Sample Hardship Letter for Immigration

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IMPORTANT NOTE BEFORE USING THIS TEMPLATE

Immigration hardship letters are used in several contexts: I-601/I-601A waiver applications, cancellation of removal proceedings, DACA renewals, and requests related to visa denials. The standard required is 'extreme hardship' to a qualifying U.S. citizen or lawful permanent resident relative. This template covers a spouse hardship letter. If your situation is different, adapt accordingly. Immigration cases have serious consequences — always consult a licensed immigration attorney before submitting.

— LETTER BEGINS BELOW THIS LINE —

[Full Name of Qualifying Relative Writing the Letter]

[Address]

[City, State, ZIP]

[Date]

U.S. Citizenship and Immigration Services

[Service Center or Field Office Name]

Re: Hardship Letter in Support of [Applicant Full Name] — [Form/Case Number if known]

To Whom It May Concern,

PARAGRAPH 1 — Identify yourself and your relationship

My name is [Your Name]. I am a United States [citizen / lawful permanent resident], born on [date], and I am the [spouse / parent / child] of [Applicant Name]. We have been married since [date] / I have known [Applicant] for [X years]. I am writing to describe the extreme hardship I would suffer if [Applicant Name] is [removed from the United States / denied the requested waiver].

PARAGRAPH 2 — Emotional and family hardship

[Applicant Name] is the foundation of our family. We have [X children / describe family situation]. [He/She/They] is responsible for [describe their role: childcare, eldercare, daily household management, etc.]. The separation would cause me severe emotional distress. I have [describe any mental health impact, medical conditions that would worsen, or professional support you receive that

depends on their presence].

PARAGRAPH 3 — Financial hardship

[Applicant Name] contributes [describe financial contribution: primary earner / co-earner / handles childcare that allows me to work / etc.]. Our household income is $[amount] per month. Without [his/her/their] contribution or presence, I would [describe impact: be unable to afford housing, lose my job because I have no childcare, be unable to care for my dependent children / parents, etc.]. I earn $[amount] per month on my own, which is not sufficient to cover our monthly expenses of $[amount].

PARAGRAPH 4 — Medical or health hardship (if applicable)

I [or my child / parent] suffer from [medical condition]. I rely on [Applicant Name] for [describe: transportation to appointments, daily care, medication management, emotional support during treatment, etc.]. Without [his/her/their] presence, I would [describe specific impact on your health or care].

PARAGRAPH 5 — Why relocation is not a viable option

Relocating to [Applicant's home country] is not a reasonable option for me because [choose what applies]: I do not speak the language / I have no family connections there / I have [medical condition] that requires specialized treatment only available in the U.S. / My [child/parent] has [condition] that requires U.S.-based care / I have deep professional and community ties here that I cannot replicate abroad / The country presents safety concerns for me or my family because [describe if applicable].

CLOSING

I am asking for your careful consideration of the hardship that [Applicant Name]'s [removal / visa denial] would cause to me and my family. We have built our lives here together. The impact would be severe, lasting, and difficult to overcome. I respectfully ask that you grant this waiver / approve this application.

Respectfully,

[Signature]

[Printed Name]

[Date]