

# ADJUSTMENT OF STATUS

I-485 & I-130 PETITION ADJUSTMENT WITHIN THE U.S.

## REQUIREMENTS

MUST BE A U.S. CITIZEN (18 YEARS OR OLDER) TO PETITION FOR A SPOUSE AND/OR CHILDREN / MUST BE U.S. CITIZEN (21+YEARS OR OLDER) TO PETITION FOR A PARENT(S).

## DOCUMENTS + REQUIRED INFORMATION:

- CERTIFICATE OF CITIZENSHIP (PETITIONER)
- PASSPORTS/ VISA (BENEFICIARY)
- SOCIAL SECURITY (PETITIONER)
- BIRTH CERTIFICATE (BOTH)
- MARRIAGE CERTIFICATE (IF APPLICABLE) (BOTH)
- DIVORCE CERTIFICATE (IF APPLICABLE) (BOTH)
- BIRTH CERTIFICATE OF CHILDREN (IF APPLICABLE) (BENEFICIARY)
- LAST 5 YEARS OF RESIDENCE: MONTH/YEAR (FROM-TO) (BOTH)
  
- EMPLOYMENT/SCHOOL HISTORY OF THE LAST 5 YEARS (BOTH)
  - NAME AND ADDRESS OF ORGANIZATION
  - OCCUPATION
  - MONTH/YEAR (ex. Month/Year: 01/2000 - 12/2005)
  
- DATA OF THEIR PARENTS (BOTH)
  - NAME(S), PLACE AND DATE OF BIRTH
  - PLACE OF RESIDENCE
  - DATE OF DEATH (IF APPLICABLE)
  
- MEDICAL EXAMINATION *LOCATE A LOCAL MEDICAL CENTER* (BENEFICIARY) [SEE PAGE 2]
- SUPPORT AFIDAVIT *CONFIRM YOUR INCOME TO VERIFY IF YOU NEED AN ADDITIONAL SPONSOR* [SEE PAGE 2]
  - LETTER OF EMPLOYMENT
  - (3) MOST RECENT PAY STUBS
  - MOST RECENT TAX RETURN (FORM 1040 & W2)

**Processing Time: 6-12 Months**

## FEES

**USCIS FEE: \$535.00 + \$1,225 = \$1,760.00**

**+ SERVICE COST: \$800.00\***

**\*ADDITIONAL CHARGES MAY APPLY: TRANSLATIONS/NOTARY PUBLIC/MAILING SERVICE**

**TOTAL: \$2,560.00**

**ALL SERVICES REQUIRE FULL PAYMENTS | DEPOSITS ARE NOT ACCPETED**



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### IMMIGRATION MEDICAL EXAM

Dr. Marcos T. Hernandez

1024 E. 163<sup>rd</sup> Street

Bronx, NY 10459

Phone (718)542-6800/ (917)741-6440

**PRICE: \$400 - NO APPOINTMENTS REQUIRED/ BY ORDER OF ARRIVAL FOR THE FIRST 15 PATIENTS - MONDAY - FRIDAY 8:00AM - 2:00PM**

### MEDICAL EXAM INCLUDES / EXAMEN MEDICO INCLUYE

- Vaccination or immunization record (such as DT, DTP, DTaP, Td, Tdap, OPV, IPV, MMR, Hib, hepatitis A, hepatitis B, varicella, pneumococcal influenza, rotavirus and [meningococcal disease](#))

[CLICK HERE TO LOOK FOR A DOCTOR IN YOUR AREA](#)

### INCOME VERIFICATION TABLE FOR AFFIDAVIT SPONSOR

| Sponsor's Household Size | 125% of HHS Poverty Guidelines*<br><small>ALL OTHER SPONSORS</small> | <i>For sponsors on <u>Active Duty</u> in the U.S. armed forces who are petitioning for their spouse or child.</i> |
|--------------------------|--|---|
| 2                        | \$24,650   | \$19,720  |
| 3                        | \$31,075   | \$24,860  |
| 4                        | \$37,500   | \$30,000  |
| 5                        | \$43,925   | \$35,140  |
| 6                        | \$50,350   | \$40,280  |
| 7                        | \$56,775   | \$45,420  |
| 8                        | \$63,200   | \$50,560  |
|                          | Add \$6,425 for each additional Person                               | Add \$5,140 for each additional person.   |



(917) 843-9681

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[WWW.AYBAR.FUN](http://WWW.AYBAR.FUN)

