

# Form N-336, Request for a Hearing on a Decision in Naturalization Proceedings (Under Section 336 of the INA)

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

**Print or type all your answers fully and accurately in black ink.** Write "N/A" if an item is not applicable. Write "None" if the answer is none. Failure to answer all of the questions may delay your Form N-336.

**Part 1. Information About You, the Naturalization Applicant**

Your A-Number:  
A \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**1. Current Legal Name** *(do not provide a nickname)*

Family Name *(last name)*

Given Name *(first name)*

Middle Name *(if applicable)*

**2. Date of Birth** *(mm/dd/yyyy)*

**3. Home Address**

Street Number and Name *(do not provide a P.O. Box in this space unless it is your ONLY address.)*

Apartment Number

City

County

State

ZIP Code

Province *(foreign address only)*

Country *(foreign address only)*

Postal Code *(foreign address only)*

**4. Mailing Address**

C/O *(in care of name)*

Street Number and Name

Apartment Number

City

State

ZIP Code

Province *(foreign address only)*

Country *(foreign address only)*

Postal Code *(foreign address only)*

**5. Daytime Phone Number**

**Work Phone Number** *(if any)*

**Evening Phone Number**

**Mobile Phone Number** *(if any)*

**6. E-Mail Address** *(if any)*

**For USCIS Use Only**

Bar Code	Date Stamp
	<p><b>Remarks</b></p> <p><input type="checkbox"/> Re-Affirm N-400 Denial</p> <p><input type="checkbox"/> Re-Determine N-400 Denial</p>

**Part 2. Information About Form N-400 (Application for Naturalization)  
Denial On Which You Are Requesting a Hearing**

A \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. Form N-400 Receipt Number

2. Date of Form N-400  
Denial Notice(*mm/dd/yyyy*)

3. USCIS Office That Issued Form N-400  
Denial Notice

**Part 3. Reason You Are Requesting a Hearing**

Provide the reason(s) you are requesting a hearing on your denied Form N-400. If extra space is needed to provide an explanation, attach an additional sheet(s) of paper. You must write your A-Number, the date, the question number, and sign the top of each additional sheet(s).

**NOTE:** Refer to Form N-336 Instructions, Page 1, Document Submission, for documents to submit with your Form N-336.

**Part 4. Accommodations for Individuals With Disabilities and/or Impairments**

A \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you requesting an accommodation for the Form N-336 hearing because of a disability and/or impairment? (see Part 4, Specific Form Instructions, in the Form N-336 instructions for some examples of accommodations)  Yes  No

If you checked "Yes," check the box(es) below that apply:

- I am deaf or hearing impaired and need a sign language interpreter who uses the following language (e.g., American Sign Language (ASL)):  
\_\_\_\_\_
- I use a wheelchair.
- I am blind or sight-impaired.
- I will need another type of accommodation. Explain:  
\_\_\_\_\_

**Part 5. Your Signature (USCIS will reject your Form N-336 if it is not signed.)**

I certify, under penalty of perjury under the laws of the United States, that this request, and the evidence submitted with it, is all true and correct. I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for naturalization.

**Your Signature**  **Date (mm/dd/yyyy)**

**Part 6. Signature of Person Who Prepared This Form N-336 For You (if applicable)**

I declare that I prepared Form N-336 at the request of the above person. The answers provided are based on information of which I have personal knowledge or were provided to me by the above-named person in response to the questions contained on this Form N-336.

**Preparer's Printed Name**  **Preparer's Signature**  **Date (mm/dd/yyyy)**

**Preparer's Firm or Organization Name (if applicable)**  **Preparer's Daytime Phone Number**

**Preparer's Address**  
**Street Number and Name**

**City**  **State**  **ZIP Code**

**Province (foreign address only)**  **Country (foreign address only)**  **Postal Code (foreign address only)**

**Preparer's E-Mail Address (if any)**  **Preparer's Fax Number**