

Request for a Hearing on a Decision in Naturalization **Proceedings Under Section 336**

Department of Homeland Security

USCIS Form N-336 OMB No. 1615-0050 Expires 08/31/2024

U.S. Citizenship and Immigration Services

]	For USCIS	Use Only					
Barcode				Date Stamp					
		Remarks							
	Re-Affirm N-400 Der	nial Re-Determine N	-400 Denial						
To be completed by an Attorney or Accredited Representative (if any). Select this box if Form G-28 is attached.						or Accredited Representative nline Account Number (if any)			
➤ START HERE - Type or print in black ink. NOTE: Type or print "N/A" if an item is not applicable. Type or print "None" if the answer is none. Failure to answer all of the questions may delay your Form N-336. Enter Your 9 Digit A-Number:									
Pa	art 1. Information A	About You, the Natur	alization A	Applicant	► A-				
 l.	Current Legal Name (de	o not provide a nickname)							
	Family Name (Last Nar	•	Given Na	ıme (First Name)		Middle Name			
		,		,					
2.	Other Names Used (if a	• .							
		you have ever used, included to provided in Part 8. Add	-		cknames. If y	you need extra space to complete			
	Family Name (Last Nar	_		ame (First Name)		Middle Name			
3.	Date of Birth (mm/dd/y	yyy) 4. USCIS Or ►	nline Accoun	t Number (if any)					
5.	Physical Address (do no	ot provide a PO Box in this	space unless	s it is your only addre	ess)				
	Street Number and Name Apt. Ste. Flr. Number								
	City or Town		County		State	ZIP Code			
	Province or Region	Postal Co	ode	Country					

	art 1. Information About You, the Naturalization Applicant ontinued)							
6.	Mailing Address							
	In Care Of Name (if any)							
	Street Number and Name Apt. Ste. Flr. Number							
	City or Town County State ZIP Code							
	Province or Region Postal Code Country							
7.	Contact Information							
٠.	A. Work Telephone Number B. Evening Telephone Number							
Pa	art 2. Information About Form N-400 Denial On Which You (the Naturalization Applicant) Are							
	equesting a Hearing							
1.	Form N-400 Receipt 2. Date of Form N-400 Denial 3. USCIS Office That Issued Form N-400							
	Number Notice (mm/dd/yyyy) Denial Notice							
4.	Did you file your Form N-400 on the basis of qualifying military service?							
_								
Pa	art 3. Biographic Information							
1.	Ethnicity (Select only one box)							
	Hispanic or Latino Not Hispanic or Latino							
2.	Race (Select all applicable boxes)							
	American Indian or Asian Black or African Native Hawaiian or White Alaska Native American Other Pacific Islander							
3.	Height Feet Inches Inches							
4.	Weight Pounds U							
5.	Eye Color (Select only one box)							
	☐ Black ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other							
6.	Hair Color (Select only one box)							
	Bald Black Blond Brown Gray Red Sandy White Unknown/ (No hair)							

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Part 4. Reason You Are Requesting a Hearing ► A-
Provide the reasons you are requesting a hearing on your denied Form N-400. If you need extra space to complete this section, use the space provided in Part 8. Additional Information .

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	art 5. Naturalization Applicant's Statement, Contact Information, ertification, and Signature								
NC	OTE: Read the Penalties section of the Form N-336 Instructions before completing this section.								
N	aturalization Applicant's Statement								
NC	OTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.								
1. Naturalization Applicant'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 6. 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.	Naturalization Applicant's Statement Regarding the Preparer								
	At my request, the preparer named in Part 7. ,								
	prepared this request for me based only upon information I provided or authorized.								
N	aturalization Applicant's Contact Information								
3.	Naturalization Applicant's Daytime Telephone Number 4. Naturalization Applicant's Mobile Telephone Number (if any)								
5.	Naturalization Applicant's Email Address (if any)								
N	aturalization Applicant's Certification								
req	pies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may unite that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any and all of my records t USCIS may need to determine my eligibility for the immigration benefit that I seek.								
	irthermore authorize release of information contained in this request, in supporting documents, and in my USCIS records, to other ities and persons where necessary for the administration and enforcement of U.S. immigration law.								
	nderstand that USCIS may require me to appear for an appointment to take my biometrics and, at that time, if I am required to wide biometrics, I will be required to sign an oath reaffirming that:								
	1) I reviewed and provided or authorized all of the information in my request;								
	2) I understood all of the information contained in, and submitted with, my request; and								
	3) All of this information was complete, true, and correct at the time of filing.								
	ertify, under penalty of perjury, that I provided or authorized all of the information in my request, I understand all of the ormation contained in, and submitted with, my request, and that all of this information is complete, true, and correct.								
N	aturalization Applicant's Signature								
6.	Naturalization Applicant's Signature Date of Signature (mm/dd/yyyy)								

NOTE TO ALL NATURALIZATION APPLICANTS: If you do not completely fill out this request, USCIS may deny your request.

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Pa	art 6. Interpreter's Contact Information, Certifica	tion	n, and Signature A-
Pro	ovide the following information about the interpreter.		
In	terpreter's Full Name		
1.	Interpreter's Family Name (Last Name)	In	nterpreter's Given Name (First Name)
2.	Interpreter's Business or Organization Name (if any)		
7	tammatania Mailina Addussa		
111	terpreter's Mailing Address		
3.	Street Number and Name		Apt. Ste. Flr. Number
	City or Town		State ZIP Code
	Province or Region Postal Code		Country
In	terpreter's Contact Information		
4.	Interpreter's Daytime Telephone Number	5.	Interpreter's Mobile Telephone Number (if any)
	Intermedial's Essail Address (if any)		
6.	Interpreter's Email Address (if any)		
In	terpreter's Certification		
I ce	ertify, under penalty of perjury, that:		
	n fluent in English and		, which is the same language specified in Part 5. ,
Iter on inst	m B., in Item Number 1.; and I have read to this naturalization at this request and his or her answer to every question. The natural truction, question, and answer on the request, including the Naturacy of every answer.	izati	icant in the identified language every question and instruction ion applicant informed me that he or she understands every
In	terpreter's Signature		
7.	Interpreter's Signature		Date of Signature (mm/dd/yyyy)
	1 0		

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	ort 7. Contact Information, Declaration, and Signate reparing this Request, if Other Than the Naturalization.		► A-					
Pro	vide the following information about the preparer.		_					
Pr	eparer'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)]						
Pr	eparer's Mailing Address							
3.	Street Number and Name		Apt. St	e. Flr.	Number			
	City or Town		State		ZIP Code			
	Province or Region Postal Code	Country						
Pr	eparer's Contact Information							
4.	Preparer's Daytime Telephone Number	5. Preparer's Mobile	Telephon	e Numbe	er (if any)			
6.	Preparer's Email Address (if any)							
Pr	eparer's Statement							
7.	A. I am not an attorney or accredited representative but ha and with the naturalization applicant's consent.	ive prepared this reques	t on behal	f of the 1	naturalization applicant			
	B. I am an attorney or accredited representative and my received extends does not extend beyond the preparation	=	ıralization	applicar	nt in this case			
	NOTE: If you are an attorney or accredited representa Entry of Appearance as Attorney or Accredited Repres			ompleted	1 Form G-28, Notice of			
Pr	eparer's Certification							
nat con info	my signature, I certify, under penalty of perjury, that I prepared to a ralization applicant then reviewed this completed request and instained in, and submitted with, his or her request, including the Naturation is complete, true, and correct. I completed this request by vided to me or authorized me to obtain or use.	formed me that he or sh aturalization Applicar	ie understa it's Certif	ands all o ication ,	of the information and that all of this			
Pr	eparer's Signature							
8.	Preparer's Signature			Date of	Signature (mm/dd/yyyy)			

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Part 8. Additional Information

If you need extra space to provide any additional information within this request, 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 request 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		
2.	A-N	Number (if any)	A-						
3.	A. D.	Page Number	В.	Part Number	C.	Item Number			
4.	A. D.	Page Number	В.	Part Number	C.	Item Number			
5.	A. D.	Page Number	В.	Part Number	C.	Item Number			
6.	A. D.	Page Number	В.	Part Number	C.	Item Number			

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