

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.

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別記第七十四
Annex No. 74-2

日本国政府法務
Ministry of Justice,

法 務 省
To: Minister of Justice

私は、

I submit this reapplication 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.

①の申請をした場合には、難民の該当性及び補完的保護対象者の該当性について判断されます。
An applicant applying for (1) is examined for the eligibility for both refugee status and complementary protection.

②の申請をした場合には、補完的保護対象者の該当性のみが判断されます。難民の該当性については判断されません。
An applicant applying for (2) is examined only for the eligibility for complementary protection, not for the eligibility for refugee status.

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

• Please write your current address in Japan.
• If you have a residence card, please write the address written on it.

• Please write a phone number that the immigration office can contact you with.
• If none, please write "×" or "/."

Please write your nationality/region as indicated on your passport.

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

If you checked (✓) "Person other than the applicant," please indicate whose phone number it is.

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

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.

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【注意事項】	【Instructions】
<p>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.</p> <p><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.</p> <p><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.</p> <p><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.</p> <p><input checked="" type="checkbox"/> 在留資格を 完全の保護 停止されま すが、その他 ください。</p> <p>If you do not have a status of residence and have applied two or more times before, unless you submit evidence providing reasonable grounds for the recognition of refugee status/eligibility for complementary protection for this application, deportation procedures will not be suspended. Although we will make a decision based on this application alone, if you have other pieces of evidence you wish to submit to the immigration office, please submit them with this application.</p> <p>For an applicant who is filing this application for a third or subsequent time and who has no status of residence, the procedure for deportation will not be suspended unless the applicant submits the "evidence of reasonable grounds for the recognition of refugee status/complementary protection." Although whether the application form itself can be considered as the above-mentioned evidence is examined even if the applicant only submits the form, the applicant is still requested to attach other evidence that is considered particularly necessary.</p>	

<p>1 前回の難民・補完的保護対象者認定申請後、国籍、家族構成、来日前の居住歴、来日前の最終学歴、来日前の職歴、日本の出入国歴、海外渡航歴及び宗教（宗派）に変更はありますか。 After submitting the previous application, have there been any changes to your nationality, family members, history of residence before coming to Japan, your last school, your job before coming to Japan, whether you have left or entered Japan, whether you have been to countries other than Japan, and your religion (religious sect)?</p> <p><input type="checkbox"/> いいえ No</p> <p><input checked="" type="checkbox"/> はい Yes</p> <p>→変更事項はどれですか。 Choose the item which has changed for change from the previous application.</p> <table border="0"><tr><td><input type="checkbox"/> 国籍 Nationality</td><td><input type="checkbox"/> 家族構成 Family members</td><td><input type="checkbox"/> 来日前の居住歴 Residence history before coming to Japan</td><td><input type="checkbox"/> 来日前の最終学歴 Educational background before coming to Japan</td></tr><tr><td><input type="checkbox"/> 来日前の職歴 Job history before coming to Japan</td><td><input type="checkbox"/> 日本の出入国歴 Travel history to Japan</td><td><input type="checkbox"/> 海外渡航歴 Travel history to foreign countries (excluding Japan)</td><td><input checked="" type="checkbox"/> 宗教（宗派） Religion (religious sect)</td></tr></table> <p>→変更内容を具体的に書いてください。 Explain in detail about the change.</p> <p>Please select from here what has changed since your previous application.</p> <p>Please describe in detail what has changed since your previous application.</p>		<input type="checkbox"/> 国籍 Nationality	<input type="checkbox"/> 家族構成 Family members	<input type="checkbox"/> 来日前の居住歴 Residence history before coming to Japan	<input type="checkbox"/> 来日前の最終学歴 Educational background before coming to Japan	<input type="checkbox"/> 来日前の職歴 Job history before coming to Japan	<input type="checkbox"/> 日本の出入国歴 Travel history to Japan	<input type="checkbox"/> 海外渡航歴 Travel history to foreign countries (excluding Japan)	<input checked="" type="checkbox"/> 宗教（宗派） Religion (religious sect)
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<p>2 前回主張した迫害事情について、今回も引き続き主張しますか。 Do you claim the same (the fear of persecution) as claimed in the previous application again?</p> <p><input checked="" type="checkbox"/> はい Yes</p> <p><input type="checkbox"/> いいえ No</p> <p>→「いいえ」と答えた場合は、その理由を具体的に書いてください。 If your answer is "No," explain the reason in detail.</p> <p>Please explain in detail why you are not claiming this time what you claimed in your previous application.</p>									

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- Are there any new reasons for your life, body, etc. to be in danger if you returned to your country which were not present at the time of your previous application?
- If you checked (✓) "Yes," please provide details about them under (1) to (7) below.
- If you checked (✓) "No," please do not write anything below and continue to Question 4 on the next page.

3 今回は、新たに主張する迫害事情がありますか。

For this application, do you have an additional/new claim for fear of persecution?

- ☐ ない → 4以降の質問に答えてください。
No Skip up to Question 3. (Answer from Question 4)
- ☐ ある
Yes

(1) 「新たな迫害事情」は、前回主張した迫害事情と関連するものですか。

Is the new/additional fear of persecution related to the situation claimed in the previous application?

- ☐ いいえ
No
- ☐ はい
Yes

Is the new reason related to the reasons you claimed in your previous application?

(2) 「新たな迫害事情」が発生した時期は、いつですか。算用数字により西暦で書いてください。

When did the new/additional fear of persecution occur? Write in Arabic numerals using the Western calendar.

When did the new reason emerge? Please write it in the format "From YY/MM/DD."

(3) 「新たな迫害事情」をあなたが知った時期は、いつですか。算用数字により西暦で書いてください。

When did you become aware of the new/additional fear of persecution? Write in Arabic numerals using the Western calendar.

When did you learn of this new reason? Please write it in the format "YY/MM/DD."

(4) 「新たな迫害事情」が発生した場所は、どこですか。

Where did the new/additional fear of persecution occur?

Where did the new reason emerge?

(5) 「新たな迫害事情」を前回の手続で主張できなかったのはなぜですか。

Why could you not claim the new/additional grounds relating to the fear of persecution in the previous application?

Why didn't you mention the new reason at the time of your previous application?

Please follow the guide below to provide details about the new reason.

(6) 「新たな迫害事情」の内容を具体的に答えてください。

Explain in detail the new/additional fear of persecution.

ア 迫害を受けたのは誰ですか。

Who was the victim of the persecution?

- ☐ あなた自身
Yourself
- ☐ あなたの家族・親族
Your family member
- ☐ 上記以外（具体的に書いてください。）
Other persons (describe in detail)

Who had something dangerous done? If it is someone other than you, your family, or relatives (father, mother, brother, sister, spouse, child, grandfather, grandmother, etc.), please describe them in detail below.

イ 誰から迫害を受けましたか。

Who caused the persecution?

- ☐ 前回申請と同様
Same as the previous application
- ☐ 上記以外（具体的に書いてください。）
Other persons (describe in detail)

Who performed such a dangerous act? If your answer is different from your previous application, please describe in detail who.

ウ どのような迫害を受けたのですか。

What was the form of persecution?

- Regarding your (or your family's/relatives') life, body, etc., what dangerous acts were done?
- Please describe in detail what was done and when, as these are important for the examination.

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<p>エ 迫害を受けたのは、なぜですか。 What was the cause of the persecution?</p> <p><input type="checkbox"/> 前回申請で主張した理由と同様 The same cause as those claimed in the previous application</p> <p><input type="checkbox"/> 上記以外（具体的に書いてください。） Other cause (describe in detail)</p>	<p>Why was something done to put your life, body, etc. in danger? If the ground is the same as your previous application, please check (✓) the square (□) on top and do not write anything below. If the ground is different from your previous application, please check (✓) the square (□) below and write the reasons in detail.</p>								
<p>オ 迫害と関係する本国情勢に大きな変化があった場合、それを具体的に書いてください。 Explain in detail if there has been any significant change in the situation in your home country in relation to the persecution.</p>	<p>If there was a major incident in your country that has never happened before and for that reason your life, body, etc. would be in danger if you returned to your country, please describe it here.</p>								
<p>(7) 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。 What do you fear would happen and who will cause it when you return to your home country?</p> <p><input type="checkbox"/> 前回申請と同様 Same as the previous application</p> <p><input type="checkbox"/> 上記以外（以下に具体的に書いてください。） Other than the above (describe in detail in the space below)</p> <p>ア 誰から Who will cause the harm?</p> <p><input type="checkbox"/> 国家機関（名称等） Government authority (Name:)</p> <p><input type="checkbox"/> 上記以外（名称等） Other than above (Name:)</p> <p>イ どのようなことをされるおそれがありますか。 What do you assume would happen?</p>	<p>What would be done to you and by whom if you returned to your country? If your answer is the same as your previous application, please check (✓) the square (□) on top and do not write anything below. If different from your previous application, please check (✓) the square (□) below and answer ア and イ.</p> <p>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>・ What kind of danger would your life, body, etc. be in if you returned to your country? ・ As this is important for the examination process, please describe in detail.</p>									
<p>4 今回、新たに提出する資料はありますか。 Do you have additional evidence to submit with this application?</p> <p><input type="checkbox"/> ない No</p> <p><input type="checkbox"/> ある Yes</p>	<p>・ Do you have anything new to submit to the immigration office (documents, photos, etc.) with this application? ・ If you checked (✓) "No," please do not write anything below. ・ If you checked (✓) "Yes," please describe what you can submit below.</p>								
<p>→ 「ある」と答えた場合は、その資料の内容を具体的に書いてください。 If you answered "Yes," describe the details of the evidence.</p>									
<table border="1"> <thead> <tr> <th>資料名 Name of evidence</th> <th>内容 Details</th> <th>前回までに提出できなかった理由 Reason for failing to submit in previous applications</th> <th>提出予定時期 Expected time of presentation</th> </tr> </thead> <tbody> <tr> <td>What can you submit to the immigration office?</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 were you unable to submit it in your previous application?</td> <td>Around when can you submit it to the immigration office?</td> </tr> </tbody> </table>	資料名 Name of evidence	内容 Details	前回までに提出できなかった理由 Reason for failing to submit in previous applications	提出予定時期 Expected time of presentation	What can you submit to the immigration office?	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 were you unable to submit it in your previous application?	Around when can you submit it to the immigration office?	
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<p>5 現在の健康状態はどうですか。 How is your health condition now?</p> <p><input type="checkbox"/> 良好 Good</p> <p><input type="checkbox"/> 不良 Not good</p>	<p>・ 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.</p>
<p>(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.</p> <p>(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?</p> <p><input type="checkbox"/> はい Yes</p> <p><input type="checkbox"/> いいえ</p> <p>Are you currently seeing a doctor regularly?</p>	
<p>6 難民調査官のインタビューを希望しますか。 Do you wish to be interviewed by a refugee inquirer?</p> <p><input type="checkbox"/> はい Yes</p> <p><input type="checkbox"/> いいえ No</p>	<p>Would you like to be interviewed regarding the contents of this application?</p> <p>「はい」と答えた場合は、難民調査官がインタビューする際に通訳は必要ですか。 If your answer is "Yes," do you need an interpreter for the refugee inquirer's interview?</p> <p><input type="checkbox"/> はい → (1) 及び (2) を回答してください。 Yes Please answer Questions (1) and (2).</p> <p><input type="checkbox"/> いいえ → (2) を回答してください。 No Answer Question (2).</p> <p>(1) 通訳は何語を希望しますか。 What language interpretation do you need?</p> <p>What language would you like an interpreter for? _____ 語 Language Name: _____</p> <p>(2) その他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 any other requests in relation to the interview (ex. preference on sex of refugee inquirer or interpreter or nationality of interpreter), if any, together with the reason.</p> <p>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.)</p>
<p>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.</p> <p><input type="checkbox"/> 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.</p> <p>Are there any mistakes in what you have written so far? If not, please check (✓).</p> <p>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:</p> <p>(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, spouse, child, or relative can submit this application for the applicant.</p> <p>(記載・作成した人の氏名) (Name of person who created the application form)</p> <p>(申請者との関係) (Relationship with applicant)</p> <p>Please sign here.</p> <p>Please write the date of submission of this application to the immigration office.</p> <p>申請者 (代理人) の署名 _____ Signature of applicant (representative)</p> <p>年 _____ 月 _____ 日 _____ Year Month Date</p>	

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