	Otavio	N/A

2. A-Number (if any) ▶ A-

N/A									
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3.A. Page Number	3.B. Part Number	3.C. Item Number
N/A	N/A	N/A

3.D.

N/A

4.A. Page Number	4.B. Part Number	4.C. Item Number
N/A	N/A	N/A

4.D.

N/A

5.A. Page Number	5.B. Part Number	5.C. Item Number
N/A	N/A	N/A

5.D.

N/A



THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

NOTICE TYPE Receipt		NOTICE DATE February 14, 2025
CASE TYPE I-140, Immigrant Petition for Alien Worker		USCIS ALIEN NUMBER
RECEIPT NUMBER IOE0930087319	RECEIVED DATE February 11, 2025	PAGE 1 of 1
PRIORITY DATE February 11, 2025	PREFERENCE CLASSIFICATION 203 B2 NATL INTEREST WAIVER	DATE OF BIRTH August 18, 1988

FELIPE DAMERAU OURIQUES
C/O OTAVIO HAVERROTH SILVA HS LAW CORP
PO BOX 90487
SAN DIEGO, CA 92169

PAYMENT INFORMATION:

Application/Petition Fee: \$1,015.00
Total Amount Received: \$1,015.00
Total Balance Due: \$0.00



APPLICANT/PETITIONER NAME AND MAILING ADDRESS

We have received your form and are currently processing the above case for the following beneficiaries:

Name	Date of Birth	Country of Birth	Class (If Applicable)
DAMERAU OURIQUES, FELIPE	8/18/1988	BRAZIL	

If this notice contains a priority date, this priority does not reflect earlier retained priority dates. We will notify you separately about any other case you filed.

If we determine you must submit biometrics, we will mail you a biometrics appointment notice with the time and place of your appointment.

If you have questions or need to update your personal information listed above, please visit the USCIS Contact Center webpage at uscis.gov/contactcenter to connect with a live USCIS representative in English or Spanish.

USCIS Office Address:
USCIS
Texas Service Center
6046 N. Beltline Rd STE. 110
Irving, TX 75038

USCIS Contact Center Number:
(800)375-5283
ATTORNEY COPY



If you are visiting a field office and need directions, including public transportation directions, please see www.uscis.gov/fieldoffices for more information.

Notice for Customers with Disabilities

To request a disability accommodation:

- Go to uscis.gov/accommodations to make your request online, or
- Call the USCIS Contact Center at 1-800-375-5283 (TTY 1-800-767-1833) for help in English or Spanish.

If you need a sign language interpreter, make your request as soon as you receive your appointment notice. The more advance notice we have of your accommodation request, the better prepared we can be and less likely we will need to reschedule your appointment. For more information about accommodations, visit uscis.gov/accommodationsinfo.