

To be filled out by the authority

Case number	Signature
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Request to conclude a case

Use this form to request that a decision is made in your case if more than six months have passed since you submitted your application. Regarding applications for a work permit or residence permit for long-term resident third-country nationals from other EU countries, you may request that a decision is made in your case if more than four months have passed since you submitted your application. And regarding applications for an EU Blue Card, if more than 90 days have passed since you submitted your application. This form should not be used when requesting a decision in citizenship cases.

The Swedish Migration Agency will in four weeks either conclude your case or refuse your request. Decisions about your request may be made through automated processing.

Please note that the Swedish Migration Agency will not process your request if you submit it before the applicable time period has passed. You can only submit a request once during the period when the Swedish Migration Agency is processing your case.

You can find this form and more information at www.migrationsverket.se. Please complete the form on a computer as it will facilitate processing.

1. Personal details

State personal details for the person the case concerns.

Surname (family name)
First name(s)
Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Migration Agency case number, if applicable
Address (street, postcode and place)
Telephone number
Email address

2. Case for which you are requesting a decision

<input type="checkbox"/> Residence and work permit	<input type="checkbox"/> Right of residence
<input type="checkbox"/> Other, state type of case	

3. Co-applicants who also request a decision

Fill in information below if you want your request to also include your minor children who have an ongoing case with the Swedish Migration Agency A family member who is over 18 must submit their own request, if you do not represent them as a representative. If you are making the request in your capacity as a representative, you need to enclose a power of attorney.

Name	Migration Agency case number, if appl.	Case that the application concerns

4. The address that the decision shall be sent to

5. Signature

.....
Place and date

.....
Signature (for minors, signature of parent/legal guardian)

.....
Printed name

Send the request to

Migrationsverket
Skanningen Stockholm
Box 1430
171 27 Solna