

Guidance from the Immigration Services Agency (1)

~Procedures for applying for refugee status and complementary protection at the Immigration Bureau~

When you apply for refugee status or complementary protection at the Immigration Bureau, you are always required to submit an application form(*). Please make sure that you have filled out the application form with all of the required information before queuing at the counter. If you do not fill out your application form with all of the required information, you may be asked to finish filling out the application form and queue at the counter again.

Including this sheet, you can find further guidance and sample about how to fill out the application form in plain English. This will help you to understand what information you should give in each question.

Please read further guidance and sample and use them as a reference when you fill in the application form. If you do not know what to do, ask an immigration official for help.

(*) Apply for refugee status if your life or body will be in danger once you return home because of your “race,” “religion,” “nationality,” “membership of a particular social group” or “political opinion.”

Apply for complementary protection if your life or body will be in danger once you return home because of a reason other than the above five reasons, such as a case where you have fled from your country because of the risk of getting involved in a conflict arising there.

Guidance from the Immigration Services Agency (2)

~Important points when filling out your application form ~

Your application form is very important to examine your eligibility for refugee status or complementary protection. Please provide any and all necessary information with as many details as possible. Follow the matters listed below as well:

- In principle, the application form must be filled out by the person who is applying for refugee status or complementary protection.
Parents or guardians can write an application form for their child if they are under 16 years old.
- People who have difficulty in writing should ask an immigration official for help.
- If the answer to the question is left blank, we do not know if you forgot to answer it or you do not have anything to fill in. If you have no answer to write, write a cross (x) or a slash (/) in the answer space. If you cannot answer because you do not remember the answer, write "I do not remember."
- If you are writing in a language other than Japanese, please write in a single language, if possible.
- For questions where you have to choose an answer, write a check mark (✓) for each question to clearly show which one you have chosen.
- Do not use a pencil or an erasable pen.

< 記載例 >

別記第七十四号
Annex No. 74 (Related to the Immigration Control and Refugee Recognition Act)

日本国政府法務省
Ministry of Justice, Government of Japan

法務省
To: Minister of Justice

私は、

I submit this application form to apply for:

- ☒ ① 難民認定申請 (出入国管理及び難民認定法第61条の2第1項の申請)
(1) Recognition of Refugee status (Article 61-2, paragraph (1) of the Immigration Control and Refugee Recognition Act)
- ☐ ② 補完的保護対象者認定申請 (出入国管理及び難民認定法第61条の2第2項の申請)
(2) Recognition of eligibility for complementary protection (Article 61-2, paragraph (2) of the Immigration Control and Refugee Recognition Act)

を行うものとして、本申請書を提出します。

※上記のうち、どちらか一つにチェックをしてください。
Check either of the above as applicable.

Please write your date of birth as indicated on your passport.

した場合には、難民の該当性及び補完的保護対象者の該当性について審査が行われます。
applying for (1) is examined for the eligibility for both refugee status and complementary protection.
した場合には、補完的保護対象者の該当性のみが判断され、難民の該当性については判断されません。
applying for (2) is examined only for the eligibility for complementary protection and not for the eligibility for refugee status.

• Please write your name in Latin alphabet characters as indicated on your passport.
• Please write your name in the order SURNAME, GIVEN NAME as indicated on your passport.

Please check (✓) the one that applies.

氏名 Name	NYUKAN ICHIRO	性別 Sex	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
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• Please write your current address in Japan.
• If you have a residence card, please write the address written on it.

年 Year	1990	月 Month	1	日 Date	1
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Please write your nationality/region as indicated on your passport.

現在の職業 Current occupation	×
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• Please write your current job.
• If none, please write "×" or "/."

出生地 Place of birth	ODAIBA
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Please write your place of birth as indicated on your passport.

日本の住居地 Residence in Japan	5-5-30, KONAN, MINATO-KU, TOKYO
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• Please write a phone number that the immigration office can contact you with.
• If none, please write "×" or "/."

012-345-6789

If the phone number is yours, please check (✓) "Applicant." If the phone number is not yours, please check (✓) "Person other than the applicant."

☐ 本人
Applicant
☒ 本人以外
Person other than the applicant

(本人以外の場合) 連絡先氏名 Name of contact person (a person other than the applicant)	NYUKAN MASAO
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If you checked (✓) "Person other than the applicant," please indicate whose phone number it is.

所持の有無 Do you have a passport?	<input type="checkbox"/> なし No <input checked="" type="checkbox"/> あり Yes	(ありの場合) 番号 If yes, provide your passport number	A123456	所持の有無 Do you have other ID certificate?	<input type="checkbox"/> なし No <input checked="" type="checkbox"/> あり Yes	(ありの場合) 名称 If yes, provide the name of ID certificate	residence card driver's license
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If you have a passport, please check (✓) "Yes."
If you do not have a passport, please check (✓) "No."

If you checked (✓) "Yes," please write your passport number.

If you have an ID certificate other than a passport, please check (✓) "Yes." If you do not, please check (✓) "No."

If you checked (✓) "Yes," please indicate the type of ID certificate.

Please do not write anything here.

(注) 用紙の大きさは、日本産業規格A列4番とする。
(Note) The size of this paper is "A4" as specified by JIS.

*The name (NYUKAN ICHIRO) on this application form is a sample. Do not copy that onto your own application form.
*Please do not write anything in the margins.

< 記載例 >

【注意事項】	【Instructions】
以下の注意事項をよく読んで上で質問に答えてください。 Read the following instructions carefully before you answer the questions.	
読んだ注意事項には、チェック☑をしてください。 Check the items to confirm that you have read the instruction.	
<input checked="" type="checkbox"/> この申請書には、あなたが主張したい事情を全て書いてください。 In this application form, state all circumstances that you wish to claim.	
<input checked="" type="checkbox"/> 回答に当たっては、該当する欄にチェック☑をし、記入部分には、具体的かつ詳細に書いてください。 For completing this form, check the applicable boxes and provide specific and detailed information in the designated spaces.	
<input checked="" type="checkbox"/> この申請書に事実と反することを記載したり、虚偽の資料を提出した場合は、審査上不利を被ることがあります。 Providing untrue information in this application form or submitting falsified evidence, you may be disadvantaged in the examination process.	

家族構成 両親	Ab Par
・ Please provide details about your father on the top and your mother on the bottom. ・ If deceased, please write the same under "Present residence."	

続柄 Relationship	氏 名 Name	生年月日 Date of birth	国籍・地域（又は常居所を有している国） Nationality/Region (or country of provision domicile)	現在の居住地 Present residence
父 Father	NYUKAN TARO	(YY/MM/DD) 1960. 1. 1	ABCDE	〇〇CITY
母 Mother	NYUKAN HANAKO	1965. 1. 1	ABCDE	〇〇CITY

きょうだい（兄・姉・弟・妹）（計 人） About your brothers/sisters (total: 2 persons)	
Please write the number of your siblings, excluding you.	

続柄 Relationship	氏 名 Name	生年月日 Date of birth	性別 Sex	国籍・地域（又は常居所を有している国） Nationality/Region (or country of domicile)	現在の居住地 Present residence
① BROTHER	NYUKAN JIRO	(YY/MM/DD) 1980. 1. 1	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	ABCDE	△△CITY
② SISTER	NYUKAN AIKO	1992. 1. 1	<input type="checkbox"/> 男 Male <input checked="" type="checkbox"/> 女 Female	ABCDE	〇〇CITY
③			<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		
④			<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		
⑤			<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		
⑥			<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		

配偶者、子 About your spouse and children	(注) 7人以上は別紙を提出してください。 (Note) Use an additional sheet if there are more than six persons.

続柄 Relationship	氏 名 Name	生年月日 Date of birth	性別 Sex	国籍・地域（又は常居所を有している国） Nationality/Region (or country of domicile)	現在の居住地 Present residence
① WIFE	NYUKAN SACHIKO	(YY/MM/DD) 1993. 1. 1	<input type="checkbox"/> 男 Male <input checked="" type="checkbox"/> 女 Female	ABCDE	MINATOKU KONAN
②			<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		
			<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		
			<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		
⑥			<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		

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Please write down all information about where you lived and the period before coming to Japan.

来日前の居住歴 Residence history before coming to Japan	居 住 期 間 Period		居 住 地 Place of residence
	(YY/MM/DD)	(YY/MM/DD)	
	2018. 1. 1	~ 2021. 1. 1	〇〇STREET, △△CITY
	2021. 1. 1	~ 2023. 1. 1	□□PREFECTURE, ABCDE
	TOKYO, JAPAN		

Please provide details about the last school you attended before coming to Japan.

Please check (✓) the category of the school that applies.

Regarding the period of residence after coming to Japan, please leave the space blank for until when you lived here.

Did you graduate or did you drop out in the middle?

Please write the date you graduated or dropped out.

来日前の最終学歴 Educational background before coming to Japan	種 別 Category	学校名 School name	所在地 Location	修了状況 Graduation status	卒業・中退年月日 Date of graduation/dropping out
	<input type="checkbox"/> 初等 Elementary school <input checked="" type="checkbox"/> 大学 University	〇〇〇	△△CITY	<input checked="" type="checkbox"/> 卒業 Graduated <input type="checkbox"/> 中退 Dropped out	(YY/MM/DD) 2010. 1. 1

Please provide details about all the jobs you had before coming to Japan.

来日前の職歴 Job history before coming to Japan	期 間 (年月日) Period	会社等名 Name of company etc.	所在地 Location	役職・業務内容 Title/position, job description
	(YY/MM/DD) 2014 ~ (YY/MM/DD) 2018	〇〇 COMPANY	〇〇	△△
	2018 ~ 2021	△△ COMPANY	△△	□□

・ Have you ever been to Japan before this visit?
 ・ If you checked (✓) "Yes," please provide details about all your previous visits to Japan. If you checked (✓) "No," please do not write anything on the right side.

日本の出入国歴 Entry/exit history to/from Japan	入国した日 Date of entry to Japan	日本から出国した日 Date of departing from Japan	来日理由 Purpose of coming to Japan
<input type="checkbox"/> なし No <input checked="" type="checkbox"/> あり Yes	(YY/MM/DD) 2017. 1. 1	(YY/MM/DD) 2017. 2. 1	TRIP

・ Have you ever been to a country other than Japan?
 ・ If you checked (✓) "Yes," please provide details about all the countries you have been to except for Japan. If you checked (✓) "No," please do not write anything on the right side.

海外渡航歴 (日本を除く) Travel history to foreign countries (excluding Japan)	渡航先 (国名) Destination (country name)	渡航期間 Period of stay	渡航理由 Purpose of travel
<input type="checkbox"/> なし No <input checked="" type="checkbox"/> あり Yes	EFGHI	(YY/MM/DD) 2018. 1. 1 ~ (YY/MM/DD) 2018. 2. 1	BUSINESS

Please write your religious sect (denomination/branch within the religion). For example, Sunni within Islam, Catholic within Christianity, etc.

民族・部族 Ethnic origin	宗教 Religion	宗派 Religious sect

使用言語 Language	読むこと Reading	話すこと Speaking	書くこと Writing
母語 Native language	<input checked="" type="checkbox"/> 可 Yes (can read) <input type="checkbox"/> 不可 No (cannot read)	<input checked="" type="checkbox"/> 可 Yes (can speak) <input type="checkbox"/> 不可 No (cannot speak)	<input checked="" type="checkbox"/> 可 Yes (can write) <input type="checkbox"/> 不可 No (cannot write)
その他の可能な言語 Other languages	<input checked="" type="checkbox"/> 可 Yes (can read) <input type="checkbox"/> 不可 No (cannot read)	<input checked="" type="checkbox"/> 可 Yes (can speak) <input type="checkbox"/> 不可 No (cannot speak)	<input type="checkbox"/> 可 Yes (can write) <input checked="" type="checkbox"/> 不可 No (cannot write)
	<input type="checkbox"/> 可 Yes (can read) <input type="checkbox"/> 不可 No (cannot read)	<input type="checkbox"/> 可 Yes (can speak) <input type="checkbox"/> 不可 No (cannot speak)	<input type="checkbox"/> 可 Yes (can write) <input type="checkbox"/> 不可 No (cannot write)
	<input type="checkbox"/> 可 Yes (can read) <input type="checkbox"/> 不可 No (cannot read)	<input type="checkbox"/> 可 Yes (can speak) <input type="checkbox"/> 不可 No (cannot speak)	<input type="checkbox"/> 可 Yes (can write) <input type="checkbox"/> 不可 No (cannot write)

In addition to the language you most naturally use, please write down all the other languages in which you can read, speak, or write.

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< 記載例 >

<p>1 あなたが本国に帰国した場合、誰から、どのようなことをされるおそれがありますか。 If you went back to your home country, what harm would be assumed and who do you believe would harm you?</p> <p>(1) 誰から Who do you believe would cause the harm?</p> <p><input type="checkbox"/> 国家機関 (名称等 Government authority (Name: If the one that would cause harm to your life, body, etc. is a government agency of your country, please check (✓) "Government authority"; if it is another, please check (✓) "Other than above." Please also write the name of the entity, etc.)</p> <p><input type="checkbox"/> 上記以外 (名称等 Other than above (Name: If the one that would cause harm to your life, body, etc. is a government agency of your country, please check (✓) "Government authority"; if it is another, please check (✓) "Other than above." Please also write the name of the entity, etc.)</p> <p>(2) どのようなことをされるおそれがありますか。(具体的に書いてください。) What do you assume would happen? Explain in detail.</p> <div style="border: 1px solid black; padding: 5px;"><p>・ What kind of danger would your life, body, etc. be in if you returned to your country?</p><p>・ As this is important for the examination process, please describe in detail.</p></div> <p>(3) そのおそれを感じたのはいつからですか。 When did you perceive the fear of harm for the first time?</p> <div style="border: 1px solid black; padding: 5px;"><p>・ When did you first feel that your life, body, etc. was in danger?</p><p>・ Please describe as specific as you can remember in the format "From YY/MM/DD."</p></div>									
<p>2 上記1のおそれがある理由は次のどれですか。 What is the basis for your fear described in Question 1. above?</p> <div style="border: 1px solid black; padding: 5px;"><p>If you checked (✓) "(1) Recognition of Refugee status" at the beginning of the application form, please check (✓) the applicable reason(s) why you would be in danger if you returned to your country. If you checked (✓) "(2) Recognition of eligibility for complementary protection" at the beginning, please do not check anything here.</p></div> <p>(Note) If you apply for the recognition of eligibility for complementary protection (an applicant for paragraph (2) of the Immigration Control and Refugee Recognition Act), you only need to fill in the reason. (No need to check the box).</p> <table border="0"><tr><td><input type="checkbox"/> 人種 Race</td><td><input type="checkbox"/> 宗教 Religion</td><td><input type="checkbox"/> 国籍 Nationality</td><td><input type="checkbox"/> 特定の社会的集団の構成員であること Membership of a particular social group</td></tr><tr><td colspan="4"><input type="checkbox"/> 政治的意見 Political opinion</td></tr></table> <p>(理由) (Reason)</p> <div style="border: 1px solid black; padding: 5px;"><p>If you checked (✓) "(1) Recognition of Refugee status" at the beginning of the application form and have reasons other than the five listed above for which you would be in danger if you returned to your country, please describe them in detail here. If you checked (✓) "(2) Recognition of eligibility for complementary protection" at the beginning, please describe in detail the reasons why it would be dangerous for you to return to your country.</p></div>		<input type="checkbox"/> 人種 Race	<input type="checkbox"/> 宗教 Religion	<input type="checkbox"/> 国籍 Nationality	<input type="checkbox"/> 特定の社会的集団の構成員であること Membership of a particular social group	<input type="checkbox"/> 政治的意見 Political opinion			
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<input type="checkbox"/> 政治的意見 Political opinion									
<p>3 上記1のおそれがあるとする根拠となる全ての事実を書いてください。 Provide all facts based on which you are claiming the fear of harm described in Question 1.</p> <p>(注1) 記載に当たっては、<u>誰が、いつ、どこで、誰から、どのようなことをされたのか、なぜそのようなことをされたのか(理由)</u>がわかるように、具体的に書いてください。 Explain in detail the facts, including <u>who caused the fear, to whom the relevant act was directed, where, when, what events took place, and the reasons for the relevant act.</u></p> <p>(注2) 特に、身体拘束や暴力を受けたことがある場合や、逮捕されたことがある場合には、それらについても具体的に書いてください。 In particular, if you have ever been physically detained or suffered violence, or arrested, or suffered violence, explain the circumstances in detail.</p> <p>(注3) この欄が足りない場合には、次のページの継続用紙に書いてください。 Continue on the next page if you need more space.</p> <div style="border: 1px solid black; padding: 5px;"><p>・ Please describe in detail the events/reasons that led you to believe that you would be in danger if you returned to your country.</p><p>・ Please describe in detail what was done to whom and by whom and the when, where and reason thereof.</p><p>・ In particular, if you have been detained or subjected to violence, please describe it in detail.</p></div> <div style="border: 1px solid black; padding: 5px;"><p>If your answer does not fit on this page alone and you are going to write on the next page, please check (✓) "Continued on the next page." If you are not writing on the next page, please check (✓) "No next page."</p></div> <p><input type="checkbox"/> 次のページに続く Continued on the next page</p> <p><input type="checkbox"/> 次のページは使用しない No next page</p>									

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(3 の継続用紙) (Continuation page of Question 3)

Please use this page if your
answer does not fit on the
previous page.

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- If something happened to your family for the reasons you wrote for Question 2, please check (✓) "Yes" and provide the details below.
- If something happened to two or more members of your family, please write all of them.
- If you checked (✓) "No," please do not write anything below.

4 上記2の理由により、あなたの家族の身に何かが起こったことはありますか。
Has anything happened to your family members owing to the grounds described in Question 2. above?

☐ はい ☐ いいえ
Yes No

「はい」と答えた場合は、全ての事情について、具体的に書いてください。
If your answer is "Yes," explain all specific details.

氏 名 Name	続柄 Relationship	時期・期間 When did it occur? Please write in the format "YY/MM/DD to YY/MM/DD."	場 所 Place	誰から Who caused the event? Who caused it to occur?	どのような行為を受けたか What happened? What was done to your family?
Name of your family member	Relation ship with the family member		Where did it occur?		

5 あなたは今回の難民・補完的保護対象者認定申請に関連するものとして、何らかの組織(日本国内を含む。)に属したり、支持(支援)したりしていませんか。
Have you ever been a member or supporter of any group or organization in or outside Japan in relation to this application for recognition of refugee status/eligibility for complementary protection?

☐ はい ☐ いいえ
Yes No

「はい」と答えた場合は、具体的に書いてください。
If your answer is "Yes," explain the circumstances in detail.

期 間 Period	組織名 Name of organization/group	役 職 Your title/position	活動内容 Details of activity
From when to when did you join or back (support) the organization? Please write in the format "YY/MM/DD to YY/MM/DD."	Name of organization you joined or backed (supported)	What was your position?	What were you doing / did you do for the organization?

6 あなたは今回の難民・補完的保護対象者認定申請に関連するものとして、政治的意見を表明したり、行動をとったことがありますか。(来日後にとった行動を含む。)

Have you ever expressed your political opinion or conducted any political activity, including activity conducted after coming to Japan, in relation to this application for recognition of refugee status/complementary protection?

☐ はい ☐ いいえ
Yes No

「はい」と答えた場合は、具体的に書いてください。
If your answer is "Yes," explain the circumstances in detail.

Please write in detail about what you did (participated in a demonstration or rally, posted your opinion online, etc.), along with the when (YY/MM/DD) and the where (XX City of your country, XX City of Japan, etc.).

7 (1) あなたは、これまでに、逮捕状を発付され、又は手配をされたことがありますか。
Have you ever been issued an arrest warrant or put on a wanted list?

☐ はい ☐ いいえ
Yes No

「はい」と答えた場合は、具体的に書いてください。
If your answer is "Yes," explain the circumstances in detail.

年月日 Date	機関名 Name of organization	罪 状 Charge	逮捕状の発付又は手配の事実を知った経緯 How did you become aware that an arrest warrant was issued or you were listed as wanted?
Please write down when the arrest warrant was issued or when they tried to apprehend you (in the format "YY/MM/DD").	Name of the organization	For what charge did they issue the arrest warrant or try to apprehend you?	How did you know that the organization you wrote on the left had issued an arrest warrant or tried to apprehend you?

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<div>Have you ever been apprehended by the police or taken to court?</div> <p>(2) あなたは、これまでに、逮捕や起訴をされたことがありますか。 Have you ever been arrested or prosecuted in the past?</p> <p><input type="checkbox"/> はい <input type="checkbox"/> いいえ Yes No</p> <p>(3) あなたは、これまでに、有罪判決を受けたことがありますか。 Have you ever been convicted in the past?</p> <p><input type="checkbox"/> はい <input type="checkbox"/> いいえ Yes No</p> <div>If you have ever been tried and convicted of a crime, please check (✓) "Yes" and provide the details of the trial below. If you checked (✓) "No," please do not write anything below.</div> <p>「はい」と答えた場合は、その刑事裁判の結果を具体的に書いてください。 If your answer is "Yes," describe the outcomes of the criminal proceedings in detail.</p> <table border="1"><thead><tr><th>年月日 Date</th><th>裁判所名 Court name</th><th>罪 名 Charged offense</th><th>判決内容 Court's decision</th></tr></thead><tbody><tr><td>When were you informed of the outcome of the trial? Please write it in the format "YY/MM/DD."</td><td>Name of the court in which you were tried</td><td>For what charge were you tried?</td><td>What outcome were you informed of?</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				年月日 Date	裁判所名 Court name	罪 名 Charged offense	判決内容 Court's decision	When were you informed of the outcome of the trial? Please write it in the format "YY/MM/DD."	Name of the court in which you were tried	For what charge were you tried?	What outcome were you informed of?				
年月日 Date	裁判所名 Court name	罪 名 Charged offense	判決内容 Court's decision												
When were you informed of the outcome of the trial? Please write it in the format "YY/MM/DD."	Name of the court in which you were tried	For what charge were you tried?	What outcome were you informed of?												
<p>8 あなたは、これまでに日本以外の国や国連の機関（UNHCR）等に保護を求めたことがありますか。 Have you ever sought protection in countries other than Japan or from United Nations organizations, including UNHCR?</p> <p><input type="checkbox"/> はい <input type="checkbox"/> いいえ Yes No</p> <div>・ Have you ever requested for help from a country other than Japan, an embassy of another country in Japan, or the United Nations (UNHCR)? ・ If you checked (✓) "Yes," please provide details about the request below. If you checked (✓) "No," please do not write anything below.</div> <p>「はい」と答えた場合は、具体的に書いてください。 If your answer is "Yes," explain the circumstances in detail.</p> <table border="1"><thead><tr><th>国・国連機関名 Name of country/UN organizations</th><th>手続内容 Details of proceedings</th><th>結 果 Results</th></tr></thead><tbody><tr><td>Where did you request for help?</td><td>How did you request for help?</td><td>Did they or did they not help you? If you received help, what did they do to help?</td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>				国・国連機関名 Name of country/UN organizations	手続内容 Details of proceedings	結 果 Results	Where did you request for help?	How did you request for help?	Did they or did they not help you? If you received help, what did they do to help?						
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<p>9 あなたは、上記 1 から 8 までに記載した内容を裏付ける資料を提出することができますか。 Can you submit evidence supporting your statement in Questions 1 through 8 above?</p> <p><input type="checkbox"/> はい <input type="checkbox"/> いいえ Yes No</p> <div>・ Can you submit to the immigration office documents, photographs, or other evidence that support what you have written for Questions 1 to 8? ・ If you checked (✓) "Yes," please provide details about the evidence you can submit below. If you checked (✓) "No," please do not write anything below.</div> <p>「はい」と答えた場合は、具体的に書いてください。 If your answer is "Yes," explain the evidence in detail.</p> <table border="1"><thead><tr><th>資料名 Name of evidence</th><th>内 容 Details</th><th>Reason for submission</th><th>Expected time of presentation</th></tr></thead><tbody><tr><td>What can you submit?</td><td>What kind of evidence is it? Please write it in a way similar to the following: "It has XX written on it" or "XX is shown in the photo."</td><td>Why are you submitting it to the immigration office? What does it explain?</td><td>Around when can you submit it to the immigration office?</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				資料名 Name of evidence	内 容 Details	Reason for submission	Expected time of presentation	What can you submit?	What kind of evidence is it? Please write it in a way similar to the following: "It has XX written on it" or "XX is shown in the photo."	Why are you submitting it to the immigration office? What does it explain?	Around when can you submit it to the immigration office?				
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*The name (NYUKAN ICHIRO) on this application form is a sample. Do not copy that onto your own application form.

*Please do not write anything in the margins.

< 記載例 >

- ・ What countries did you go to after you left your country but before coming to Japan?
- ・ If you went to countries other than Japan, please write all of them in order.

10 あなたが本国から脱出した日から日本に上陸するまでの経緯について具体的に書いてください。
複数の国を経由した場合は、全て書いてください。
Explain the specific route you took after escaping from your home country until arriving in Japan. State all countries that you have traveled through before arriving in Japan.

年月日 Date	出国港（出発地） Port of departure (place of departure)	年月日 Date	入国港（到着地） Port of arrival (place of arrival)
When did you depart? Please write it in the format "YY/MM/DD."	Where did you depart from? Please write it in the format "XX airport/port (country)."	When did you arrive? Please write it in the format "YY/MM/DD."	Where did you arrive? Please write it in the format "XX airport/port (country)."

(1) 今回の日本への入国について該当するものにチェック
What was your route to Japan? Check the applicable item.

- ☐ 直行 ☐ 第三国経由 → (2)

Directly Via a third country

(2) 第三国経由の場合は、該当するものにチェックを
If you came to Japan via a third country, check the applicable item.

- ☐ 乗換え ☐ 滞在

Transferred at the third country Stayed in the third country

If you came to Japan directly from your country, please check (✓) "Directly." If you came to Japan from another country, please check (✓) "Via a third country" and answer (2). If you checked (✓) "Directly," please do not write anything for (2).

Regarding the country you were in before coming to Japan, if you were there to change planes or ships, please check (✓) "Transferred at the third country." If you lived in the third country, please check (✓) "Stayed in the third country."

11 現在の健康状態はどうですか。
How is your health condition now?

- ☐ 良好 ☐ 不良
Good Not good

(1) 具体的な病名・症状を記載してください。
Provide the specific names of diseases and symptoms.

(2) 通院や医師による治療を受けていますか。
Are you currently receiving medical treatment by a doctor or outpatient care?

- ☐ はい ☐ いいえ
Yes No

・ Are you in good health? If yes, please check (✓) "Good." If not, please check (✓) "Not good."
・ If you checked (✓) "Not good," please also answer (1) and (2). If you checked (✓) "Good," please do not write anything for (1) and (2).

・ Why are you not in good health? Please write down what is wrong or what hurts.
・ If you have seen a doctor, please write the name of the illness/disease.

12 難民調査官がインタビューする場合、通訳は必要ですか。

Do you need an interpreter for interviews by a refugee inquirer?

- ☐ はい → (1) 及び (2) を回答してください。
Yes Answer Questions (1) and (2).
☐ いいえ → (2) を回答してください。
No Answer Question (2).

(1) 通訳は何語を希望しますか。

What language interpretation do you need?

What language would you like an interpreter for?

Language name:

(2) インタビューに関して希望する事項があれば、理由とともに書いてください。

(例：難民調査官や通訳人の性別、通訳人の国籍)

State your requests for interview, if any (ex. preference on sex of refugee inquirer or interpreter, or nationality of interpreter).

Please write any preferences you have about the interview other than (1) above, along with the reasons.

(e.g., I would like to have a man/woman as the interviewer because XX, I would like an interpreter of XX nationality because XX, etc.)

記載した内容に誤りがない場合には、以下にチェックをしてください。

Check the following box to confirm that the submitted information is true.

- ☐ 申請書に記載した内容はすべて理解しており、誤りはありません。
I understand all information stated in this application form and confirm it to be true.

Are there any mistakes in what you have written so far? If not, please check (✓).

本件申請書を代理人（注）が記載した場合には、以下の項目について記載してください。

If this form is prepared by the applicant's representative (see Note), fill in the following items:

(注) 外国人が16歳に満たない者であるとき又は疾病その他の事由により自ら出頭できないときは、当該申請者の父、母、配偶者、子、又は親族が申請者に代わって申請することができます。

(Note) If the applicant is younger than 16 years or cannot attend the proceedings due to sickness or other reasons, the applicant's parents,

(記載・作成した人の氏名)

(Name of person who created the application form)

(申請者との関係)

(Relationship with applicant)

Please sign here.

申請者（代理人）の署名
Signature of applicant (representative)

Please write the date of submission of this application to the immigration office.

年 月 日
Year Month Date

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