

Resource Materials

THESE RESOURCES SUPPLEMENT:

2013 AILA PARALEGALS CONFERENCE & WEBCAST

DATE(S) OF CONFERENCE:

October 24–25, 2013

THURSDAY, October 24, 2013

1. The Role of a Paralegal in Immigration Practice – PowerPoint Handout
2. Legal Concepts Involved in Preparing an H-1B Petition – PowerPoint Handout
3. Annotated DOL Form 9035 (from *Toolbox*)
4. Annotated USCIS Form I-129 (from *Toolbox*)
5. Annotated USCIS Form I-129 Supplements (from *Toolbox*)
6. Key Legal Concepts & Hot Topics in the PERM Process – PowerPoint Handout
7. Annotated ETA Form 9141 (from *Toolbox*)
8. Print Advertisement Template for a Major Newspaper
9. Notice of Filing Template
10. Annotated ETA Form 9089 (from *Toolbox*)
11. The Nuts and Bolts of Adjustment of Status vs. Consular Processing – PowerPoint Handout
12. Adjustment of Status vs. Consular Processing Practicum – PowerPoint Handout
13. Annotated G-28 (from *Toolbox*)
14. Annotated I-485 (from *Toolbox*)
15. Annotated I-765 (from *Toolbox*)
16. Annotated I-131 (from *Toolbox*)
17. Annotated G-325A (from *Toolbox*)
18. Annotated I-864 (from *Toolbox*)
19. Annotated DS-230 (from *Toolbox*)
20. DS-260 Article (from *Toolbox*)
21. Marketing & Social Media – PowerPoint Handout



Resource Materials

FRIDAY, October 25, 2013

- 22. Legal Concepts Involved in Family-Based Immigrant Petitions and Applications – PowerPoint Handout
- 23. Marriage Case Form Checklist for Paralegal
- 24. Marriage Case Form Checklist for Client
- 25. Annotated I-130 (from *Toolbox*)
- 26. Annotated I-751 (from *Toolbox*)
- 27. Annotated I-485 (from *Toolbox*)
- 28. Asylum & Removal Case Preparation – PowerPoint Handout
- 29. Asylum & Removal Practicum – PowerPoint Handout
- 30. Sample Notice to Appear
- 31. EOIR Removal Proceedings Process
- 32. Submitting Certain Applications in Immigration Court
- 33. Annotated I-589
- 34. Annotated EOIR 42B
- 35. Annotated I-601
- 36. Citizenship and Naturalization Procedures – PowerPoint Handout
- 37. Handouts for Citizenship and Naturalization Panel
- 38. Annotated N-400 (from *Toolbox*)
- 39. Hot Topics in Immigration Law & Practice – PowerPoint Handout

Certificates

- 40. Certificate of Attendance—Live
- 41. Certificate of Attendance—OnDemand



The Role of a Paralegal in Immigration Practice

*Reid F. Trautz (dl), AILA Director,
Practice and Professionalism, Washington, DC
James W. Austin, Conference Program Committee, Kansas City, MO
Maheen Taqui, AILA Practice and Professionalism Center Coordinator,
Washington, DC*



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YOUR LEGAL ROLE IN THE IMMIGRATION SYSTEM

Definition of a Paralegal:

- *Paralegal: "A legal assistant or paralegal is a person, qualified by education, training or work experience who is employed or retained by a lawyer, law office, corporation, governmental agency or other entity who performs specifically delegated substantive legal work for which a lawyer is responsible"*
 - American Bar Association Definition
- *paralegal, n.* A person who assists a lawyer in duties related to the practice of law but who is not a licensed attorney .
 - Black's Law Dictionary



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PROFESSIONAL RESPONSIBILITY AND ETHICAL CONDUCT

- Understand the ethical and legal responsibilities arising from an attorney client relationship
- Ethical duties imposed on attorneys by state law affect paralegals
- Paralegals are indirectly regulated by attorney ethical codes and by state laws that prohibit non-lawyers from practicing law



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PROFESSIONAL RESPONSIBILITY AND ETHICAL CONDUCT

Spotting Issues

- Protecting the attorney and the clients
- New facts / change of facts after conversation with client
- Diagnosing the issue/problem
- Second-guessing
- When and how to approach the attorney



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PROFESSIONAL RESPONSIBILITY AND ETHICAL CONDUCT

Client Confidentiality

- What information is confidential?
- Secure office practices
 - Telephone inquiries
 - Overheard conversations
 - Document Security



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COMMUNICATION

Client Communication

- Identifying your role to the client
 - Informing the client of your job title and your responsibilities to their case.
 - Understanding the difference between giving advice and informing the client
- Understanding the importance of non-verbal cues
- Establishing friendships
 - "Friending" or "following" clients on social media
 - Communicating with clients outside the office
 - Accepting gifts and/or requests for lunch



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COMMUNICATION

Communicating with the attorney/supervisor

- Don't be afraid to ask
- Encourage open communication
- Set expectations
- Make sure you have the tools
- Ask for feedback
- Know when to say "No"

Communicating with other staff members

- Maintain a healthy relationship with coworkers
- Offer and ask for help when warranted
- Refrain from office gossip



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WORK PRODUCT/ CLIENT MANAGEMENT

Files and Recordkeeping

- Maintain Clean and Accurate Files
 - Document all client communications, including e-mails, texts, or other forms of messages
 - Do not store incomplete documents or drafts.
 - Remember all files are the client's property
- Documenting Client Communications
 - Track every client interaction. This includes date, time, and nature of the interaction with the client or client matter. This is important for:
 - Billing purposes
 - Providing a timeline for case development
 - Safety net for when a client complains



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WORK PRODUCT/ CLIENT MANAGEMENT

Client Interview Techniques

- When to Ask Tough Questions
- Reporting Evasive Answers
- Willful Blindness



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WORK PRODUCT/ CLIENT MANAGEMENT

Organizing and maintaining electronic case files

- Practice management programs
- Saving documents in Microsoft Office
- Sharing files via Dropbox, Google Docs, and other cloud programs
- Scanning all documents

Calendaring important dates and deadlines

- Include reminders and assign tasks
- Don't always count on technology to store dates and deadlines
- Include a list of all dates and timelines in client's folder



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PROFESSIONAL DEVELOPMENT

- Enhance Skills
 - Research and writing
 - Client interaction
- Develop a Niche Expertise
 - H1-B Specialty Occupations
 - Religious Workers
- Advance Your Career
 - Continuing education
 - Join the board of your local paralegal association
- Find an Avocation
 - Playing piano
 - Train for a marathon



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TOOLS OF THE TRADE/ AILA RESOURCES



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Questions & Answers



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Legal Concepts Involved in Preparing an H-1B Petition

Danielle M. Rizzo (dl), Conference Program Committee, Buffalo, NY
Noelle McLaughlin, Paralegal, Buffalo, NY
Becki L. Young, Washington, DC
Diane R. McCrummen, Paralegal, North Kansas City, MO



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Specialty Occupation

- Definition
 - 8 CFR §214.2(h)(4)(ii)
- Qualifications
 - 8 CFR §214.2(h)(4)(iii)(A)



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Beneficiary Qualifications 8 CFR §214.2(h)(4)(iii)(B)(3)

- Degree only
- Degree + Experience
- Experience only



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Validity Period

- How much time to request?
- How much time is left of their 6 years?
- Recapture
- Post-6th Year Extensions



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LCA Issues

- Public Access File
- Posting Notices
- When to File a New LCA



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H-1B CAP

- How Does It Work?
- Timing Issues
- Who Is Cap-Exempt?



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Employer/Employee Relationship

- Traditional employee
- Third party placements



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Professions Requiring License

- Specific professions
- How to document
- Length of license vs. petition validity period



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Questions & Answers



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Form ETA-9035, Labor Condition Application for Nonimmigrant Workers

OMB Approval: 1205-0310
Expiration Date: 01/31/2012

Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor



Electronic Filing of Labor Condition Applications For The H-1B Nonimmigrant Visa Program

This Department of Labor, Employment and Training Administration (ETA), electronic filing system enables an employer to file a Labor Condition Application (LCA) and obtain certification of the LCA. This Form must be submitted by the employer or by someone authorized to act on behalf of the employer.

A) I understand and agree that, upon my receipt of ETA's certification of the LCA by electronic response to my submission, I must take the following actions at the specified times and circumstances:

- print and sign a hardcopy of the electronically filed and certified LCA;
- maintain a signed hardcopy of this LCA in my public access files;
- submit a signed hardcopy of the LCA to the United States Citizenship and Immigration Services (USCIS) in support of the I-129, on the date of submission of the I-129;
- provide a signed hardcopy of this LCA to each H-1B nonimmigrant who is employed pursuant to the LCA.

☒ Yes ☐ No

B) I understand and agree that, by filing the LCA electronically, I attest that all of the statements in the LCA are true and accurate and that I am undertaking all the obligations that are set out in the LCA (Form ETA 9035E) and the accompanying instructions (Form ETA 9035CP).

☒ Yes ☐ No

C) I hereby choose one of the following options, with regard to the accompanying instructions:

☐ I choose to have the Form ETA 9035CP electronically attached to the certified LCA, and to be bound by the LCA obligations as explained in this form

☒ I choose not to have the Form ETA 9035CP electronically attached to the certified LCA, but I have read the instructions and I understand that I am bound by the LCA obligations as explained in this form

ETA Form 9035/9035E Attestation

FOR DEPARTMENT OF LABOR USE ONLY

Page 1 of 1

Case Number: I-200-10225-106368

Case Status: CERTIFIED

Period of Employment: 08/23/2010 to 02/27/2012

OMB Approval: 1205-0310
Expiration Date: 01/31/2012

Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor



Please read and review the filing instructions carefully before completing the ETA Form 9035 or 9035E. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. In accordance with Federal Regulations at 20 CFR 655.730(b), incomplete or obviously inaccurate Labor Condition Applications (LCAs) will not be certified by the Department of Labor. If the employer has received permission from the Administrator of the Office of Foreign Labor Certification to submit this form non-electronically, ALL required fields/items containing an asterisk (*) must be completed as well as any fields/items where a response is conditional as indicated by the section (§) symbol.

A. Employment-Based Nonimmigrant Visa Information

1. Indicate the type of visa classification supported by this application (Write classification symbol): *	H-1B
--	------

B. Temporary Need Information

1. Job Title * ASSOCIATE ATTORNEY		
2. SOC (ONET/OES) code * 23-1011.00	3. SOC (ONET/OES) occupation title * LAWYERS	
4. Is this a full-time position? * ☒ Yes ☐ No	Period of Intended Employment	
	5. Begin Date * 08/23/2010 (mm/dd/yyyy)	6. End Date * 02/27/2012 (mm/dd/yyyy)
7. Worker positions needed/basis for the visa classification supported by this application		
1 Total Worker Positions Being Requested for Certification *		
Basis for the visa classification supported by this application (indicate the total workers in each applicable category based on the total workers identified above)		
1 a. New employment *	0 d. New concurrent employment *	
0 b. Continuation of previously approved employment * without change with the same employer	0 e. Change in employer *	
0 c. Change in previously approved employment *	0 f. Amended petition *	

C. Employer Information

1. Legal business name * K&L GATES LLP		
2. Trade name/Doing Business As (DBA), if applicable N/A		
3. Address 1 * K&L GATES CENTER		
4. Address 2 210 SIXTH AVENUE		
5. City * PITTSBURGH	6. State * PA	7. Postal code * 15222
8. Country * UNITED STATES OF AMERICA	9. Province N/A	
10. Telephone number * 4123556790	11. Extension N/A	
12. Federal Employer Identification Number (FEIN from IRS) * [REDACTED]	13. NAICS code (must be at least 4-digits) * 541110	

ETA Form 9035/9035E

FOR DEPARTMENT OF LABOR USE ONLY

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Case Number: I-200-10225-106368 Case Status: CERTIFIED Period of Employment: 08/23/2010 to 02/27/2012

OMB Approval: 1205-0310
Expiration Date: 01/31/2012

Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor



D. Employer Point of Contact Information

Important Note: The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer.

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
WILSON	CHRISTOPHER	C.
4. Contact's job title * ASSOCIATE DIRECTOR OF HUMAN RESOURCES		
5. Address 1 * K&L GATES CENTER		
6. Address 2 210 SIXTH AVENUE		
7. City * PITTSBURGH	8. State * PA	9. Postal code * 15222
10. Country * UNITED STATES OF AMERICA		11. Province N/A
12. Telephone number *	13. Extension	14. E-Mail address
4123556790	N/A	CHRISTOPHER.WILSON@KLGATES.COM

E. Attorney or Agent Information (If applicable)

1. Is the employer represented by an attorney or agent in the filing of this application? *		☒ Yes ☐ No
If "Yes", complete the remainder of Section E below.		
2. Attorney or Agent's last (family) name §	3. First (given) name §	4. Middle name(s) §
FREEMAN	ELLEN	N/A
5. Address 1 § 210 SIXTH AVENUE		
6. Address 2 K&L GATES CENTRE		
7. City §	8. State §	9. Postal code §
PITTSBURGH	PA	15222
10. Country § UNITED STATES OF AMERICA		11. Province N/A
12. Telephone number §	13. Extension	14. E-Mail address
4123558373	N/A	ELLEN.FREEMAN@KLGATES.COM
15. Law firm/Business name §		16. Law firm/Business FEIN §
K&L GATES		
17. State Bar number (only if attorney) §	18. State of highest court where attorney is in good standing (only if attorney) §	
	PENNSYLVANIA	
19. Name of the highest court where attorney is in good standing (only if attorney) §		
SUPREME COURT OF PENNSYLVANIA		

OMB Approval: 1205-0310
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Labor Condition Application for Nonimmigrant Workers
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U.S. Department of Labor



F. Rate of Pay

1. Wage Rate (Required) From: \$ [REDACTED] To: \$ [REDACTED]	2. Per: (Choose only one) * ☐ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☒ Year
---	---

G. Employment and Prevailing Wage Information

Important Note: It is important for the employer to define the place of intended employment with as much geographic specificity as possible. The place of employment address listed below must be a physical location and cannot be a P.O. Box. The employer may use this section to identify up to three (3) physical locations and corresponding prevailing wages covering each location where work will be performed and the electronic system will accept up to 3 physical locations and prevailing wage information. If the employer has received approval from the Department of Labor to submit this form non-electronically and the work is expected to be performed in more than one location, an attachment must be submitted in order to complete this section.

a. Place of Employment 1

1. Address 1 * HEARST TOWER, 47TH FLOOR	
2. Address 2 214 NORTH TRYON STREET	
3. City * CHARLOTTE	4. County * MECKLENBURG
5. State/District/Territory * NORTH CAROLINA	6. Postal code * 28202
Prevailing Wage Information (corresponding to the place of employment location listed above)	
7. Agency which issued prevailing wage \$ N/A	7a. Prevailing wage tracking number (if applicable) \$ N/A
8. Wage level * ☐ I ☐ II ☒ III ☐ IV ☐ N/A	
9. Prevailing wage * \$ 130520.00	10. Per: (Choose only one) * ☐ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☒ Year
11. Prevailing wage source (Choose only one) * ☒ OES ☐ CBA ☐ DBA ☐ SCA ☐ Other	
11a. Year source published * 2010	11b. If "OES", and SWA/NPC did not issue prevailing wage OR "Other" in question 11, specify source \$ OFLC ONLINE DATA CENTER

H. Employer Labor Condition Statements

Important Note: In order for your application to be processed, you MUST read Section H of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading "Employer Labor Condition Statements" and agree to all four (4) labor condition statements summarized below:

- (1) **Wages:** Pay nonimmigrants at least the local prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. Offer nonimmigrants benefits on the same basis as offered to U.S. workers.
- (2) **Working Conditions:** Provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed.
- (3) **Strike, Lockout, or Work Stoppage:** There is no strike, lockout, or work stoppage in the named occupation at the place of employment.
- (4) **Notice:** Notice to union or to workers has been or will be provided in the named occupation at the place of employment. A copy of this form will be provided to each nonimmigrant worker employed pursuant to the application.

1. I have read and agree to Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section H of the Labor Condition Application – General Instructions – Form ETA 9035CP. *	☒ Yes ☐ No
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OMB Approval: 1205-0310
Expiration Date: 01/31/2012

Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor



I. Additional Employer Labor Condition Statements – H-1B Employers ONLY

Important Note: In order for your H-1B application to be processed, you **MUST** read Section I – Subsection 1 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading “Additional Employer Labor Condition Statements” and answer the questions below.

a. Subsection 1

1. Is the employer H-1B dependent? §	☐ Yes ☒ No
2. Is the employer a willful violator? §	☐ Yes ☒ No
3. If “Yes” is marked in questions 1.1 and/or 1.2, you must answer “Yes” or “No” regarding whether the employer will use this application <u>ONLY</u> to support H-1B petitions or extensions of status for exempt H-1B nonimmigrants? §	☐ Yes ☐ No ☐ N/A

If you marked “Yes” to questions 1.1 and/or 1.2 and “No” to question 1.3, you **MUST** read Section I – Subsection 2 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading “Additional Employer Labor Condition Statements” and indicate your agreement to all three (3) additional statements summarized below.

b. Subsection 2

- A. **Displacement:** Non-displacement of the U.S. workers in the employer’s workforce
- B. **Secondary Displacement:** Non-displacement of U.S. workers in another employer’s workforce; and
- C. **Recruitment and Hiring:** Recruitment of U.S. workers and hiring of U.S. workers applicant(s) who are equally or better qualified than the H-1B nonimmigrant(s).

4. I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section I – Subsections 1 and 2 of the Labor Condition Application – General Instructions Form ETA 9035CP. §	☒ Yes ☐ No
---	---

J. Public Disclosure Information

Important Note: You must select from the options listed in this Section.

1. Public disclosure information will be kept at: *	☒ Employer’s principal place of business ☐ Place of employment
---	--

K. Declaration of Employer

By signing this form, I, on behalf of the employer, attest that the information and labor condition statements provided are true and accurate; that I have read sections H and I of the Labor Condition Application – General Instructions Form ETA 9035CP, and that I agree to comply with the Labor Condition Statements as set forth in the Labor Condition Application – General Instructions Form ETA 9035CP and with the Department of Labor regulations (20 CFR part 655, Subparts H and I). I agree to make this application, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act. Making fraudulent representations on this Form can lead to civil or criminal action under 18 U.S.C. 1001, 18 U.S.C. 1546, or other provisions of law.

1. Last (family) name of hiring or designated official *	2. First (given) name of hiring or designated official *	3. Middle initial *
Wilson	Christopher	C
4. Hiring or designated official title *		
Associate Director of Human Resources		
5. Signature *		6. Date signed *

ETA Form 9035/9035E

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L. LCA Preparer

Important Note: Complete this section if the preparer of this LCA is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

1. Last (family) name § N/A	2. First (given) name § N/A	3. Middle initial § N/A
4. Firm/Business name § N/A		
5. E-Mail address § N/A		

M. U.S. Government Agency Use (ONLY)

By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 08/23/2010 to 02/27/2012.

William L. Carlson
Department of Labor, Office of Foreign Labor Certification

08/19/2010

Determination Date (date signed)

I-200-10225-106368

CERTIFIED

Case number

Case Status

The Department of Labor is not the guarantor of the accuracy, truthfulness, or adequacy of a certified LCA.

N. Signature Notification and Complaints

The signatures and dates signed on this form will not be filled out when electronically submitting to the Department of Labor for processing, but **MUST** be complete when submitting non-electronically. If the application is submitted electronically, any resulting certification **MUST** be signed *immediately upon receipt* from the Department of Labor before it can be submitted to USCIS for further processing.

Complaints alleging misrepresentation of material facts in the LCA and/or failure to comply with the terms of the LCA may be filed using the WH-4 Form with any office of the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at <http://www.dol.gov/esa>. Complaints alleging failure to offer employment to an equally or better qualified U.S. worker, or an employer's misrepresentation regarding such offer(s) of employment, may be filed with the U.S. Department of Justice, Office of the Special Counsel for Immigration-Related Unfair Employment Practices, 950 Pennsylvania Avenue, NW, Washington, DC, 20530. Please note that complaints should be filed with the Office of Special Counsel at the Department of Justice only if the violation is by an employer who is H-1B dependent or a willful violator as defined in 20 CFR 655.710(b) and 655.734(a)(1)(ii).

O. OMB Paperwork Reduction Act (1205-0310)

These reporting instructions have been approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Obligations to reply are mandatory (Immigration and Nationality Act, Section 212(n) and (l) and 214(c)). Public reporting burden for this collection of information, which is to assist with program management and to meet Congressional and statutory requirements is estimated to average 1 hour per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Room C-4312, 200 Constitution Ave. NW, Washington, DC 20210. (Paperwork Reduction Project OMB 1205-0310.) **Do NOT send the completed application to this address.**

ETA Form 9035/9035E

FOR DEPARTMENT OF LABOR USE ONLY

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Case Number: I-200-10225-106368 Case Status: CERTIFIED Period of Employment: 08/23/2010 to 02/27/2012

Sample Form I-129F, Petition for Alien Fiancé(e)

OMB No. 1615-0001; Expires 06/30/2013

Department of Homeland Security
U.S. Citizenship and Immigration Services**I-129F, Petition
for Alien Fiancé(e)**

Do not write in these blocks.		For USCIS Use Only
Case ID #	Action Block	Fee Stamp
A #		
G-28 #		
The petition is approved for status under Section 101(a)(5)(k). It is valid for four months from the date of action.		AMCON: ☐ Personal Interview ☐ Previously Forwarded ☐ Document Check ☐ Field Investigation
Remarks:		

Part A. Start Here. Information about you.

1. Name (Family name in CAPS) (First) (Middle)
 POTTER David None

2. Address (Number and Street) Apt. #
 7220 Stable Way
 (Town or City) (State or Country) (Zip/Postal Code)
 Potomac Maryland 20854

3. Place of Birth (Town or City) (State/Country)
 Washington DC

4. Date of Birth (mm/dd/yyyy) 5. Gender
 08/27/1980 ☒ Male ☐ Female

6. Marital Status
☐ Married ☐ Single ☐ Widowed ☒ Divorced

7. Other Names Used (including maiden name)
 None

8a. U.S. Social Security Number 8b. A# (if any)
 072-53-8893 n/a

9. Names of Prior Spouses Date(s) Marriage(s) Ended
 Mary Woodin 01/28/2007

10. My citizenship was acquired through (check one)
☒ Birth in the U.S. ☐ Naturalization
 Give number of certificate, date and place it was issued.
☐ Parents
 Have you obtained a certificate of citizenship in your name?
☐ Yes ☐ No
 If "Yes," give certificate number, date and place it was issued.

11. Have you ever filed for this or any other alien fiancé(e) or husband/wife before?
☐ Yes ☒ No
 If "Yes," give name of all aliens, place and date of filing, A# and result. (Attached additional sheets as necessary.)

Part B. Information about your alien fiancé(e).

1. Name (Family name in CAPS) (First) (Middle)
 HEDSTROM Gretchen None

2. Address (Number and Street) Apt. #
 3 Felix Street
 (Town or City) (State or Country) (Zip/Postal Code)
 Copenhagen Denmark

3a. Place of Birth (Town or City) (State/Country)
 Copenhagen Denmark

3b. Country of Citizenship
 Denmark

4. Date of Birth (mm/dd/yyyy) 5. Gender
 04/28/1982 ☐ Male ☒ Female

6. Marital Status
☐ Married ☐ Single ☐ Widowed ☒ Divorced

7. Other Names Used (including maiden name)
 Systrom

8. U.S. Social Security # 9. A# (if any)
 None n/a

10. Names of Prior Spouses Date(s) Marriage(s) Ended
 Norbert Hedstrom 07/27/2010

11. Has your fiancé(e) ever been in the U.S.?
☒ Yes ☐ No

12. If your fiancé(e) is currently in the U.S., complete the following:
 He or she last arrived as a: (visitor, student, exchange alien, crewman, stowaway, temporary worker, without inspection, etc.)
 Arrival/Departure Record (I-94) Number
 Date of Arrival (mm/dd/yyyy) Date authorized stay expired, or will expire as shown on I-94 or I-95

INITIAL RECEIPT _____ RESUBMITTED _____ RELOCATED: Rec'd _____ Sent _____ COMPLETED: App'd _____ Denied _____ Rat'd _____

Form I-129F (Rev. 06/22/12) Y

Part B. Information about your alien fiancé(e). (Continued.)**13. List all children of your alien fiancé(e) (if any)**

Name (First/Middle/Last)	Date of Birth (mm/dd/yyyy)	Country of Birth	Present Address
Martin Hedstrom	07/27/2008	Denmark	Copenhagen, Denmark

14. Address in the United States where your fiancé(e) intends to live.

(Number and Street)	(Town or City)	(State)
7220 Stable Way	Potomac	MD

15. Your fiancé(e)'s address abroad.

(Number and Street)	(Town or City)	(State or Province)
3 Felix Street	Copenhagen	
(Country)	(Phone Number; Include Country, City and Area Codes)	
Denmark	011 42 8729034	

16. If your fiancé(e)'s native alphabet uses other than Roman letters, write his or her name and address abroad in the native alphabet.

(Name)	(Number and Street)
(Town or City)	(State or Province)
	(Country)

17. Is your fiancé(e) related to you? ☐ Yes ☒ No

If you are related, state the nature and degree of relationship, e.g., third cousin or maternal uncle, etc.

18. Has your fiancé(e) met and seen you within the two-year period immediately preceding the filing of this petition?☒ Yes ☐ No

Describe the circumstances under which you met. If you have not personally met each other, explain how the relationship was established. If you met your fiancé(e) or spouse through an international marriage broker, please explain those circumstances in Question 19 below. Explain also in detail any reasons you may have for requesting that the requirement that you and your fiancé(e) must have met should not apply to you.

I met Gretchen when she and her son were visiting the US in August 2011. They were staying with Gretchen's cousin, who is the wife of my friend. We met over dinner and began spending time together. When Gretchen left the US, we were in constant contact via Skype and e-mail. I spent Christmas with Gretchen and Martin in Denmark and proposed to Gretchen on New Year's Eve.

19. Did you meet your fiancé(e) or spouse through the services of an international marriage broker?☐ Yes ☒ No

If you answered yes, please provide the name and any contact information you may have (including internet or street address) of the international marriage broker and where the international marriage broker is located. Attach additional sheets of paper if necessary.

20. Your fiancé(e) will apply for a visa abroad at the American embassy or consulate at:

(City)	(Country)
Copenhagen	Denmark

NOTE: (Designation of a U.S. embassy or consulate outside the country of your fiancé(e)'s last residence does not guarantee acceptance for processing by that foreign post. Acceptance is at the discretion of the designated embassy or consulate.)



Form I-129F (Rev. 06/22/12) Y Page 2

Part C. Other information.**1. If you are serving overseas in the Armed Forces of the United States, please answer the following:**

I presently reside or am stationed overseas and my current mailing address is:

--	--

2. Have you ever been convicted by a court of law (civil or criminal) or court martialled by a military tribunal for any of the following crimes:

- Domestic violence, sexual assault, child abuse and neglect, dating violence, elder abuse or stalking. (Please refer to page 3 of the instructions for the full definition of the term "domestic violence.")
- Homicide, murder, manslaughter, rape, abusive sexual contact, sexual exploitation, incest, torture, trafficking, peonage, holding hostage, involuntary servitude, slave trade, kidnapping, abduction, unlawful criminal restraint, false imprisonment or an attempt to commit any of these crimes, or
- Three or more convictions for crimes relating to a controlled substance or alcohol not arising from a single act.

☐ Yes ☒ No

Answering this question is required even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. Using a separate sheet(s) of paper, attach information relating to the conviction(s), such as crime involved, date of conviction and sentence.

3. If you have provided information about a conviction for a crime listed above and you were being battered or subjected to extreme cruelty by your spouse, parent, or adult child at the time of your conviction, check all of the following that apply to you:

- ☐ I was acting in self-defense.
- ☐ I violated a protection order issued for my own protection.
- ☐ I committed, was arrested for, was convicted of, or plead guilty to committing a crime that did not result in serious bodily injury, and there was a connection between the crime committed and my having been battered or subjected to extreme cruelty.

Part D. Penalties, certification and petitioner's signature.

PENALTIES: You may by law be imprisoned for not more than five years, or fined \$250,000, or both, for entering into a marriage contract for the purpose of evading any provision of the immigration laws, and you may be fined up to \$10,000 or imprisoned up to five years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

YOUR CERTIFICATION: I am legally able to and intend to marry my alien fiancé(e) within 90 days of his or her arrival in the United States. I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit that I am seeking.

Moreover, I understand that this petition, including any criminal conviction information that I am required to provide with this petition, as well as any related criminal background information pertaining to me that U.S. Citizenship and Immigration Services may discover independently in adjudicating this petition will be disclosed to the beneficiary of this petition.

Signature	Date (mm/dd/yyyy)	Daytime Telephone Number (with area code)
		(301) 299-0078
E-Mail Address (if any)		
dpotter61@gmail.com		

Part E. Signature of person preparing form, if other than above. (Sign below.)

I declare that I prepared this application at the request of the petitioner and it is based on all information of which I have knowledge.

Signature	Print or Type Your Name	G-28 ID Number	Date (mm/dd/yyyy)
	Sheila T. Starkey Hahn		
Firm Name and Address		Daytime Telephone Number (with area code)	
Law Offices of Sheila Starkey Hahn 9812 Falls Rd. #114-158 Potomac, MD 20854		(301) 299-7760	
		E-Mail Address (if any)	
		sstarkey@mlsimmigration.com	



Sample Form I-129, Petition for a Nonimmigrant Worker

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

OMB No. 1615-0009; Expires 10/31/2013

I-129, Petition for a Nonimmigrant Worker

START HERE - Type or print in black ink.

Part 1. Petitioner Information

(If the employer is an individual, complete Number 1; Organizations complete Number 2.) Use the mailing address of the petitioner.

1. Legal Name of Employer:

a. Last Name (Family Name)

b. First Name (Given Name)

c. Full Middle Name

2. Company or Organization:

Name of Company or Organization

Astrologic Intelligence

3. Mailing Address:

a. C/O: (In Care Of, if any)

Brittany Sharp, CEO

b. Street Number and Name

3425 Starpath Lane

c. Suite/Apt. Number

d. City

Gemini

e. State/Province

CO

f. Country

USA

g. Zip/Postal Code

80000

h. Telephone Number (include area code) (Do not leave spaces or type any special characters)

303-200-4444

i. E-Mail Address

sharpie@astropunk.com

j. Federal Employer Identification Number

11-2459830

k. Individual Tax Number

l. Social Security Number

Receipt

Class: _____

of Workers: _____

Job Code: _____

Validity Dates: _____

From: _____

To: _____

☐ Classification Approved

☐ Consulate/POE/PFI Notified

At _____

☐ Extension Granted

☐ COS/Extension Granted

Partial Approval (explain)

Action Block



Form I-129 (Rev. 10/07/11) Y

Part 2. Information About This Petition (See instructions for fee information.)**1. Requested Nonimmigrant Classification** (Write classification symbol):

H-1B

2. Basis for Classification (Check one):

- ☒ a. New employment.
- ☐ b. Continuation of previously approved employment without change with the same employer.
- ☐ c. Change in previously approved employment.
- ☐ d. New concurrent employment.
- ☐ e. Change of employer.
- ☐ f. Amended petition.

3. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "N/A."

N/A

4. Requested Action (Check one):

- ☐ a. Notify the office in **Part 4** so each beneficiary can obtain a visa or be admitted. (**NOTE:** A petition is not required for an E-1, E-2, H-1B1 Chile/Singapore, or TN visa.)
- ☒ b. Change each beneficiary's status and extend their stay since he, she, or they are all now in the U.S. in another status (see instructions for limitations). This is available only where you check "New Employment" in **Item 2**, above.
- ☐ c. Extend the stay of each beneficiary since he, she, or they now hold this status.
- ☐ d. Amend the stay of each beneficiary since he, she, or they now hold this status.
- ☐ e. Extend the status of a nonimmigrant classification based on a Free Trade Agreement. (See Free Trade Supplement for TN and H1B1 to Form I-129.)
- ☐ f. Change status to a nonimmigrant classification based on a Free Trade Agreement. (See Free Trade Supplement for TN and H1B1 to Form I-129.)

5. Total number of workers in petition (See instructions relating to when more than one worker can be included.):

1



Part 3. Beneficiary Information: Information about the beneficiary/beneficiaries you are filing for. *Complete the blocks below. Use the continuation sheet to name each beneficiary included in this petition.*

1. If an Entertainment Group, Give the Group Name

--

a. Family Name (Last Name)

APPLICANT

b. Given Name (First Name)

Really

c. Full Middle Name

Qualified

d. All Other Names Used (include aliases, maiden name and names from all previous marriages)

	None	
--	------	--

e. Date of Birth (mm/dd/yyyy)

07/29/1984

f. Gender

☒ Male ☐ Female

g. U.S. Social Security Number (if any)

888-88-8888

h. A-Number (if any)

A- None

i. Country of Birth

Canada

j. Province of Birth

Ontario

k. Country of Citizenship

Canada

2. If in the United States, complete the following:

a. Date of Last Arrival (mm/dd/yyyy)

06/15/2012

b. I-94 Number (Arrival/Departure Document)

8888888 88

c. Current Nonimmigrant Status

F-1

d. Date Status Expires (mm/dd/yyyy) or D/S

D/S

e. Student & Exchange Visitor Information System (SEVIS) Number (if any)

11100101011

f. Employment Authorization Document (EAD) Number (if any)

EAC1300000002

g. Passport Number

VK999934

h. Date Passport Issued (mm/dd/yyyy)

01/20/2013

i. Date Passport Expires (mm/dd/yyyy)

01/20/2018

j. Current U.S. Address (if applicable)

118 Silver Fox Lane	Dallas	Texas	75227
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Part 4. Processing Information

1. If the beneficiary or beneficiaries named in **Part 3** is/are outside the United States or a requested extension of stay or change of status cannot be granted, state the U.S. consulate or inspection facility you want notified if this petition is approved.

a. Type of Office (Check one): ☐ Consulate ☐ Pre-flight inspection ☒ Port of Entry

b. Office Address (City)

Peace Bridge, Buffalo

c. U.S. State or Foreign Country

NY

d. Beneficiary's Foreign Address

19 Wysteria Way	Brampton	Ontario, Canada	L4M 6T0
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Part 4. Processing Information (Continued)

2. Does each person in this petition have a valid passport?

☐ Not required to have passport☐ No - Go to **Page 7, Part 9** and write your explanation☒ Yes

3. Are you filing any other petitions with this one?

☒ No☐ Yes - How many?

4. Are applications for replacement/initial I-94s being filed with this petition?

☒ No☐ Yes - How many?

5. Are applications by dependents being filed with this petition?

☒ No☐ Yes - How many?

6. Is any beneficiary in this petition in removal proceedings?

☒ No☐ Yes - explain on **Page 7, Part 9**

7. Have you ever filed an immigrant petition for any beneficiary in this petition?

☒ No☐ Yes - explain on **Page 7, Part 9**8. If you indicated you were filing a new petition in **Part 2** within the past 7 years, has any beneficiary in this petition:

a. Ever been given the classification you are now requesting? N/A

☐ No☐ Yes - explain on **Page 7, Part 9**

b. Ever been denied the classification you are now requesting? N/A

☐ No☐ Yes - explain on **Page 7, Part 9**

9. Have you ever previously filed a petition for this beneficiary?

☒ No☐ Yes - explain on **Page 7, Part 9**

10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least 1 year? N/A

☐ No☐ Yes - explain on **Page 7, Part 9**

11a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?

☒ No☐ Yes

11b. If yes to 11a, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

N/A

Part 5. Basic Information About the Proposed Employment and Employer (Attach the supplement relating to the classification you are requesting.)

1. Job Title

Astrophysicist

2. LCA or ETA Case Number

I-200-11111-222222

3. Address where the beneficiary(es) will work if different from address in **Part 1**. (Street number and name, city/town, state, zip code)

Same

4. Is an itinerary included with the petition? ☒ No ☐ Yes

5. Will the beneficiary work off-site?

☒ No ☐ Yes

Part 5. Basic Information About the Proposed Employment and Employer *(Attach the supplement relating to the classification you are requesting.) (Continued)*

6. Will the beneficiary(ies) work exclusively in the CNMI? ☒ No ☐ Yes
7. Is this a full-time position?
☐ No ☒ Yes If "No," Hours per week:
8. Wages per week or per year:
9. Other Compensation *(Explain)*
10. Dates of intended employment *(mm/dd/yyyy)*: From: To:
11. Type of Business
- | | | | |
|-----------------------------------|---|--|--|
| 12. Year Established | 13. Current Number of Employees in the U.S. | 14. Gross Annual Income | 15. Net Annual Income |
| <input type="text" value="1996"/> | <input type="text" value="13"/> | <input type="text" value="\$4.2 million"/> | <input type="text" value="\$300,000"/> |

Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(For H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions only. This section of the form is not required for all other classifications. See Page 3 of the Instructions before completing this section.)

Check Box 1 or Box 2 as appropriate:

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

- ☒ 1. A license is not required from either U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or
- ☐ 2. A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.



Part 7. Signature *Read the information on penalties in the instructions before completing this section.*

I certify, under penalty of perjury that this petition and the evidence submitted with it are true and correct to the best of my knowledge. I authorize the release of any information from my records, or from the petitioning organization's records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that supporting evidence submitted may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

Signature**Daytime Phone Number** *(Area/Country Code)***Print Name****Date** *(mm/dd/yyyy)*

NOTE: If you do not completely fill out this form and the required supplement, or fail to submit required documents listed in the instructions, the person(s) filed for may not be found eligible for the requested benefit and this petition may be denied.

Part 8. Signature of Person Preparing Form, If Other Than Above

I declare that I prepared this petition at the request of the above person and I certify that it is true and correct to the best of my knowledge.

Signature**Daytime Phone Number** *(Area/Country Code)***Print Name****Date** *(mm/dd/yyyy)***Firm Name and Address**

Part 9. Explanation Page

None.

Signature**Date (mm/dd/yyyy)****Print Name**

Form I-129 (Rev. 10/07/11) Y Page 7

OMB No.1615-0009; Expires 10/31/2013

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

H Classification
Supplement to Form I-129

1. Name of the petitioner

Astrologic Intelligence

2. Name of the beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries

Really

Qualified

APPLICANT

3. List each beneficiary's prior periods of stay in H or L classification in the United States for the last 6 years (beneficiaries requesting H-2A or H-2B classification need only list the last 3 years). Be sure to only list those periods in which each beneficiary was actually in the United States in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status.

NOTE: Submit photocopies of Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification. If more space is needed, attach an additional sheet.

Subject's Name	Period of Stay (mm/dd/yyyy)	
	From	To
None		

4. Classification sought (Check one):

☒ a. H-1B Specialty Occupation

☐ b. H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)

☐ c. H-1B3 Fashion model of national or international acclaim☐ d. H-1C Registered Nurse☐ e. H-2A Agricultural worker☐ f. H-2B Non-agricultural worker☐ g. H-3 Trainee☐ h. H-3 Special education exchange visitor program

5. Are you filing this petition on behalf of an alien subject to the Guam-CNMI cap exemption under Public Law 110-229?

☒ No☐ Yes

Section 1. Complete This Section If Filing for H-1B Classification

1. Describe the proposed duties

Use ground-based equipment, such as radio and optical telescopes, and space-based equipment, to make observations and collect data. Perform basic research on black holes to develop theories on the formation of the universe.

2. Beneficiary's present occupation and summary of prior work experience

Graduate research assistanceship with NASA from August 2012-December 2012.
Teaching Assistant for Physics Department, University of Texas at Austin, September 2010-December 2012.



Form I-129 Supplement H (Rev. 10/07/11) Y Page 11

Section 1. Complete This Section If Filing for H-1B Classification (Continued)**Statement for H-1B specialty occupations only:**

By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the beneficiary is assigned to a position in a new location I will obtain and post an LCA for that site prior to reassignment.

I further understand that I cannot charge the beneficiary the ACWIA fee, and that any other required reimbursement will be considered an offset against wages and benefits paid relative to the LCA.

Signature of Petitioner**Print or Type Name****Date (mm/dd/yyyy)**

Brittany Sharp, CEO

Statement for H-1B specialty occupations and U.S. Department of Defense projects:

As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return transportation of the alien abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

Signature of Authorized Official of Employer**Print or Type Name****Date (mm/dd/yyyy)**

Brittany Sharp, CEO

Statement for H-1B U.S. Department of Defense projects only:

I certify that the beneficiary will be working on a cooperative research and development project or a co-production project under a reciprocal government-to-government agreement administered by the U.S. Department of Defense.

Signature of DOD Project Manager**Print or Type Name****Date (mm/dd/yyyy)****Section 2. Complete This Section If Filing For H-1C Classification**

I certify under penalty of perjury, under the laws of the United States of America, that this attachment and the evidence submitted with it is true and correct. If filing this petition on behalf of an organization or entity, I certify that I am empowered to do so by that organization or entity. I authorize the release of any information from my records, or from the petitioning organization or entity's records, that U.S. Citizenship and Immigration Services may need to determine eligibility for the benefit being sought.

Signature**Print or Type Name****Title****Date (mm/dd/yyyy)****Firm Name and Address**

Form I-129 Supplement H (Rev. 10/07/11) Y Page 12

OMB No.1615-0009; Expires 10/31/2013

Department of Homeland Security
U.S. Citizenship and Immigration Services**H-1B Data Collection and
Filing Fee Exemption Supplement**

1. Name of the petitioner

Astrologic Intelligence

2. Name of the beneficiary

Really

Qualified

APPLICANT

Part A. General Information**1. Employer Information - (check all items that apply)**

- a. Is the petitioner an H-1B dependent employer? ☒ No ☐ Yes
- b. Has the petitioner ever been found to be a willful violator? ☒ No ☐ Yes
- c. Is the beneficiary an H-1B nonimmigrant exempt from the Dept. of Labor attestation requirements? ☐ No ☒ Yes
1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000? ☐ No ☒ Yes
2. Or is it because the beneficiary has a master's or higher degree in a specialty related to the employment? ☐ No ☒ Yes
- d. Has the petitioner received TARP funding (provide explanation on Page 7, Part 9 if the petitioner has subsequently repaid all TARP funding)? ☐ No ☐ Yes
- e. Does the petitioner employ 50 or more individuals in the U.S.? ☒ No ☐ Yes
- If yes, are more than 50% of those employees in H-1B or L nonimmigrant status? ☐ No ☐ Yes

2. Beneficiary's Highest Level of Education (Check one box below)

- ☐ a. NO DIPLOMA
- ☐ b. HIGH SCHOOL GRADUATE DIPLOMA or the equivalent (example: GED)
- ☐ c. Some college credit, but less than 1 year
- ☐ d. One or more years of college, no degree
- ☐ e. Associate's degree (for example: AA, AS)
- ☐ f. Bachelor's degree (for example: BA, AB, BS)
- ☒ g. Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- ☐ h. Professional degree (for example: MD, DDS, DVM, LLB, JD)
- ☐ i. Doctorate degree (for example: PhD, EdD)

3. Major/Primary Field of Study

Physics

4. Rate of Pay Per Year

\$95,000

5. DOT Code

0 2 3

6. NAICS Code

5 4 1 7 1 2

Part B. Fee Exemption Determination

In order for USCIS to determine if you must pay the additional \$1,500 or \$750 American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions:

- ☒ No ☐ Yes 1. Are you an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)?
- ☒ No ☐ Yes 2. Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)?
- ☒ No ☐ Yes 3. Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)?
- ☒ No ☐ Yes 4. Is this the second or subsequent request for an extension of stay that this petitioner has filed for this alien?
- ☒ No ☐ Yes 5. Is this an amended petition that does not contain any request for extensions of stay?

Form I-129 H-1B Data Collection Supplement (Rev. 10/07/11) Y Page 17



Part B. Fee Exemption and/or Determination (Continued)

- ☒ No ☐ Yes 6. Are you filing this petition to correct a USCIS error?
- ☒ No ☐ Yes 7. Is the petitioner a primary or secondary education institution?
- ☒ No ☐ Yes 8. Is the petitioner a nonprofit entity that engages in an established curriculum-related clinical training of students registered at such an institution?

If you answered "Yes" to any of the questions above, you are only required to submit the fee for your H-1B Form I-129 petition. If you answered "No" to all questions, answer **Question 9**.

- ☐ No ☒ Yes 9. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization?
- If you answered "Yes," to **Question 9** above, you are required to pay an additional ACWIA fee of **\$750**.
If you answered "No," then you are required to pay an additional ACWIA fee of **\$1,500**.

NOTE: On or after **March 8, 2005**, a U.S. employer seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another U.S. employer, must submit an additional **\$500** fee. This additional **\$500** Fraud Prevention and Detection fee was mandated by the provisions of the H-1B Visa Reform Act of 2004. **There is no exemption from this fee.** You must include payment of this **\$500** fee with your submission of this form. Failure to submit the fee when required will result in rejection or denial of your submission. *This \$500 fee must be paid by separate check or money order.*

For petitions postmarked on or after August 14, 2010, through September 30, 2014, an additional fee of \$2,000 must be submitted if you responded "yes" to both questions in 1e of Part A of this supplement. This \$2,000 fee was mandated by the provisions of Public Law 111-230 and should be submitted by separate check or money order.

The Fraud Prevention and Detection Fee and the Public Law 111-230 fee do not apply to H-1B1 petitions. **These fees, when applicable, may not be waived.** You must include payment of the fee(s) with your submission of this form. Failure to submit the fee(s) when required will result in rejection or denial of your submission. *Each of these fee(s) should be paid by separate check(s) or money order(s).*

Part C. Numerical Limitation Information

1. Specify how this petition should be counted against the H-1B numerical limitation (a.k.a. the H-1B "Cap"). (Check one):

- ☐ a. CAP H-1B Bachelor's Degree ☐ c. CAP H-1B1 Chile/Singapore
- ☒ b. CAP H-1B U.S. Master's Degree or Higher ☐ d. CAP Exempt

2. If you answered question **1b** "CAP H-1B U.S. Master's Degree or Higher," provide the following information regarding the master's or higher degree the beneficiary has earned from a U.S. institution as defined in 20 U.S.C. 1001(a):

- a. Name of the U.S. institution of higher education

University of Texas at Austin

- b. Date Degree Awarded

12/20/2012

- c. Type of U.S. Degree

Physics

- d. Address of the U.S. institution of higher education

2515 Speedway, C1600, Austin, TX 78712

3. If you answered question **1d** "CAP Exempt," you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:

- ☐ a. The petitioner is an institution of higher education as defined in section 101(a) of the Higher Education Act, of 1965, 20 U.S.C. 1001(a).



Part C. Numerical Limitation Exemption Information *(Continued)*

- ☐ b. The petitioner is a nonprofit entity related to or affiliated with an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a).
- ☐ c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(19)(iii)(C).
- ☐ d. The petitioner will employ the beneficiary to perform job duties at a qualifying institution (see a - c above) that directly and predominately furthers the normal, primary, or essential purpose, mission, objectives, or function of the qualifying institution, namely higher education or nonprofit or government research.
- ☐ e. The petitioner is requesting an amendment to or extension of stay for the beneficiary's current H-1B classification.
- ☐ f. The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(1)(1)(B) or (C) of the Act (commonly called a Conrad Medical Waiver).
- ☐ g. The beneficiary of this petition: (1) was previously granted status as an H-1B nonimmigrant in the past 6 years, (2) is applying from abroad to reclaim the remaining portion of the six years, or (3) is seeking a 7th year extension based upon AC21 and the beneficiary's previous H-1B petitioner/employer was not a CAP exempt organization as defined above in a., b., and c.
- ☐ h. The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.
- ☐ i. The petitioner is requesting a change of employer and the beneficiary previously worked as an H-1B for an employer subject to Guam-CNMI cap exemption pursuant to Public Law 110-229.

Part D. Off-Site Assignment of H-1B Beneficiaries

- ☒ No ☐ Yes a. The beneficiary of this petition will be assigned to work at an off-site location for all or part of the period for which H-1B classification sought.
- ☐ No ☐ Yes b. Placement of the beneficiary off-site during the period of employment will comply with the statutory and regulatory requirements of the H-1B nonimmigrant classification.
- ☐ No ☐ Yes c. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations.



Key Legal Concepts & Hot Topics in the PERM Process

*Michelle Funk (dl), Conference Program Chair, McLean, VA
Theresa Meehan, Paralegal, McLean, VA
Roger K. McCrummen, North Kansas City, MO*



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Building Your Case

- Most important part of EB Green Card Process
- Everything else flows from work done at this stage
- Don't be surprised at later stages by something not anticipated here



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Position Titles; Job Description

- Start with Employer Title and Description
- Consider likely OES category and prevailing wage
- Employer should approve Job Description (JD)
- Avoid "preferred" language; focus on minimum requirements for that job



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Job Descriptions (cont.)

- Avoid too generic
- Avoid “tailoring”
- Different than HR; consider this job and what is needed to perform it
- Consider the Foreign National’s (FN’s) qualifications when hired or promoted



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Job Description (cont.)

- Duties/Requirements
- Specific Skills – not tailored, but not too generic either
- Employer must approve and FN must be able to document



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Business Necessity

- If requirements exceed OES SVP, be prepared to document the need
- SVP Calculations/Job Zones
- Document through a letter from the employer



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Document Education

- Do early in case – don't be surprised at the end.
- "Professional" → need 4-year single source Bach. Degree – no experience equivalent
- "Advance Degree Prof." → Master's or Bachelor's plus five years progressive experience
- Foreign degrees need EDGE evaluation



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Document Work

- Experience letters on letterhead from previous employers
- Name, dates, duties
- "Delitizer" → Chart for work with same employer
- Other Evidence – pay stubs, letters from managers, evidence of company closing



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Pre-filing Recruitment

- Test the market for qualified, willing and able U.S. worker(s)
- Bona fide effort
- ~30 day active, 30 day quiet
- Start within PWD validity



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Posting Notices and In-House Media

- Similar to LCA posting notice
- 10 business days
- Alien labor certification language
- Salary range



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Mandatory Recruitment Steps

- State Workforce Agency – 30 calendar days
- Sunday print ads – two consecutive Sundays
- Three additional forms-timing?



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Additional Recruitment

- Employer's Website
- Other Job Search Website
- Employee Referral Program
- Local or Ethnic Newspaper



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Additional Recruitment

- Job fair
- On-campus Recruitment/Campus Placement Office
- Trade or Professional Organization
- Private Employment Firm
- Radio or TV Ads



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Documenting Recruitment Results

- Critical Ongoing Step!
- First and Last Day Active
- Entire Ad and Date
- Review as Placed



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Travel

- Multiple Worksites
- Roving Employees
- Working from Home



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Substantial Equivalence

- 20 CFR §656(h)(4)
- Requirements must represent employer's actual minimum requirements
- *Kellogg* Language
- Alternative requirements must be substantially equivalent
- See SVP guide to calculate equivalence



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SVP, Work Experience & Academic Degrees

- 1 Year of Work Experience = 1 SVP Year
- General Associate's Degree = 0 SVP Year
- Specific Associate's Degree = 2 SVP Years
- Baccalaureate Degree = 2 SVP Years
- Master's Degree = 4 SVP Years
- Doctorate Degree = 7 SVP Years

Bachelor's + 5 years = 7 SVP years

Master's + 3 year = 7 SVP years



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Rejection of U.S. Applicants

- Reasons for Disqualification?
- Contacting Applicants.
- What About Skills?
- Layoffs



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Questions & Answers



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Sample Form ETA 9141, Application for Prevailing Wage Determination

OMB Approval: 1205-0508
Expiration Date: 03/31/2016

Application for Prevailing Wage Determination
ETA Form 9141
U.S. Department of Labor



Please read and review the instructions carefully before completing this form and print legibly. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>.

A. Employment-Based Visa Information

1. Indicate the type of visa classification supported by this application (Write classification symbol): *

PERM

B. Requestor Point-of-Contact Information

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
Law	Josephine	Mary
4. Contact's job title *		
Attorney		
5. Address 1 *		
Law & Associates, PC		
6. Address 2		
456 Maple Street, Ste 3		
7. City *	8. State *	9. Postal code *
Anywhere	IL	60600
10. Country *	11. Province (if applicable)	
USA		
12. Telephone number *	13. Extension	14. Fax Number
800-123-4567	x2	800-123-7654
15. E-Mail Address		
jmlaw@lawassociates.com		

C. Employer Information

1. Legal business name *		
Smith and Jones Logistics		
2. Trade name/Doing Business As (DBA), if applicable §		
3. Address 1 *		
123 Main Street, Ste 400		
4. Address 2		
5. City *	6. State *	7. Postal code *
Chicago	IL	60601
8. Country *	9. Province (if applicable)	
USA		
10. Telephone number *	11. Extension	
888-987-6543		
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
00-0000000	541614	

D. Wage Processing Information

1. Is the employer covered by ACWIA? *	☐ Yes ☒ No
2. Is the position covered by a Collective Bargaining Agreement (CBA)? *	☐ Yes ☒ No
3. Is the employer requesting consideration of Davis-Bacon (DBA) or McNamara Service Contract (SCA) Acts? *	☐ Yes ☒ No ☐ DBA ☐ SCA

ETA Form 9141

FOR DEPARTMENT OF LABOR USE ONLY

Page 1 of 4

PW Tracking Number: _____ Case Status: _____ Validity Period: _____ to _____

OMB Approval: 1205-0508
Expiration Date: 03/31/2016

Application for Prevailing Wage Determination
ETA Form 9141
U.S. Department of Labor



D. Wage Processing Information (cont.)

4. Is the employer requesting consideration of a survey in determining the prevailing wage? *	☐ Yes ☒ No
4a. Survey Name: §	
4b. Survey date of publication: §	

E. Job Offer Information

a. Job Description:

1. Job Title * Logistician	
2. Suggested SOC (ONET/OES) code * 13-1081	2a. Suggested SOC (ONET/OES) occupation title * Logisticians
3. Job Title of Supervisor for this Position (if applicable) § Operations Supervisor	
4. Does this position supervise the work of other employees? * ☐ Yes ☒ No	4a. If "Yes", number of employees worker § will supervise: <u>0</u>
4b. If "Yes", please indicate the level of the employees to be supervised: ☐ Subordinate ☐ Peer	
5. Job duties – Please provide a description of the duties to be performed with as much specificity as possible, including details regarding the areas/fields and/or products/industries involved. A description of the job duties to be performed MUST begin in this space. *	
Analyze and coordinate logistical functions including acquisition, distribution, internal allocation, delivery, and final disposal of resources. Coordinate delivery of materials with suppliers and of final products with customers, using truck, rail, air, and sea transport. Develop and implement technical project management tools such as plans, schedule, and responsibility and compliance matrices.	
6. Will travel be required in order to perform the job duties? * ☒ Yes ☐ No	6a. If "Yes", please provide details of the travel required, such as the area(s), frequency and nature of the travel. § Approx. 20% of time to suppliers and customers throughout US. No fixed itinerary.

ETA Form 9141

FOR DEPARTMENT OF LABOR USE ONLY

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PW Tracking Number: _____ Case Status: _____ Validity Period: _____ to _____

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Application for Prevailing Wage Determination
ETA Form 9141
U.S. Department of Labor



E. Job Offer Information (cont.)

b. Minimum Job Requirements:

1. Education: minimum U.S. diploma/degree required *	
☐ None ☐ High School/GED ☐ Associate's ☒ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree required §	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field)
	SUPPLY CHAIN MANAGEMENT / LOGISTICS
2. Does the employer require a second U.S. diploma/degree? *	
☐ Yes ☒ No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required §	
N/A	
3. Is training for the job opportunity required? *	
☐ Yes ☒ No	
3a. If "Yes" in question 3, specify the number of months of training required §	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type)
N/A	N/A
4. Is employment experience required? *	
☒ Yes ☐ No	
4a. If "Yes" in question 4, specify the number of months of experience required §	4b. Indicate the occupation required §
24	Logistician, Supply Chain Analyst or related field
5. Special Requirements - List specific skills, licenses/certificates/certifications, and requirements of the job opportunity. *	
Must be proficient with Logitrak software. Must have at least 1 year experience in ocean freight management.	

c. Place of Employment Information:

1. Worksite address 1 *	
123 Main Street, Ste 400	
2. Address 2	
3. City *	4. County *
Chicago	Cook
5. State/District/Territory *	6. Postal code *
IL	60601
7. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? *	
☐ Yes ☒ No	
7a. If "Yes", identify the geographic place(s) of employment indicating each metropolitan statistical area (MSA) or the independent city(ies)/township(s)/county(ies) (borough(s)/parish(es)) and the corresponding state(s) where work will be performed. If necessary, submit a second completed ETA Form 9141 with a listing of the additional anticipated worksites. Please note that wages cannot be provided for unspecified/unanticipated locations. §	

ETA Form 9141

FOR DEPARTMENT OF LABOR USE ONLY

Page 3 of 4

PW Tracking Number: _____ Case Status: _____ Validity Period: _____ to _____

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Expiration Date: 03/31/2016

Application for Prevailing Wage Determination
ETA Form 9141
U.S. Department of Labor



F. Prevailing Wage Determination

FOR OFFICIAL GOVERNMENT USE ONLY	
1. PW tracking number	2. Date PW request received
3. SOC (ONET/OES) code	3a. SOC (ONET/OES) occupation title
4. Prevailing wage \$ _____ . _____	4a. OES Wage level ☐ I ☐ II ☐ III ☐ IV ☐ N/A
5. Per: (Choose only one) ☐ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☐ Year ☐ Piece Rate	
5a. If Piece Rate is indicated in question 2, specify the wage offer requirements :*	
6. Prevailing wage source (Choose only one) ☐ OES (All Industries) ☐ OES (ACWIA – Higher Education) ☐ CBA ☐ DBA ☐ SCA ☐ Other/Alternate Survey	
6a. If "Other/Alternate Survey" in question 7, specify	
7. Additional Notes Regarding Wage Determination	
8. Determination date	9. Expiration date

F. OMB Paperwork Reduction Act (1205-0508)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's reply to these reporting requirements is mandatory to obtain the benefits of temporary employment certification (Immigration and Nationality Act, Section 101). Public reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW, * Washington, DC * 20210. **Do NOT send the completed application to this address.**

ETA Form 9141

FOR DEPARTMENT OF LABOR USE ONLY

Page 4 of 4

PW Tracking Number: _____ Case Status: _____ Validity Period: _____ to _____

[Company] has an opening for [PERMJobTitle] in [PhysicalCity],
[PhysicalStateProvince].

Job Description includes: [PERMJobDuties]. Must have a
[EducationMinimumLevelRequired] in [RequiredFieldsOfStudy] and
[NumberOfMonthsExperienceRequired] months of experience in
[ExperienceRequired].

Position requires travel. Apply online at (company website) or send resume
to (email address or mailing address).

This Notice is provided as a result of the filing of applications for permanent alien labor certification for the positions noted below. Any person may provide documentary evidence bearing on an application to the Certifying Officer, U.S. Department of Labor, Employment and Training Administration, Atlanta National Processing Center, Harris Tower, 233 Peachtree Street, Suite 410, Atlanta, GA 30303. Phone (404) 893-0101 Fax (404) 893-4642

Employer: [Company]

Job Title: [PERMJobTitle]

Job Location: [PhysicalCity], [PhysicalStateProvince]

(If applicable include:)

Position requires travel.

May be assigned to various, unanticipated sites throughout U.S.

Job Type: Full Time

Rate of Pay: \$[Salary]/year

Duties: [PERMJobDuties].

Requirements: Must have a [EducationMinimumLevelRequired] in [RequiredFieldsOfStudy] and [NumberOfMonthsExperienceRequired] months of experience in [ExperienceRequired].

CONTACT: (Add company contact's preferred method of contact; as listed in print ad.) Please refer to Job #[CompanyRequisition] / [MatterNumber].

The undersigned confirms that this Notice was posted at [Company], [PhysicalStreet1], [PhysicalCity], [PhysicalStateProvince] [PhysicalPostalCode] in a clearly visible, conspicuous location with an unobstructed view.

Date posted: [NoticeofFilingStartDate]

Date removed: [NoticeofFilingLastDate]

[ContactFirstName] [ContactLastName]
[ContactTitle]

Sample Form ETA 9089, Application for Permanent Employment Certification

OMB Approval: 1205-0451
Expiration Date: 08/31/2014

Application for Permanent Employment Certification
ETA Form 9089
U.S. Department of Labor



Please read and review the filing instructions before completing this form. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/pdf/9089inst.pdf>

Employing or continuing to employ an alien unauthorized to work in the United States is illegal and may subject the employer to criminal prosecution, civil money penalties, or both.

A. Refiling Instructions

1. Are you seeking to utilize the filing date from a previously submitted Application for Alien Employment Certification (ETA 750)?	☐ Yes	☒ No
1-A. If Yes, enter the previous filing date N/A		
1-B. Indicate the previous SWA or local office case number OR if not available, specify state where case was originally filed: N/A		

B. Schedule A or Sheepherder Information

1. Is this application in support of a Schedule A or Sheepherder Occupation?	☐ Yes	☒ No
If Yes, do NOT send this application to the Department of Labor. All applications in support of Schedule A or Sheepherder Occupations must be sent directly to the appropriate Department of Homeland Security office.		

C. Employer Information (Headquarters or Main Office)

1. Employer's name Smith and Jones Logistics			
2. Address 1 123 Main Street			
Address 2 Suite 400			
3. City Chicago	State/Province IL	Country USA	Postal code 60601
4. Phone number (888) 987-6543		Extension	
5. Number of employees 12		6. Year commenced business 2009	
7. FEIN(Federal Employer Identification Number) 00-0000000		8. NAICS Code 541614	
9. Is the employer a closely held corporation, partnership, or sole proprietorship in which the alien has an ownership interest, or is there a familial relationship between the owners, stockholders, partners, corporate officers, incorporators, and the alien?			☐ Yes ☒ No

D. Employer Contact Information (This section must be filled out. This information must be different from the agent or attorney information listed in Section E).

1. Contact's last name Public	First name Joan	Middle initial Q
2. Address 1 789 Elm Street		
Address 2 Suite 100		
3. City Los Angeles	State/Province CA	Country USA
4. Phone number (213) 555-1212		Postal code 90001
5. E-mail address jpublic@jslogistics.com		

OMB Approval: 1205-0451
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ETA Form 9089

U.S. Department of Labor



E. Agent or Attorney Information (If applicable)

1. Agent or attorney's last name Law	First name Josephine	Middle initial M
2. Firm name Law & Associates, P.C.		
3. Firm EIN 12-3456789	4. Phone number (800) 123-4567	Extension x2
5. Address 1 456 Maple Street		
Address 2 Suite 3		
6. City Anywhere	State/Province IL	Country USA
		Postal code 60600
7. E-mail address jmlaw@lawassociates.com		

F. Prevailing Wage Information (as provided by the State Workforce Agency)

1. Prevailing wage tracking number (if applicable) 120011111222222	2. SOC/O*NET(OES) code 13-1081
3. Occupation Title Logisticians	4. Skill Level Level II
5. Prevailing wage \$ 59,467	
Per: (Choose only one) ☐ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☒ Year	
6. Prevailing wage source (Choose only one) ☒ OES ☐ CBA ☐ Employer Conducted Survey ☐ DBA ☐ SCA ☐ Other	
6-A. If Other is indicated in question 6, specify: N/A	
7. Determination date 04/01/2012	8. Expiration date 06/30/2012

G. Wage Offer Information

1. Offered wage From: \$ 60,000	To: (Optional) \$	Per: (Choose only one) ☐ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☒ Year
---	-----------------------------	--

H. Job Opportunity Information (Where work will be performed)

1. Primary worksite (where work is to be performed) address 1 123 Main Street		
Address 2 Suite 400		
2. City Chicago	State IL	Postal code 60601
3. Job title Logistician		
4. Education: minimum level required: ☐ None ☐ High School ☐ Associate's ☒ Bachelor's ☐ Master's ☐ Doctorate ☐ Other		
4-A. If Other is indicated in question 4, specify the education required: N/A		
4-B. Major field of study Supply Chain Management		
5. Is training required in the job opportunity? ☐ Yes ☒ No		5-A. If Yes, number of months of training required: N/A

OMB Approval: 1205-0451
Expiration Date: 08/31/2014

Application for Permanent Employment Certification

ETA Form 9089

U.S. Department of Labor



H. Job Opportunity Information Continued

5-B. Indicate the field of training: N/A	
6. Is experience in the job offered required for the job? ☒ Yes ☐ No	6-A. If Yes, number of months experience required: 24
7. Is there an alternate field of study that is acceptable? ☒ Yes ☐ No	
7-A. If Yes, specify the major field of study: Logistics	
8. Is there an alternate combination of education and experience that is acceptable? ☐ Yes ☒ No	
8-A. If Yes, specify the alternate level of education required: ☐ None ☐ High School ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate ☐ Other	
8-B. If Other is indicated in question 8-A, indicate the alternate level of education required: N/A	
8-C. If applicable, indicate the number of years experience acceptable in question 8: N/A	
9. Is a foreign educational equivalent acceptable? ☒ Yes ☐ No	
10. Is experience in an alternate occupation acceptable? ☒ Yes ☐ No	
10-A. If Yes, number of months experience in alternate occupation required: 24	
10-B. Identify the job title of the acceptable alternate occupation: Supply Chain Analyst or related field.	
11. Job duties – If submitting by mail, add attachment if necessary. Job duties description must begin in this space. Analyze & coordinate logistical functions including acquisition, distribution, internal allocation, delivery & final disposal of resources. Coordinate delivery of materials with suppliers & of final products with customers using truck, rail, air, & sea transport.	
12. Are the job opportunity's requirements normal for the occupation? If the answer to this question is No, the employer must be prepared to provide documentation demonstrating that the job requirements are supported by business necessity.	☒ Yes ☐ No
13. Is knowledge of a foreign language required to perform the job duties? If the answer to this question is Yes, the employer must be prepared to provide documentation demonstrating that the language requirements are supported by business necessity.	☐ Yes ☒ No
14. Specific skills or other requirements – If submitting by mail, add attachment if necessary. Skills description must begin in this space. Must be proficient with Logitrak software. Must have at least 1 year experience in ocean freight management. (Note: any suitable combination of education, training or experience is acceptable.)	

OMB Approval: 1205-0451
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Application for Permanent Employment Certification

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U.S. Department of Labor



H. Job Opportunity Information Continued

15. Does this application involve a job opportunity that includes a combination of occupations?	☐ Yes ☒ No
16. Is the position identified in this application being offered to the alien identified in Section J?	☒ Yes ☐ No
17. Does the job require the alien to live on the employer's premises?	☐ Yes ☒ No
18. Is the application for a live-in household domestic service worker?	☐ Yes ☒ No
18-A. If Yes, have the employer and the alien executed the required employment contract and has the employer provided a copy of the contract to the alien?	☐ Yes ☐ No ☒ NA

I. Recruitment Information

a. Occupation Type – All must complete this section.

1. Is this application for a professional occupation , other than a college or university teacher? Professional occupations are those for which a bachelor's degree (or equivalent) is normally required.	☒ Yes ☐ No
2. Is this application for a college or university teacher? If Yes, complete questions 2-A and 2-B below.	☐ Yes ☒ No
2-A. Did you select the candidate using a competitive recruitment and selection process?	☐ Yes ☐ No
2-B. Did you use the basic recruitment process for professional occupations?	☐ Yes ☐ No

b. Special Recruitment and Documentation Procedures for College and University Teachers – Complete only if the answer to question I.a.2-A is Yes.

3. Date alien selected: N/A
4. Name and date of national professional journal in which advertisement was placed: N/A
5. Specify additional recruitment information in this space. Add an attachment if necessary. N/A

c. Professional/Non-Professional Information – Complete this section unless your answer to question B.1 or I.a.2-A is YES.

6. Start date for the SWA job order 06/15/2012	7. End date for the SWA job order 07/15/2012
8. Is there a Sunday edition of the newspaper in the area of intended employment?	☒ Yes ☐ No
9. Name of newspaper (of general circulation) in which the first advertisement was placed: The Chicago Tribune	
10. Date of first advertisement identified in question 9: 07/22/2012	
11. Name of newspaper or professional journal (if applicable) in which second advertisement was placed: The Chicago Tribune	
☒ Newspaper ☐ Journal	

ETA Form 9089

This Certification is valid from _____ to _____

Page 4 of

ETA Case Number:

OMB Approval: 1205-0451
Expiration Date: 08/31/2014

Application for Permanent Employment Certification

ETA Form 9089

U.S. Department of Labor



I. Recruitment Information Continued

12. Date of second newspaper advertisement or date of publication of journal identified in question 11:
07/29/2012

d. Professional Recruitment Information – Complete if the answer to question I.a.1 is YES or if the answer to I.a.2-B is YES. Complete at least 3 of the items.

13. Dates advertised at job fair From: To:	14. Dates of on-campus recruiting From: To:
15. Dates posted on employer web site From: 08/01/2012 To: 08/07/2012	16. Dates advertised with trade or professional organization From: To:
17. Dates listed with job search web site From: 07/16/2012 To: 07/23/2012	18. Dates listed with private employment firm From: To:
19. Dates advertised with employee referral program From: To:	20. Dates advertised with campus placement office From: To:
21. Dates advertised with local or ethnic newspaper From: 09/03/2012 To:	22. Dates advertised with radio or TV ads From: To:

e. General Information – All must complete this section.

23. Has the employer received payment of any kind for the submission of this application?	☐ Yes ☒ No
23-A. If Yes, describe details of the payment including the amount, date and purpose of the payment : N/A	
24. Has the bargaining representative for workers in the occupation in which the alien will be employed been provided with notice of this filing at least 30 days but not more than 180 days before the date the application is filed?	☐ Yes ☐ No ☒ NA
25. If there is no bargaining representative, has a notice of this filing been posted for 10 business days in a conspicuous location at the place of employment, ending at least 30 days before but not more than 180 days before the date the application is filed?	☒ Yes ☐ No ☐ NA
26. Has the employer had a layoff in the area of intended employment in the occupation involved in this application or in a related occupation within the six months immediately preceding the filing of this application?	☐ Yes ☒ No
26-A. If Yes, were the laid off U.S. workers notified and considered for the job opportunity for which certification is sought?	☐ Yes ☐ No ☒ NA

J. Alien Information (This section must be filled out. This information must be different from the agent or attorney information listed in Section E).

1. Alien's last name Doe	First name John	Full middle name David
2. Current address 1 55 Daisy Lane		
Address 2 Apt. 12		
3. City Downers Grove IL	State/Province IL	Country USA
Postal code 60615		
4. Phone number of current residence (312) 555-1212		
5. Country of citizenship Madagascar		6. Country of birth Madagascar
7. Alien's date of birth 01/01/1975		8. Class of admission H-1B
9. Alien registration number (A#) N/A		10. Alien admission number (I-94) 123456789 10
11. Education: highest level achieved relevant to the requested occupation: ☐ None ☐ High School ☐ Associate's ☒ Bachelor's ☐ Master's ☐ Doctorate ☐ Other		

OMB Approval: 1205-0451
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Application for Permanent Employment Certification

ETA Form 9089

U.S. Department of Labor



J. Alien Information Continued

11-A. If Other indicated in question 11, specify N/A			
12. Specify major field(s) of study Supply Chain Management			
13. Year relevant education completed 2004			
14. Institution where relevant education specified in question 11 was received Prestigious University			
15. Address 1 of conferring institution 123 Big Donor Hall			
Address 2			
16. City College Town	State/Province Madagascar	Country	Postal code
17. Did the alien complete the training required for the requested job opportunity, as indicated in question H.5?		☐ Yes	☐ No ☒ NA
18. Does the alien have the experience as required for the requested job opportunity indicated in question H.6?		☐ Yes	☒ No ☐ NA
19. Does the alien possess the alternate combination of education and experience as indicated in question H.8?		☐ Yes	☐ No ☒ NA
20. Does the alien have the experience in an alternate occupation specified in question H.10?		☒ Yes	☐ No ☐ NA
21. Did the alien gain any of the qualifying experience with the employer in a position substantially comparable to the job opportunity requested?		☐ Yes	☒ No ☐ NA
22. Did the employer pay for any of the alien's education or training necessary to satisfy any of the employer's job requirements for this position?		☐ Yes	☒ No
23. Is the alien currently employed by the petitioning employer?		☒ Yes	☐ No

K. Alien Work Experience

List all jobs the alien has held during the past 3 years. Also list any other experience that qualifies the alien for the job opportunity for which the employer is seeking certification.

a. Job 1

1. Employer name Smith and Jones Logistics			
2. Address 1 123 Main Street			
Address 2 Suite 400			
3. City Chicago	State/Province IL	Country USA	Postal code 60601
4. Type of business Shipping and Logistics Consulting		5. Job title Logistician	
6. Start date 10/01/2007	7. End date	8. Number of hours worked per week 40	

Job 1 continued on next page

OMB Approval: 1205-0451
Expiration Date: 08/31/2014

Application for Permanent Employment Certification

ETA Form 9089

U.S. Department of Labor



K. Alien Work Experience Continued

9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.)

Analyze & coordinate logistical functions including acquisition, distribution, internal allocation, delivery & final disposal of resources. Coordinate delivery of materials with suppliers & of final products with customers using truck, rail, air, & sea transport.

b. Job 2

1. Employer name Madagascar Widget Manufacturing Co. Ltd.			
2. Address 1 1 Main Street			
Address 2			
3. City Antananarivo	State/Province Madagascar	Country	Postal code
4. Type of business Widget Manufacturing		5. Job title Supply Chain Analyst	
6. Start date 08/01/2005	7. End date 09/15/2007	8. Number of hours worked per week 40	
9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.) Analyze & coordinate logistical functions for acquisition, distribution, & delivery of resources related to manufacture of widgets. Develop & implement technical project management tools such as plans, schedules, & responsibility & compliance matrices. Direct team activities, establish task priorities, schedule & track work assignments to ensure the continuous			

c. Job 3

1. Employer name Madagascar Shipping Co. Ltd.			
2. Address 1 23 First Avenue			
Address 2			
3. City Antananarivo	State/Province Madagascar	Country	Postal code
4. Type of business Ocean freight lines		5. Job title Logistician	
6. Start date 06/03/2004	7. End date 07/28/2005	8. Number of hours worked per week 40	

Job 3 continued on next page

ETA Form 9089

This Certification is valid from _____ to _____

Page 7 of

ETA Case Number:

OMB Approval: 1205-0451
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Application for Permanent Employment Certification



ETA Form 9089
U.S. Department of Labor

K. Alien Work Experience Continued

9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.)
Coordinate & manage ocean freight delivery of materials to suppliers & manufacturers using Logitrak software. Develop & implement technical project management tools to streamline shipping processes & create efficiencies. Maintain & develop positive business relationships with customers' key logistics personnel.

L. Alien Declaration

I declare under penalty of perjury that Sections J and K are true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by a fine or imprisonment up to five years or both under 18 U.S.C. §§ 2 and 1001. Other penalties apply as well to fraud or misuse of ETA immigration documents and to perjury with respect to such documents under 18 U.S.C. §§ 1546 and 1621.

In addition, I further declare under penalty of perjury that I intend to accept the position offered in Section H of this application if a labor certification is approved and I am granted a visa or an adjustment of status based on this application.

1. Alien's last name Doe	First name John	Full middle name David
2. Signature		Date signed

Note – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be complete when submitting by mail. If the application is submitted electronically, any resulting certification MUST be signed *immediately upon receipt* from DOL before it can be submitted to USCIS for final processing.

M. Declaration of Preparer

1. Was the application completed by the employer? If No, you must complete this section.	☐ Yes	☒ No
---	------------------------------	--

I hereby certify that I have prepared this application at the direct request of the employer listed in Section C and that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by a fine, imprisonment up to five years or both under 18 U.S.C. §§ 2 and 1001. Other penalties apply as well to fraud or misuse of ETA immigration documents and to perjury with respect to such documents under 18 U.S.C. §§ 1546 and 1621.

2. Preparer's last name Law	First name Josephine	Middle initial M
3. Title Attorney		
4. E-mail address jmlaw@lawassociates.com		
5. Signature		Date signed

Note – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be complete when submitting by mail. If the application is submitted electronically, any resulting certification MUST be signed *immediately upon receipt* from DOL before it can be submitted to USCIS for final processing.

OMB Approval: 1205-0451
Expiration Date: 08/31/2014

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U.S. Department of Labor



N. Employer Declaration

By virtue of my signature below, I **HEREBY CERTIFY** the following conditions of employment:

1. The offered wage equals or exceeds the prevailing wage and I will pay at least the prevailing wage.
2. The wage is not based on commissions, bonuses or other incentives, unless I guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage.
3. I have enough funds available to pay the wage or salary offered the alien.
4. I will be able to place the alien on the payroll on or before the date of the alien's proposed entrance into the United States.
5. The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship.
6. The job opportunity is not:
 - a. Vacant because the former occupant is on strike or is being locked out in the course of a labor dispute involving a work stoppage; or
 - b. At issue in a labor dispute involving a work stoppage.
7. The job opportunity's terms, conditions, and occupational environment are not contrary to Federal, state or local law.
8. The job opportunity has been and is clearly open to any U.S. worker.
9. The U.S. workers who applied for the job opportunity were rejected for lawful job-related reasons.
10. The job opportunity is for full-time, permanent employment for an employer other than the alien.

I **hereby designate** the agent or attorney identified in section E (if any) to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, I **take full responsibility** for the accuracy of any representations made by my agent or attorney.

I **declare** under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained herein is true and accurate. *I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by a fine or imprisonment up to five years or both under 18 U.S.C. §§ 2 and 1001. Other penalties apply as well to fraud or misuse of ETA immigration documents and to perjury with respect to such documents under 18 U.S.C. §§ 1546 and 1621.*

1. Last name Smith	First name John	Middle initial
2. Title Founder/CEO		
3. Signature		Date signed

Note – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be complete when submitting by mail. If the application is submitted electronically, any resulting certification **MUST** be signed *immediately upon receipt* from DOL before it can be submitted to USCIS for final processing.

O. U.S. Government Agency Use Only

Pursuant to the provisions of Section 212 (a)(5)(A) of the Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed.

This Certification is valid from _____ to _____

Signature of Certifying Officer

Date Signed

Case Number

Filing Date

OMB Approval: 1205-0451
Expiration Date: 08/31/2014

Application for Permanent Employment Certification

ETA Form 9089
U.S. Department of Labor



P. OMB Information

Paperwork Reduction Act Information Control Number 1205-0451

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Respondent's reply to these reporting requirements is required to obtain the benefits of permanent employment certification (Immigration and Nationality Act, Section 212(a)(5)). Public reporting burden for this collection of information is estimated to average 1¼ hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Division of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW * Washington, DC * 20210.

Do NOT send the completed application to this address.

Q. Privacy Statement Information

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that the information provided herein is protected under the Privacy Act. The Department of Labor (Department or DOL) maintains a System of Records titled Employer Application and Attestation File for Permanent and Temporary Alien Workers (DOL/ETA-7) that includes this record.

Under routine uses for this system of records, case files developed in processing labor certification applications, labor condition applications, or labor attestations may be released as follows: in connection with appeals of denials before the DOL Office of Administrative Law Judges and Federal courts, records may be released to the employers that filed such applications, their representatives, to named alien beneficiaries or their representatives, and to the DOL Office of Administrative Law Judges and Federal courts; and in connection with administering and enforcing immigration laws and regulations, records may be released to such agencies as the DOL Office of Inspector General, Employment Standards Administration, the Department of Homeland Security, and the Department of State.

Further relevant disclosures may be made in accordance with the Privacy Act and under the following circumstances: in connection with federal litigation; for law enforcement purposes; to authorized parent locator persons under Pub. L. 93-647; to an information source or public authority in connection with personnel, security clearance, procurement, or benefit-related matters; to a contractor or their employees, grantees or their employees, consultants, or volunteers who have been engaged to assist the agency in the performance of Federal activities; for Federal debt collection purposes; to the Office of Management and Budget in connection with its legislative review, coordination, and clearance activities; to a Member of Congress or their staff in response to an inquiry of the Congressional office made at the written request of the subject of the record; in connection with records management; and to the news media and the public when a matter under investigation becomes public knowledge, the Solicitor of Labor determines the disclosure is necessary to preserve confidence in the integrity of the Department, or the Solicitor of Labor determines that a legitimate public interest exists in the disclosure of information, unless the Solicitor of Labor determines that disclosure would constitute an unwarranted invasion of personal privacy.

The Nuts and Bolts of Adjustment of Status vs. Consular Processing

*Anastasia Tonello (dl), AILA Secretary, New York, NY
Martin Spasov, Paralegal, New York, NY
Jonathan Greene, Columbia, MD
Dinara Sosa, Paralegal, Columbia, MD*



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Adjustment of Status vs. Consular Processing – Timelines and Considerations

- Initial Review
- Eligibility
 - Visa Availability
 - Admissibility
- Timing



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Documentation Requirements

- Birth Certificates
- Police Certificates
- Medical Examination
- Divorce/Marriage Certificates



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Differences in Family-Based vs. Employment-Based

- Timing (Premium Processing)
- Eligibility for Adjustment
- Affidavit of Support
- Priority Dates



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Adjustment of Status – Pros

- Everything submitted in the United States
- Employment authorization document
- No interview for some categories
- Concurrent filing
- No police certificates (unless criminal issue)



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Adjustment of Status – Cons

- Period of travel restrictions for most applicants
- Only available to those eligible



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Immigrant Visa – Pros

- More flexibility for international travel
- Changes to NVC processing
- Quicker for direct file cases



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Immigrant Visa – Cons

- National Visa Center
- Police certificates
- Medical examination separate from interview
- No work authorization while pending



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Recent Developments at the National Visa Center

- Blue or black ink?
- Uploading documents
- DS-230
- Dealing with multiple requests for unavailable/irrelevant documents



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Inadmissibility, Ineligibility, and Waiver Issues

Inadmissibility

- INA §212(a), 8 USC §1182(a)
- Cannot enter the United States or adjust status
- Health related grounds – mental/physical
- Public Charge
- Misrepresentation, Fraud, False Claim to Citizenship
- Polygamists, child abductors, unlawful voters



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Inadmissibility, Ineligibility, and Waiver Issues

Presence grounds of inadmissibility

- Present without Admission or Parole (VAWA exception)
- Unlawful Presence
- Removal
- Unlawful Presence/Removal with EWI
- Removal In Absentia (Reasonable Cause Exception)



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Inadmissibility, Ineligibility, and Waiver Issues

Criminal grounds of inadmissibility

- Crime Involving Moral Turpitude: conviction or admission (3 exceptions)
- Drug Offenses: conviction or admission
- Multiple Convictions: five-year aggregate sentences of confinement
- Prostitution within 10 years of application
- Terrorism, Espionage, Communists



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Inadmissibility, Ineligibility, and Waiver Issues

- INA §212(h) waives CIMT, simple possession, multiple convictions, prostitution
- Must show extreme hardship to qualifying relative/15 years rehab/VAWA
- INA §212(i) waives fraud misrepresentation – extreme hardship
- Waiver for health grounds (INA §212(g))
- EWI after Removal/Unlawful Presence (permission needed after 10 years)
- Unlawful Presence – extreme hardship & provisional waivers
- Removal – Form I-212



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Questions & Answers



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Adjustment of Status vs. Consular Processing Practicum

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Adjustment of Status Forms

- I-485 Application to Register Permanent Residence or Adjust Status
- G-325 Biographic Information
- I-131 Application for Travel Document
- I-765 Application for Employment Authorization
- I-864 Affidavit of Support
- G-28 Notice of Entry of Appearance as Attorney or Accredited Representative



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Adjustment of Status Forms

- G-1145 E Notification of Application/Petition Acceptance
- I-508 Waiver of Rights, Privileges, Exemptions and Immunities
- I-693 Report of Medical Examination and Vaccination Records



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Adjustment of Status Documents

- Birth Certificate
- Photos
- Medical Examination (I-693)
- Approval Notice
- Police Records
- Employment Letter
- Visa and Entry Documentation
- Translations
- See Form Instructions



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Immigrant Visa Forms

- DS-260 Online Immigrant Visa Application
- I-864
- Post Specific Forms



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Immigrant Visa Documents

- | | |
|---------------------------------|-------------------------|
| • Passport | • Adoption/Name |
| • Birth Certificate (Long Form) | Change/Marriage/ |
| • Police Certificates | Divorce/Court and |
| • Photos | Prison Records |
| • Medical Examination | • Original Certificates |
| | • Translations |
| | • See Reciprocity Table |



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National Visa Center

- Staying one step ahead
- Online payments and application processing
- Submitting documents and requesting interview date
- Who has the case – USCIS, NVC or post?



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Affidavit of Support Under Section 213A of the Act
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-864
00816a, 10-1-0775
Expires 01/01/2017

Affidavit of Support Submitter
For: ☐ Petitioner ☐ MEETS ☐ DOES NOT MEET requirements
I am: ☐ 1st Joint Sponsor ☐ 2nd Joint Sponsor ☐ Substantive Sponsor ☐ 1st Co-sponsor
Reviewed By: _____
Date: 10/10/13

Section 213A Review
☐ MEETS ☐ DOES NOT MEET requirements
Remarks: _____
Number of Support Affidavits in File: ☐ 1 ☐ 2

► **READY HERE** - Type or print in black ink.

Part 1. Basis For Filing Affidavit of Support

1. I am the petitioner, I filed or am filing for the immigration of my relative.
1a. I am the petitioner, I filed or am filing for the immigration of my relative.
1b. I filed an alien worker petition on behalf of the immediately preceding immigrant, who is related to me as my:
1c. I have an ownership interest of at least 1 percent in:
1d. I am the only joint sponsor.
1e. I am the ☐ first ☐ second of two joint sponsors.
1f. The original petitioner is deceased. I am the immediate sponsor. I am the intending immigrant.

NOTE: If you check box 1b, 1c, 1d, 1e, or 1f, you must include proof of your income, net worth, or level of personal assets.

Part 2. Information on the Principal Immigrant

1a. Family Name: SCHWARTZ
1b. Given Name (First Name): JANE
1c. Middle Name: ELIZABETH

Part 3. Information on the Immigrants You Are Sponsoring

1. I am sponsoring the principal immigrant named in Part 2.
☒ Yes ☐ No (Applicable only in cases with two joint sponsors)
2. I am sponsoring the following family members immigrating at the same time or within 6 months of the principal immigrant named in Part 2. Do not include any relative listed on a separate visa petition.

Family Member 1

2a. Family Name (Last Name): WHITE
2b. Given Name (First Name): BENJAMIN
2c. Middle Name: _____
2d. Relationship to Sponsored Immigrant: son
2e. Date of Birth (mm/dd/yyyy): 11/01/2000
2f. Alien Registration Number (A-Number): A- _____

Family Member 2

2a. Family Name (Last Name): _____
2b. Given Name (First Name): _____
2c. Middle Name: _____
2d. Relationship to Sponsored Immigrant: _____
2e. Date of Birth (mm/dd/yyyy): _____
2f. Alien Registration Number (A-Number): A- _____

Family Member 3

3a. Family Name (Last Name): _____
3b. Given Name (First Name): _____
3c. Middle Name: _____
3d. Relationship to Sponsored Immigrant: _____
3e. Date of Birth (mm/dd/yyyy): _____
3f. Alien Registration Number (A-Number): A- _____

Family Member 4

4a. Family Name (Last Name): _____
4b. Given Name (First Name): _____
4c. Middle Name: _____
4d. Relationship to Sponsored Immigrant: _____
4e. Date of Birth (mm/dd/yyyy): _____
4f. Alien Registration Number (A-Number): A- _____

Family Member 5

5a. Family Name (Last Name): _____
5b. Given Name (First Name): _____
5c. Middle Name: _____
5d. Relationship to Sponsored Immigrant: _____
5e. Date of Birth (mm/dd/yyyy): _____
5f. Alien Registration Number (A-Number): A- _____

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Part 3. Information on the Immigrants You Are Sponsoring

1. I am sponsoring the principal immigrant named in Part 2.
☒ Yes ☐ No (Applicable only in cases with two joint sponsors)
2. I am sponsoring the following family members immigrating at the same time or within 6 months of the principal immigrant named in Part 2. Do not include any relative listed on a separate visa petition.

Family Member 1

2a. Family Name (Last Name): WHITE
2b. Given Name (First Name): BENJAMIN
2c. Middle Name: _____
2d. Relationship to Sponsored Immigrant: son
2e. Date of Birth (mm/dd/yyyy): 11/01/2000
2f. Alien Registration Number (A-Number): A- _____

Family Member 2

2a. Family Name (Last Name): _____
2b. Given Name (First Name): _____
2c. Middle Name: _____
2d. Relationship to Sponsored Immigrant: _____
2e. Date of Birth (mm/dd/yyyy): _____
2f. Alien Registration Number (A-Number): A- _____

Family Member 3

3a. Family Name (Last Name): _____
3b. Given Name (First Name): _____
3c. Middle Name: _____
3d. Relationship to Sponsored Immigrant: _____
3e. Date of Birth (mm/dd/yyyy): _____
3f. Alien Registration Number (A-Number): A- _____

Family Member 4

4a. Family Name (Last Name): _____
4b. Given Name (First Name): _____
4c. Middle Name: _____
4d. Relationship to Sponsored Immigrant: _____
4e. Date of Birth (mm/dd/yyyy): _____
4f. Alien Registration Number (A-Number): A- _____

Family Member 5

5a. Family Name (Last Name): _____
5b. Given Name (First Name): _____
5c. Middle Name: _____
5d. Relationship to Sponsored Immigrant: _____
5e. Date of Birth (mm/dd/yyyy): _____
5f. Alien Registration Number (A-Number): A- _____

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Part 3: Information on the Immigrant(s) You Are Sponsoring (continued)

Family Member 1 (Continued)

6.d. Relationship to Sponsored Immigrant _____

6.e. Date of Birth (mm/dd/yyyy) ▶ _____

6.f. Alien Registration Number (A-Number) ▶ A- _____

7. Enter the total number of immigrants you are sponsoring on this form from Items 1 through 6. **2**

Part 4: Information on the Sponsor

Sponsor's Full Name

1.a. Family Name (Last Name) **SCHAEFER**

1.b. Given Name (First Name) **SEBASTIAN**

1.c. Middle Name **GOTTLEIB**

Sponsor's Mailing Address

2.a. Street Number and Name **500 W 450 S**

2.b. Apt. ☐ Ste. ☐ Flr. ☐ _____

2.c. City or Town **St. Joseph**

2.d. State **IN** 2.e. Zip Code **47135**

2.f. Postal Code _____

2.g. Province _____

2.h. Country **United States**

Sponsor's Place of Residence

3.a. Street Number and Name (Same) _____

3.b. Apt. ☐ Ste. ☐ Flr. ☐ _____

3.c. City or Town _____

3.d. State _____ 3.e. Zip Code _____

3.f. Postal Code _____

3.g. Province _____

3.h. Country _____

Other Information

4. Telephone Number **(812) 222-2222**

5. Country of Domicile **United States**

6. Date of Birth (mm/dd/yyyy) ▶ **02/15/1965**

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Part 4: Information on the Sponsor (continued)

7. City or Town of Birth **Frankfurt**

8. State or Province of Birth _____

9. Country of Birth **Germany**

10. U.S. Social Security Number (Required) **2 2 9 2 1 0 0 0 0**

Citizenship/Residency

11.a. ☒ I am a U.S. citizen.

11.b. ☐ I am a U.S. national (for joint sponsors only).

11.c. ☐ I am a lawful permanent resident.

My alien registration number is: ▶ A- _____

12. I am currently on active duty in the U.S. armed services. ☐ Yes ☒ No

Part 5: Sponsor's Household Size

Your Household Size - DO NOT COUNT ANYONE TWICE. Persons you are sponsoring in this affidavit:

1. Enter the number you entered on line 7 of Part 3. **2**

Persons NOT sponsored in this affidavit:

2. Yourself **1**

3. If you are currently married, enter "1" for your spouse. **1**

4. If you have dependent children, enter the number here. **1**

5. If you have any other dependents, enter the number here. **4**

6. If you have sponsored any other persons on an I-864 or I-864 EZ who are now lawful permanent residents, enter the number here.

7. **OPTIONAL:** If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here.

8. Add together lines 1-7 and enter the number here. Household Size: **4**

Part 6: Sponsor's Income and Employment

1.a. I am currently: ☒ Employed as a/an **Construction Manager**

1.b. Name of Employer #1 (if applicable) **Grandfield Construction, Inc.**

1.c. Name of Employer #2 (if applicable) _____

2. ☐ Self-employed as a/an _____

3. ☐ Retired from: _____

3.a. Company Name _____

3.b. Date of Retirement (mm/dd/yyyy) ▶ _____

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Part 6: Sponsor's Income and Employment (continued)

4. ☐ Unemployed since (mm/dd/yyyy) ▶ _____

5. My current individual annual income is: (See Instructions) **\$55,454.00**

Income you are using from any other person who was counted in your household size, including, in certain conditions, the intending immigrant. (See Instructions.) Please indicate name, relationship and income.

Person 1

6.a. Name _____

6.b. Relationship _____

6.c. Current Income \$ _____

Person 2

7.a. Name _____

7.b. Relationship _____

7.c. Current Income \$ _____

Person 3

8.a. Name _____

8.b. Relationship _____

8.c. Current Income \$ _____

Person 4

9.a. Name _____

9.b. Relationship _____

9.c. Current Income \$ _____

10. My current Annual Household Income (Total all lines from 5, 6.c., 7.c., 8.c., and 9.c. Will be Compared to Poverty Guidelines - See Form I-864P) **\$55,454.00**

11. ☐ The person(s) listed in 6.a., 7.a., 8.a., or 9.a. have completed Form I-864A. I am filing along with this form all necessary Forms I-864A completed by these persons.

12. ☐ The person(s) listed in 6.a., 7.a., 8.a., or 9.a. does not need to complete Form I-864A because he/she is the intending immigrant and has no accompanying dependents.

Federal income tax return information

13. ☒ I have filed a Federal tax return for each of the three most recent tax years. I have attached the required photocopy or transcript of my Federal tax return for only the most recent tax year.

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Part 6. Sponsor's Income and Employment
(continued)

My total income (adjusted gross income on IRS Form 1040EZ) as reported on my Federal tax returns for the most recent 3 years was:

The Year	Total Income
13a. 2012 (most recent)	13a.1. \$ 51,500
13b. 2011 (2nd most recent)	13b.1. \$ 48,500
13c. 2010 (3rd most recent)	13c.1. \$ 45,250

14. ☒ (Optional) I have attached photocopies or transcripts of my Federal tax returns for my second and third most recent tax years.

Part 7. Use of Assets to Supplement Income
(optional) (continued)

If your income, or the total income for you and your household, from Part 6, line 18 exceeds the Federal Poverty Guidelines for your household size, YOU ARE NOT REQUIRED to complete this Part. Skip to Part 8.

Your assets (Optional)

1. Enter the balance of all savings and checking accounts.
\$ 5,000.00

2. Enter the net cash value of real-estate holdings. (Net means current assessed value minus mortgage debt.)
\$ 35,000.00

3. Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in lines 1 or 2.
\$ 14,000.00

4. Add together lines 1-3 and enter the number here.
TOTAL: \$ 54,000.00

Part 7. Use of Assets to Supplement Income
(optional) (continued)

Assets from Form I-864A, line 12d for:

5a. Name of Relative

5b. Your household member's assets from Form I-864A. (Optional)
\$

Assets of the principal sponsored immigrant (Optional). The principal sponsored immigrant is the person listed in lines 1.a. - 1.c. in Part 2.

6. Enter the balance of the sponsored immigrant's savings and checking accounts.
\$

7. Enter the net cash value of all the sponsored immigrant's real estate holdings. (Net means investment value minus mortgage debt.)
\$

8. Enter the current cash value of the sponsored immigrant's stocks, bonds, certificates of deposit, and other assets not included on line 6 or 7.
\$

9. Add together lines 6-8 of Part 7 and enter the number here.
\$

Total value of assets.

10. Add together lines 4, 5b., and 9 of Part 7 and enter the number here.
TOTAL: \$ 54,000.00

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Part 8. Sponsor's Contract

Please note that, by signing this Form I-864, you agree to assume certain specific obligations under the Immigration and Nationality Act and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign the Form I-864. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.

What is the Legal Effect of My Signing a Form I-864?

If you sign a Form I-864 on behalf of any person (called the "intending immigrant") who is applying for an immigrant visa or for adjustment of status to a permanent resident, and that intending immigrant submits the Form I-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under section 213(a) of the Immigration and Nationality Act these actions create a contract between you and the U.S. Government. The intending immigrant's becoming a permanent resident is the "consideration" for the contract.

Under this contract, you agree that, in deciding whether the intending immigrant can establish that he or she is not inadmissible to the United States as an alien likely to become a public charge, the U.S. Government can consider your income and assets to be available for the support of the intending immigrant.

What If I choose Not to Sign a Form I-864?

You cannot be made to sign a Form I-864 if you do not want to do so. But if you do not sign the Form I-864, the intending immigrant may not be able to become a permanent resident in the United States.

What Does Signing the Form I-864 Require Me to do?

If an intending immigrant becomes a permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligation under the Form I-864 terminates, you must:

- Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the Federal Poverty Guidelines for his or her household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces and the person is your husband, wife, unmarried child under 21 years old.)
- Notify USCIS of any change in your address, within 30 days of the change, by filing Form I-865.

What Other Consequences Are There?

If an intending immigrant becomes a permanent resident in the United States based on a Form I-864 that you have signed, then until your obligation under the Form I-864 terminates, your income and assets may be considered ("tested") to be available to that person, public benefits, if the State or local government's rules provide for consideration ("testing") of your income and assets as available to the person.

This provision does not apply to public benefits specified in section 402(c) of the Welfare Reform Act such as, but not limited to, emergency Medicaid, short-term, non-cash emergency relief, services provided under the National School Lunch and Child Nutrition Secondary Education Act, and immunizations and testing and treatment for communicable diseases, and educational programs under the Elementary and Secondary Education Act.

What If I Do Not Fulfill My Obligations?

If you do not provide sufficient support to the person who becomes a permanent resident based on the Form I-864 that you signed, that person may sue you for this support.

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Part 8. Sponsor's Contract (continued)

If a Federal, State or local agency, or a private agency provides any covered means-tested public benefit to the person who becomes a permanent resident based on the Form I-864 that you signed, the agency may ask you to reimburse them for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe.

If you are sued, and the court enters a judgment against you, the person or agency that sued you may sue you any legally permitted provisions for enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees.

If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for your failing to do so.

When Will These Obligations End?

Your obligations under a Form I-864 will end if the person who becomes a permanent resident based on a Form I-864 that you signed:

- Becomes a U.S. citizen;
- Has worked, or can be credited with, 40 quarters of coverage under the Social Security Act;
- No longer has lawful permanent resident status, and has departed the United States;
- Becomes subject to removal, has applied for and obtained in removal proceedings a new grant of adjustment of status, based on a new affidavit of support, if one is required; or
- Dies.

Note that divorce does not terminate your obligations under this Form I-864.

Your obligations under a Form I-864 also end if you die. Therefore, if you die, your Estate will not be required to take responsibility for the person's support after your death. Your Estate may, however, be responsible for any support that you owed before you died.

1. **SERAFIN OZGURIS SOKOFFER**
(Print Sponsor's Name)

I, **SERAFIN OZGURIS SOKOFFER**, certify under penalty of perjury under the laws of the United States that:

- I know the contents of this affidavit of support that I signed.
- All the factual statements in this affidavit of support are true and correct.
- I have read and I understood each of the obligations described in Part 8 and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrant indicated in Part 7 to become permanent residents of the United States;
- I agree to submit to the personal jurisdiction of any Federal or State court that has subject matter jurisdiction of a lawsuit against me to enforce my obligation under this Form I-864;
- Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered transcripts, of the tax returns I filed with the U.S. Internal Revenue Service; and
- I authorize the Social Security Administration to release information about me in its records to the Department of State and U.S. Citizenship and Immigration Services.

6. Any and all other evidence submitted is true and correct.

1a. Signature of Sponsor

1b. Date of Signature (month/day/year) ▶

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Part 9. Information on Preparer, If Prepared By Someone Other Than the Sponsor

Preparer's Full Name
Provide the following information concerning the preparer:

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. ☐ Ste. ☐ Flr. ☐

3.c. City or Town

3.d. State 3.e. Zip Code

3.f. Postal Code

3.g. Province

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Phone Number

5. Preparer's Email Address

6. Business State ID # (if any)

Declaration

I certify under penalty of perjury under the laws of the United States that I prepared this affidavit of support at the sponsor's request and that this affidavit of support is based on all information of which I have knowledge.

7.a. Signature of Preparer

7.b. Date of Signature (mm/dd/yyyy)

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Questions & Answers



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Completing Form G-28



**Notice of Entry of Appearance
as Attorney or Accredited Representative**
Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 02/29/2016

Part 1. Information About Attorney or Accredited Representative

Name and Address of Attorney or Accredited Representative

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Name of Law Firm or Recognized Organization

3. Name of Law Student or Law Graduate

4. State Bar Number

5.a. Street Number

5.b. Street Name

5.c. Apt. ☐ Ste. ☒ Flr. ☐

5.d. City or Town

5.e. State 5.f. Zip Code

5.g. Postal Code

5.h. Province

5.i. Country

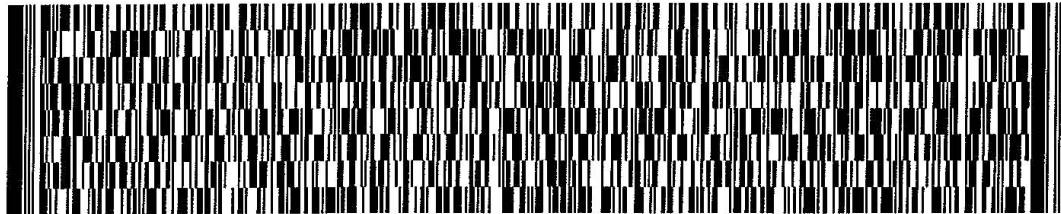
6. Daytime Phone Number () -

7. E-Mail Address of Attorney or Accredited Representative

Part 2. Eligibility Information For Attorney or Accredited Representative

(Check applicable item(s) below)

1. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia.
- 1.a.
- 1.b. I (choose one) ☒ am not ☐ am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. (If you are subject to any order(s), explain fully in the space below.)
- 1.b.1.
2. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.
- 2.a. Name of Recognized Organization
- 2.b. Date Accreditation expires
(mm/dd/yyyy) ►
3. ☐ I am associated with
- 3.a.
- the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request. If you check this item, also complete number 1 (1.a. - 1.b.1.) or number 2 (2.a. - 2.b.) in Part 2 (whichever is appropriate).
4. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).



Part 3. Notice of Appearance as Attorney or Accredited Representative

This appearance relates to immigration matters before (select one):

1. ☒ USCIS - List the form number(s)
 1.a. I-539
2. ☐ ICE - List the specific matter in which appearance is entered
 2.a.
3. ☐ CBP - List the specific matter in which appearance is entered
 3.a.

I hereby enter my appearance as attorney or accredited representative at the request of:

4. Select only one: ☒ Applicant ☐ Petitioner
☐ Respondent (ICE, CBP)

Name of Applicant, Petitioner, or Respondent

- 5.a. Family Name (Last Name) Ramos
- 5.b. Given Name (First Name) Jorge
- 5.c. Middle Name
- 5.d. Name of Company or Organization, if applicable

NOTE: Provide the mailing address of Petitioner, Applicant, or Respondent and not the address of the attorney or accredited representative, except when a safe mailing address is permitted on an application or petition filed with Form G-28.

- 6.a. Street Number and Name 1333 Baltimore Avenue
- 6.b. Apt. ☒ Ste. ☐ Flr. ☐ 9
- 6.c. City or Town Hyattsville
- 6.d. State MD 6.e. Zip Code 20781

7. Provide A-Number and/or Receipt Number

987654321

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, ICE, or CBP.

8.a. Signature of Applicant, Petitioner, or Respondent

8.b. Date (mm/dd/yyyy) 00/00/0000

Part 4. Signature of Attorney or Accredited Representative

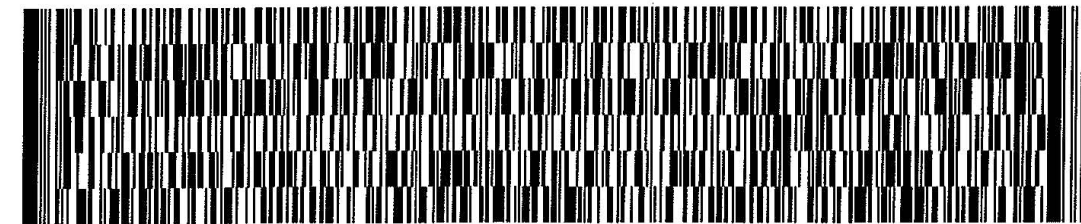
I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. Signature of Attorney or Accredited Representative**2. Signature of Law Student or Law Graduate**

3. Date (mm/dd/yyyy) 00/00/0000

Part 5. Additional Information

1.



Part 3. Processing Information**A. City/Town/Village of Birth**

Montego Bay

Current Occupation

Business Owner

Your Mother's First Name

Sondra

Your Father's First Name

Michael

Give your name exactly as it appears on your Form I-94, Arrival-Departure Record

Smith-Jones, Michelle D

Place of Last Entry Into the United States
(City/State)

New York, New York

In what status did you last enter? (Visitor, student, exchange visitor, crewman, temporary worker, without inspection, etc.)

L-1A

Were you inspected by a U.S. Immigration Officer? Yes ☐ No ☐**Nonimmigrant Visa Number**

88888888

Consulate Where Visa Was Issued

London

Date Visa Issued (mm/dd/yyyy)

11/10/2011

Gender☐

Male

☒

Female

Marital Status☒

Married

☐

Single

☐

Divorced

☐

Widowed

Have you ever applied for permanent resident status in the U.S.? ☐ Yes (If "Yes" give date and place of filing and final disposition.) ☒ No**B. List your present spouse and all of your children (include adult sons and daughters). (If you have none, write "None." If additional space is needed, see Page 2 of the instructions.)**

Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Martin	Georges	P	12/16/1977
Country of Birth	Relationship	A # (if any)	Applying with you?
France	Spouse		Yes ☒ No ☐
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Martin	Lulu	B	05/05/2011
Country of Birth	Relationship	A # (if any)	Applying with you?
USA	Child		Yes ☐ No ☒
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you?
			Yes ☐ No ☐
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you?
			Yes ☐ No ☐
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you?
			Yes ☐ No ☐



Form I-485 (Rev. 01/18/11) Y Page 2

Part 3. Processing Information (Continued)

C. List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society, or similar group in the United States or in other places since your 16th birthday. Include **any military service** in this part. If none, write "None." Include the name of each organization, location, nature, and dates of membership. If additional space is needed, attach a separate sheet of paper. Continuation pages must be submitted according to the guidelines provided on **Page 2** of the instructions under "What Are the General Filing Instructions?"

Name of Organization	Location and Nature	Date of Membership From	Date of Membership To
MENSA	international honor society	01/01/1992	Present

Answer the following questions. (If your answer is "Yes" to any question, explain on a separate piece of paper. Continuation pages must be submitted according to the guidelines provided on **Page 2** of the instructions under "What Are the General Filing Instructions?" Information about documentation that must be include with your application is also provide in this section.) Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for permanent residence.

1. Have you **EVER**, in or outside the United States:

- a. Knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? Yes ☐ No ☒
- b. Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? Yes ☐ No ☒
- c. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action? Yes ☐ No ☒
- d. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes ☐ No ☒

2. Have you received public assistance in the United States from any source, including the U.S. Government or any State, county, city, or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? Yes ☐ No ☒3. Have you **EVER**:

- a. Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? Yes ☐ No ☒
- b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes ☐ No ☒
- c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes ☐ No ☒
- d. Illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes ☐ No ☒

4. Have you **EVER** engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity? Yes ☐ No ☒

Form I-485 (Rev. 01/18/11) Y Page 3

Part 3. Processing Information (Continued)

5. Do you intend to engage in the United States in:
- a. Espionage? Yes ☐ No ☒
 - b. Any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means? Yes ☐ No ☒
 - c. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes ☐ No ☒
6. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? Yes ☐ No ☒
7. Did you, during the period from March 23, 1933, to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion? Yes ☐ No ☒
8. Have you **EVER** been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal, or rescission proceedings? Yes ☐ No ☒
9. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States, or any immigration benefit? Yes ☐ No ☒
10. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces? Yes ☐ No ☒
11. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? Yes ☐ No ☒
12. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? Yes ☐ No ☒
13. Do you plan to practice polygamy in the United States? Yes ☐ No ☒
14. Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- a. Acts involving torture or genocide? Yes ☐ No ☒
 - b. Killing any person? Yes ☐ No ☒
 - c. Intentionally and severely injuring any person? Yes ☐ No ☒
 - d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes ☐ No ☒
 - e. Limiting or denying any person's ability to exercise religious beliefs? Yes ☐ No ☒
15. Have you **EVER**:
- a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? Yes ☐ No ☒
 - b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes ☐ No ☒
16. Have you **EVER** been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes ☐ No ☒



Form I-485 (Rev. 01/18/11) Y Page 4

Part 3. Processing Information *(Continued)*

17. Have you **EVER** assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes ☐ No ☒

18. Have you **EVER** received any type of military, paramilitary, or weapons training? Yes ☐ No ☒

Part 4. Accommodations for Individuals With Disabilities and/or Impairments *(See Page 10 of the instructions before completing this section.)*

Are you requesting an accommodation because of your disability(ies) and/or impairment(s)? Yes ☐ No ☒

If you answered "Yes," check any applicable box:

- ☐ a. I am deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):

- ☐ b. I am blind or sight-impaired and request the following accommodation(s):

- ☐ c. I have another type of disability and/or impairment (describe the nature of your disability(ies) and/or impairment(s) and accommodation(s) you are requesting):

Part 5. Signature *(Read the information on penalties on Page 10 of the instructions before completing this section. You must file this application while in the United States.)***Your Registration With U.S. Citizenship and Immigration Services**

"I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (INA), as an alien who has been or will be in the United States for more than 30 days, I am required to register with U.S. Citizenship and Immigration Services (USCIS). I understand and acknowledge that, under section 265 of the INA, I am required to provide USCIS with my current address and written notice of any change of address within 10 days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested, and removed from the United States."

Selective Service Registration

The following applies to you if you are a male at least 18 years of age, but not yet 26 years of age, who is required to register with the Selective Service System: "I understand that my filing Form I-485 with U.S. Citizenship and Immigration Services (USCIS) authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth, and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached 26 years of age."



Part 5. Signature (Continued)**Applicant's Statement (Check one)**

☒ I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question.

☐ Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the _____ language, a language in which I am fluent, by the person named in **Interpreter's Statement and Signature**. I understand each and every question and instruction on this form, as well as my answer to each question.

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this application is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this application.

I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

Signature (Applicant)	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
	Michelle Dawn Smith-Jones		(410) 444-4444

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit, and this application may be denied.

Interpreter's Statement and Signature

I certify that I am fluent in English and the below-mentioned language.

Language Used (language in which applicant is fluent)

--

I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.

Signature (Interpreter)	Print Your Full Name	Date (mm/dd/yyyy)	Phone Number (include area code)

Part 6. Signature of Person Preparing Form, If Other Than Above

I declare that I prepared this application at the request of the above applicant, and it is based on all information of which I have knowledge.

Signature	Print Your Full Name	Date (mm/dd/yyyy)	Phone Number (include area code)
	Sally James		(410) 555-5555

Firm Name and Address

Lawyers R US
555 N. Charles Street, #222
Baltimore, MD 21202

E-Mail Address (if any)

sally@lru.com



Sample Form I-765, Application for Employment Authorization

OMB No. 1615-0040; Expires 02/28/2013

Department of Homeland Security
U.S. Citizenship and Immigration Services**I-765, Application For
Employment Authorization****Do not write in this block.**

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
☐ Application Approved. Employment Authorized / Extended (Circle One) until _____ (Date). Subject to the following conditions: _____ (Date). Application Denied. ☐ Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). ☐ Failed to establish economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

I am applying for:

- ☒ Permission to accept employment.
☐ Replacement (of lost employment authorization document).
☐ Renewal of my permission to accept employment (attach previous employment authorization document).

1. Name (Family Name in CAPS) (First)	(Middle)	Which USCIS Office?	Date(s)
SHAH	Vinita	Jagdish	Vermont Service Center 06/01/2000
2. Other Names Used (include Maiden Name)		Results (Granted or Denied - attach all documentation)	
PATEL (maiden)		Approved	
3. Address in the United States (Street Number and Name) (Apt. Number)		12. Date of Last Entry into the U.S. (mm/dd/yyyy)	
123 Main Street 4		09/30/2000	
(Town or City)	(State/Country)	(ZIP Code)	13. Place of Last Entry into the U.S.
Baltimore	MD	21234	Baltimore, MD
4. Country of Citizenship/Nationality		14. Manner of Last Entry (Visitor, Student, etc.)	
India		F-1 Student	
5. Place of Birth (Town or City) (State/Province) (Country)		15. Current Immigration Status (Visitor, Student, etc.)	
Surat Gujarat India		Applicant for Adjustment of Status	
6. Date of Birth (mm/dd/yyyy)	7. Gender	16. Go to the "Who May File Form I-765?" section of the instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. (For example, (a)(8), (c)(17)(iii), etc.).	
01/01/1976	☐ Male ☒ Female	(c) (9) ()	
8. Marital Status	☒ Married ☐ Single ☐ Widowed ☐ Divorced	17. If you entered the eligibility category, (c)(3)(C), in Question 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.	
9. Social Security Number (include all numbers you have ever used) (if any)		Degree: _____	
123-45-6789		Employer's Name as listed in E-Verify: _____	
10. Alien Registration Number (A-Number) or I-94 Number (if any)		Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number _____	
A12-345-678			
11. Have you ever before applied for employment authorization from USCIS?			
☒ Yes (If "Yes," complete below) ☐ No			

Certification

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "Who May File Form I-765?" section of the instructions and have identified the appropriate eligibility category in Question 16.

Signature	Telephone Number	Date
	(410) 555-5555	02/01/2013

Signature of Person Preparing Form, If Other Than Above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name	Address	Signature	Date
Good Lawyer	33 Half St, Baltimore MD		02/01/2013
Remarks	Initial Receipt	Resubmitted	Relocated
			Received Sent Approved Denied Returned



Form I-765 08/15/12 Y

Sample Form I-131, Application for Travel Document Re-entry Permit

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

OMB No. 1615-0013; Expires 03/31/2012

I-131, Application for Travel Document

DO NOT WRITE IN THIS BLOCK		FOR USCIS USE ONLY (except G-28 block below)
Document Issued ☐ Reentry Permit ☐ Refugee Travel Document ☐ Single Advance Parole ☐ Multiple Advance Parole Valid to: If Reentry Permit or Refugee Travel Document, mail to: ☐ Address in Part 1 ☐ U.S. Embassy/consulate at: ☐ Overseas DHS office at:	Action Block 	Receipt ☐ Document Hand Delivered On _____ By _____ <i>To be completed by Attorney/Representative, if any.</i> Attorney State License # _____ ☐ Check box if G-28 is attached.

Part 1. Information About You (Type or print in black ink)

1. A Number 92-053-678	2. Date of Birth (mm/dd/yyyy) 02/07/1989	3. Class of Admission H-1B	4. Gender ☒ Male ☐ Female
5. Name (Family name in capital letters) (First) (Middle) STEWARD Aaron			
6. Address (Number and Street) Apt. Number 1234 Main Street City San Diego State or Province CA Zip/Postal Code 92123 Country USA			
7. Country of Birth Denmark	8. Country of Citizenship Germany	9. Social Security # (if any) 333-44-5555	

Part 2. Application Type (Check one)

- a. ☒ I am a permanent resident or conditional resident of the United States, and I am applying for a reentry permit.
- b. ☐ I now hold U.S. refugee or asylee status, and I am applying for a Refugee Travel Document.
- c. ☐ I am a permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.
- d. ☐ I am applying for an advance parole document to allow me to return to the United States after temporary foreign travel.
- e. ☐ I am outside the United States, and I am applying for an Advance Parole Document.
- f. ☐ I am applying for an Advance Parole Document for a person who is outside the United States. If you checked box "f," provide the following information about that person:

1. Name (Family name in capital letters) (First) (Middle) 			
2. Date of Birth (mm/dd/yyyy) 	3. Country of Birth 	4. Country of Citizenship 	
5. Address (Number and Street) Apt. # Daytime Telephone # (area/country code) City State or Province Zip/Postal Code Country			



Form I-131 (11/05/11) Y

Part 3. Processing Information

1. Date of Intended Departure (mm/dd/yyyy)	2. Expected Length of Trip
07/01/2012	2 years

3. Are you, or any person included in this application, now in exclusion, deportation, removal, or rescission proceedings? ☐ Yes ☒ No (Name of DHS office):

If you are applying for an Advance Parole Document, skip to Part 7.

4. Have you ever before been issued a reentry permit or Refugee Travel Document?

☐ No ☒ Yes (If "Yes," give the following information for the last document issued to you):

Date Issued (mm/dd/yyyy): 06/11/2010 Disposition (attached, lost, etc.): Attached

5. Where do you want this travel document sent? (Check one)

a. ☒ To the U.S. address shown in **Part 1** on the first page of this form.

b. ☐ To a U.S. Embassy or consulate at: City: Country:

c. ☐ To a DHS office overseas at: City: Country:

d. If you checked "b" or "c," where should the notice to pick up the travel document be sent?

☐ To the address shown in **Part 2** on the first page of this form.

☐ To the address shown below:

Address (Number and Street) Apt. # Daytime Telephone # (area/country code)

City State or Province Zip/Postal Code Country

Part 4. Information About Your Proposed Travel

Purpose of trip. (If you need more room, continue on a separate sheet of paper.)	List the countries you intend to visit.
Temporary transfer abroad to Argentina for work assignment.	Argentina, Brazil, Peru, Japan

Part 5. Complete Only If Applying for a Reentry Permit

Since becoming a permanent resident of the United States (or during the past five years, whichever is less) how much total time have you spent outside the United States?

☐ less than six months ☒ two to three years

☐ six months to one year ☐ three to four years

☐ one to two years ☐ more than four years

Since you became a permanent resident of the United States, have you ever filed a Federal income tax return as a nonresident or failed to file a Federal income tax return because you considered yourself to be a nonresident? (If "Yes," give details on a separate sheet of paper.) ☐ Yes ☒ No

Part 6. Complete Only If Applying for a Refugee Travel Document

1. Country from which you are a refugee or asylee:

If you answer "Yes" to any of the following questions, you must explain on a separate sheet of paper.

2. Do you plan to travel to the country named above? ☐ Yes ☐ No

3. Since you were accorded refugee/asylee status, have you ever:

a. Returned to the country named above? ☐ Yes ☐ No

b. Applied for and/or obtained a national passport, passport renewal, or entry permit of that country? ☐ Yes ☐ No

c. Applied for and/or received any benefit from such country (for example, health insurance benefits). ☐ Yes ☐ No

4. Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act:

a. Reacquired the nationality of the country named above? ☐ Yes ☐ No

b. Acquired a new nationality? ☐ Yes ☐ No

c. Been granted refugee or asylee status in any other country? ☐ Yes ☐ No



Form I-131 (11/05/11) Y Page 2

Part 7. Complete Only If Applying for Advance Parole

On a separate sheet of paper, explain how you qualify for an Advance Parole Document, and what circumstances warrant issuance of advance parole. Include copies of any documents you wish considered. *(See instructions.)*

1. How many trips do you intend to use this document? ☐ One Trip ☐ More than one trip
2. If the person intended to receive an Advance Parole Document is outside the United States, provide the location (city and country) of the U.S. Embassy or consulate or the DHS overseas office that you want us to notify.

City Country

3. If the travel document will be delivered to an overseas office, where should the notice to pick up the document be sent?:

- ☐ To the address shown in **Part 2** on the first page of this form.
- ☐ To the address shown below:

Address (Number and Street) Apt. # Daytime Telephone # (area/country code)

City State or Province Zip/Postal Code Country

Part 8. Signature *Read the information on penalties in the instructions before completing this section. If you are filing for a reentry permit or Refugee Travel Document, you must be in the United States to file this application.*

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature Date (mm/dd/yyyy) Daytime Telephone Number (with area code)

Note: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application may be denied.

Part 9. Signature of Person Preparing Form, If Other Than the Applicant *(Sign below)*

I declare that I prepared this application at the request of the applicant, and it is based on all information of which I have knowledge.

Signature Print or Type Your Name

Firm Name and Address Daytime Telephone Number (with area code)

Abraham and Associates
123 Cliff Street
Suite 200
San Diego, CA 92121

Fax Number (if any) Date (mm/dd/yyyy)

858-222-3334 06/02/2012



Sample Form I-131, Application for Travel Document Advance Parole Document

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

OMB No. 1615-0013; Expires 03/31/2012

I-131, Application for Travel Document

DO NOT WRITE IN THIS BLOCK		FOR USCIS USE ONLY (except G-28 block below)
Document Issued ☐ Reentry Permit ☐ Refugee Travel Document ☐ Single Advance Parole ☐ Multiple Advance Parole Valid to: _____ If Reentry Permit or Refugee Travel Document, mail to: ☐ Address in Part 1 ☐ U.S. Embassy/consulate at: _____ ☐ Overseas DHS office at: _____	Action Block	Receipt ☐ Document Hand Delivered On _____ By _____ <i>To be completed by Attorney/Representative, if any.</i> Attorney State License # _____ ☐ Check box if G-28 is attached.

Part 1. Information About You *(Type or print in black ink)*

1. A Number	2. Date of Birth (mm/dd/yyyy)	3. Class of Admission	4. Gender
93-678-234	05/15/1972	H-1B/Parolee	☒ Male ☐ Female
5. Name (Family name in capital letters)	(First)	(Middle)	
HUANG	Jason		
6. Address (Number and Street)	Apt. Number		
369 First Avenue	101		
City	State or Province	Zip/Postal Code	Country
San Diego	CA	92032	USA
7. Country of Birth	8. Country of Citizenship	9. Social Security # (if any)	
China	Canada	222-44-7777	

Part 2. Application Type *(Check one)*

- a. ☐ I am a permanent resident or conditional resident of the United States, and I am applying for a reentry permit.
- b. ☐ I now hold U.S. refugee or asylee status, and I am applying for a Refugee Travel Document.
- c. ☐ I am a permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.
- d. ☒ I am applying for an advance parole document to allow me to return to the United States after temporary foreign travel.
- e. ☐ I am outside the United States, and I am applying for an Advance Parole Document.
- f. ☐ I am applying for an Advance Parole Document for a person who is outside the United States. *If you checked box "f," provide the following information about that person:*

1. Name (<i>Family name in capital letters</i>)			(First)		(Middle)	
2. Date of Birth (<i>mm/dd/yyyy</i>)		3. Country of Birth		4. Country of Citizenship		
5. Address (<i>Number and Street</i>)				Apt. #	Daytime Telephone # (<i>area/country code</i>)	
City		State or Province		Zip/Postal Code		Country



Form I-131 (11/05/11) Y

Part 3. Processing Information

1. Date of Intended Departure (mm/dd/yyyy) Varies	2. Expected Length of Trip Varies
---	---

3. Are you, or any person included in this application, now in exclusion, deportation, removal, or rescission proceedings?
☐ Yes ☒ No (Name of DHS office):

If you are applying for an Advance Parole Document, skip to Part 7.

4. Have you ever before been issued a reentry permit or Refugee Travel Document?
☐ No ☐ Yes (If "Yes," give the following information for the last document issued to you):
 Date Issued (mm/dd/yyyy): Disposition (attached, lost, etc.):

5. Where do you want this travel document sent? (Check one)

a. ☐ To the U.S. address shown in **Part 1** on the first page of this form.

b. ☐ To a U.S. Embassy or consulate at: City: Country:

c. ☐ To a DHS office overseas at: City: Country:

d. If you checked "b" or "c," where should the notice to pick up the travel document be sent?
☐ To the address shown in **Part 2** on the first page of this form.
☐ To the address shown below:

Address (Number and Street) Apt. # Daytime Telephone # (area/country code)

City State or Province Zip/Postal Code Country

Part 4. Information About Your Proposed Travel

Purpose of trip. (If you need more room, continue on a separate sheet of paper.)	List the countries you intend to visit.
--	---

Part 5. Complete Only If Applying for a Reentry Permit

Since becoming a permanent resident of the United States (or during the past five years, whichever is less) how much total time have you spent outside the United States?

☐ less than six months	☐ two to three years
☐ six months to one year	☐ three to four years
☐ one to two years	☐ more than four years

Since you became a permanent resident of the United States, have you ever filed a Federal income tax return as a nonresident or failed to file a Federal income tax return because you considered yourself to be a nonresident? (If "Yes," give details on a separate sheet of paper.)

☐ Yes ☐ No

Part 6. Complete Only If Applying for a Refugee Travel Document

1. Country from which you are a refugee or asylee:

If you answer "Yes" to any of the following questions, you must explain on a separate sheet of paper.

2. Do you plan to travel to the country named above?
☐ Yes ☐ No

3. Since you were accorded refugee/asylee status, have you ever:

a. Returned to the country named above?	☐ Yes ☐ No
b. Applied for and/or obtained a national passport, passport renewal, or entry permit of that country?	☐ Yes ☐ No
c. Applied for and/or received any benefit from such country (for example, health insurance benefits).	☐ Yes ☐ No

4. Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act:

a. Reacquired the nationality of the country named above?	☐ Yes ☐ No
b. Acquired a new nationality?	☐ Yes ☐ No
c. Been granted refugee or asylee status in any other country?	☐ Yes ☐ No



Form I-131 (11/05/11) Y Page 2

Part 7. Complete Only If Applying for Advance Parole

On a separate sheet of paper, explain how you qualify for an Advance Parole Document, and what circumstances warrant issuance of advance parole. Include copies of any documents you wish considered. *(See instructions.)*

1. How many trips do you intend to use this document? ☐ One Trip ☒ More than one trip
2. If the person intended to receive an Advance Parole Document is outside the United States, provide the location (city and country) of the U.S. Embassy or consulate or the DHS overseas office that you want us to notify.

City Country

3. If the travel document will be delivered to an overseas office, where should the notice to pick up the document be sent?:

- ☐ To the address shown in **Part 2** on the first page of this form.
- ☐ To the address shown below:

Address *(Number and Street)* Apt. # Daytime Telephone # *(area/country code)*

City State or Province Zip/Postal Code Country

Part 8. Signature *Read the information on penalties in the instructions before completing this section. If you are filing for a reentry permit or Refugee Travel Document, you must be in the United States to file this application.*

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature Date *(mm/dd/yyyy)* Daytime Telephone Number *(with area code)*

Note: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application may be denied.

Part 9. Signature of Person Preparing Form, If Other Than the Applicant *(Sign below)*

I declare that I prepared this application at the request of the applicant, and it is based on all information of which I have knowledge.

Signature Print or Type Your Name

Firm Name and Address Daytime Telephone Number *(with area code)*

Abraham and Associates
123 Cliff Street
Suite 200
San Diego, CA 92121

858-222-3333

Fax Number *(if any)* Date *(mm/dd/yyyy)*

858-222-3334 06/01/2012



Sample Form I-131, Application for Travel Document Refugee Travel Document

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

OMB No. 1615-0013; Expires 03/31/2012

I-131, Application for Travel Document

DO NOT WRITE IN THIS BLOCK		FOR USCIS USE ONLY (except G-28 block below)
Document Issued ☐ Reentry Permit ☐ Refugee Travel Document ☐ Single Advance Parole ☐ Multiple Advance Parole Valid to: _____ If Reentry Permit or Refugee Travel Document, mail to: ☐ Address in Part 1 ☐ U.S. Embassy/consulate at: _____ ☐ Overseas DHS office at: _____	Action Block 	Receipt ☐ Document Hand Delivered On _____ By _____ To be completed by Attorney/Representative, if any. Attorney State License # _____ ☐ Check box if G-28 is attached.

Part 1. Information About You (Type or print in black ink)

1. A Number 83-937-222	2. Date of Birth (mm/dd/yyyy) 06/10/1979	3. Class of Admission Asylee	4. Gender ☐ Male ☒ Female
5. Name (Family name in capital letters) STEWART	(First) Sarah	(Middle) Jessica	
6. Address (Number and Street) 246 Sunshine Way		Apt. Number 206	
City San Diego	State or Province CA	Zip/Postal Code 92122	Country USA
7. Country of Birth Poland	8. Country of Citizenship Russia	9. Social Security # (if any) 222-44-3535	

Part 2. Application Type (Check one)

- a. ☐ I am a permanent resident or conditional resident of the United States, and I am applying for a reentry permit.
- b. ☒ I now hold U.S. refugee or asylee status, and I am applying for a Refugee Travel Document.
- c. ☐ I am a permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.
- d. ☐ I am applying for an advance parole document to allow me to return to the United States after temporary foreign travel.
- e. ☐ I am outside the United States, and I am applying for an Advance Parole Document.
- f. ☐ I am applying for an Advance Parole Document for a person who is outside the United States. *If you checked box "f," provide the following information about that person:*

1. Name (Family name in capital letters)		(First)	(Middle)
2. Date of Birth (mm/dd/yyyy)	3. Country of Birth		4. Country of Citizenship
5. Address (Number and Street)		Apt. #	Daytime Telephone # (area/country code)
City	State or Province	Zip/Postal Code	Country



Form I-131 (11/05/11) Y

Part 3. Processing Information

1. Date of Intended Departure (mm/dd/yyyy) 07/01/2012	2. Expected Length of Trip Varies
3. Are you, or any person included in this application, now in exclusion, deportation, removal, or rescission proceedings? ☐ Yes ☒ No (Name of DHS office):	
If you are applying for an Advance Parole Document, skip to Part 7.	
4. Have you ever before been issued a reentry permit or Refugee Travel Document? ☐ No ☐ Yes (If "Yes," give the following information for the last document issued to you): Date Issued (mm/dd/yyyy): Disposition (attached, lost, etc.):	
5. Where do you want this travel document sent? (Check one)	
a. ☐ To the U.S. address shown in Part 1 on the first page of this form.	
b. ☒ To a U.S. Embassy or consulate at: City: London Country: United Kingdom	
c. ☐ To a DHS office overseas at: City: Country:	
d. If you checked "b" or "c," where should the notice to pick up the travel document be sent? ☒ To the address shown in Part 2 on the first page of this form. ☐ To the address shown below:	
Address (Number and Street) Apt. # Daytime Telephone # (area/country code)	
City State or Province Zip/Postal Code Country	

Part 4. Information About Your Proposed Travel

Purpose of trip. (If you need more room, continue on a separate sheet of paper.) To visit relatives for a temporary period.	List the countries you intend to visit. United Kingdom
---	--

Part 5. Complete Only If Applying for a Reentry Permit

Since becoming a permanent resident of the United States (or during the past five years, whichever is less) how much total time have you spent outside the United States?

☐ less than six months	☐ two to three years
☐ six months to one year	☐ three to four years
☐ one to two years	☐ more than four years

Since you became a permanent resident of the United States, have you ever filed a Federal income tax return as a nonresident or failed to file a Federal income tax return because you considered yourself to be a nonresident? (If "Yes," give details on a separate sheet of paper.) ☐ Yes ☐ No

Part 6. Complete Only If Applying for a Refugee Travel Document

1. Country from which you are a refugee or asylee:

If you answer "Yes" to any of the following questions, you must explain on a separate sheet of paper.

2. Do you plan to travel to the country named above? ☐ Yes ☒ No

3. Since you were accorded refugee/asylee status, have you ever:

a. Returned to the country named above?	☐ Yes ☒ No
b. Applied for and/or obtained a national passport, passport renewal, or entry permit of that country?	☐ Yes ☒ No
c. Applied for and/or received any benefit from such country (for example, health insurance benefits).	☐ Yes ☒ No

4. Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act:

a. Reacquired the nationality of the country named above?	☐ Yes ☒ No
b. Acquired a new nationality?	☐ Yes ☒ No
c. Been granted refugee or asylee status in any other country?	☐ Yes ☒ No



Form I-131 (11/05/11) Y Page 2

Part 7. Complete Only If Applying for Advance Parole

On a separate sheet of paper, explain how you qualify for an Advance Parole Document, and what circumstances warrant issuance of advance parole. Include copies of any documents you wish considered. *(See instructions.)*

1. How many trips do you intend to use this document? ☐ One Trip ☐ More than one trip
2. If the person intended to receive an Advance Parole Document is outside the United States, provide the location (city and country) of the U.S. Embassy or consulate or the DHS overseas office that you want us to notify.

City Country

3. If the travel document will be delivered to an overseas office, where should the notice to pick up the document be sent?:

- ☐ To the address shown in **Part 2** on the first page of this form.
- ☐ To the address shown below:

Address (Number and Street) Apt. # Daytime Telephone # (area/country code)

City State or Province Zip/Postal Code Country

Part 8. Signature *Read the information on penalties in the instructions before completing this section. If you are filing for a reentry permit or Refugee Travel Document, you must be in the United States to file this application.*

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature Date (mm/dd/yyyy) Daytime Telephone Number (with area code)

Note: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application may be denied.

Part 9. Signature of Person Preparing Form, If Other Than the Applicant *(Sign below)*

I declare that I prepared this application at the request of the applicant, and it is based on all information of which I have knowledge.

Signature Print or Type Your Name

Firm Name and Address Daytime Telephone Number (with area code)

Abraham and Associates
123 Cliff Street
Suite 200
San Diego, CA 92121

Fax Number (if any) Date (mm/dd/yyyy)

858-222-3334 05/01/2012



Sample Form G-325, Biographic Information

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

OMB No. 1615-0008; Expires 02/28/2015

G-325, Biographic Information

Family Name Fernandez	First Name Antonietta	Middle Name Maria	☐ Male ☒ Female	Date of Birth (mm/dd/yyyy) 05/19/1965	Citizenship/Nationality Venezuela	File Number A N/A
All Other Names Used (include names by previous marriages) Antonietta Maria Vallejo			City and Country of Birth Caracas, Venezuela		U.S. Social Security No. (if any) N/A	
Family Name Father Vallejo Mother (Maiden Name) Mancini	First Name Tomas Maria	Date of Birth (mm/dd/yyyy) 10/15/1940 04/23/1945	City, and Country of Birth (if known) Miranda, Venezuela Miranda, Venezuela		City and Country of Residence Deceased Caracas, Venezuela	
Current Husband or Wife (If none, so state) Family Name (For wife, give maiden name) Fernandez	First Name Roberto	Date of Birth (mm/dd/yyyy) 08/11/1961	City and Country of Birth Caracas Venezuela	Date of Marriage (mm/dd/yyyy) 07/25/1987	Place of Marriage Caracas Venez.	
Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name) N/A	First Name N/A	Date of Birth (mm/dd/yyyy) N/A	City and Country of Birth N/A	Date of Termination of Marriage (mm/dd/yyyy) N/A	Place of Termination of Marriage N/A	

Applicant's residence last five years. List present address first.

Street Name and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
123 Biscayne Blvd.	Miami	Florida	USA	12	2011	Present Time	
53-90 Calle el Abra	Baruta	Caracas	Venezuela	06	1975	12	2011

Applicant's last address outside the United States of more than one year.

Street Name and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
53-90 Calle el Abra	Baruta	Caracas	Venezuela	06	1975	12	2011

Applicant's employment last five years. (If none, so state.) List present employment first.

Full Name and Address of Employer	Occupation (Specify)	From		To	
		Month	Year	Month	Year
N/A	N/A	12	2011	Present Time	
Coalition for Democratic Unity, Caracas, Venezuela	Campaign Manager	01	2008	11	2011
Confederation of Workers of Venezuela, Caracas, Venezuela	Political Director	09	2003	12	2007

Last occupation abroad if not shown above. (Include all information requested above.)

Campaign Manager		01	2008	11	2011
This form is submitted in connection with an application for:		Signature of Applicant			
☐ Naturalization ☐ Status as Permanent Resident		☒ Other (Specify): Asylum Date 06/01/2013			

If your native alphabet is in other than Roman letters, write your name in your native alphabet below:

N/A

Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.

Applicant: Print your name and Alien Registration Number in the box outlined by heavy border below.

Complete This Box (Family Name)	(Given Name)	(Middle Name)	(Alien Registration Number)
FERNANDEZ	Antonietta	Maria	A N/A

Form G-325 (Rev. 02/07/13) Y

Sample Form I-864, Affidavit of Support Under INA §213A



Affidavit of Support Under Section 213A of the Act

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

USCIS
Form I-864
OMB No. 1615-0075
Expires 03/31/2015

For USCIS Use Only	Affidavit of Support Submitter	Section 213A Review	Number of Support Affidavits in File
	☐ Petitioner ☐ 1st Joint Sponsor ☐ 2nd Joint Sponsor ☐ Substitute Sponsor ☐ 5% Owner	☐ MEETS requirements ☐ DOES NOT MEET requirements Reviewed By: _____ Office: _____ Date: MM / DD / YYYY	☐ 1 ☐ 2 Remarks

► **START HERE - Type or print in black ink.**

Part 1. Basis For Filing Affidavit of Support

- I, SEBASTIAN GOTTLEIB SCHAEFFER
am the sponsor submitting this affidavit of support because
(Check only one box):
- 1.a. ☒ I am the petitioner. I filed or am filing for the immigration of my relative.
- 1.b. ☐ I filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____

- 1.c. ☐ I have an ownership interest of at least 5 percent in _____
_____ which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____

- 1.d. ☐ I am the only joint sponsor.
- 1.e. ☐ I am the ☐ first ☐ second of two joint sponsors.
- 1.f. ☐ The original petitioner is deceased. I am the substitute sponsor. I am the intending immigrant's _____

NOTE: If you check box 1.b., 1.c., 1.d., 1.e., or 1.f., you must include proof of your citizen, national, or lawful permanent resident status.

Part 2. Information on the Principal Immigrant

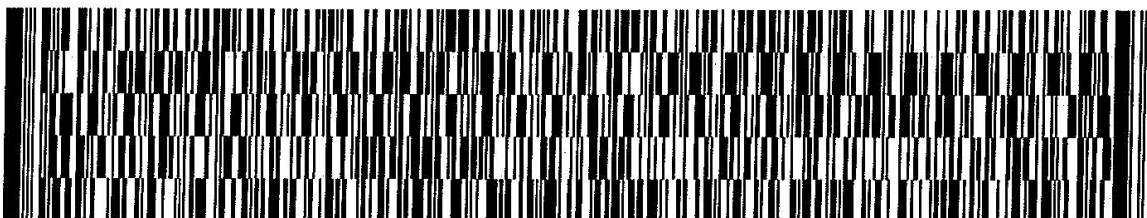
- 1.a. Family Name (Last Name) SCHAEFFER
- 1.b. Given Name (First Name) RUTH
- 1.c. Middle Name ELIZABETH

Mailing Address

- 2.a. Street Number and Name 50 SCHWEITZERSTRABE
- 2.b. Apt. ☐ Ste. ☐ Flr. ☐ _____
- 2.c. City or Town FRANKFORT
- 2.d. State ☐ 2.e. Zip Code ☐
- 2.f. Postal Code ☐
- 2.g. Province ☐
- 2.h. Country Germany

Other Information

3. Country of Citizenship Germany
4. Date of Birth (mm/dd/yyyy) ► 05/25/1970
5. Alien Registration Number (A-Number)
► A-



For USCIS Use Only	
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Part 3. Information on the Immigrant(s) You Are Sponsoring (continued)
Family Member 5 (Continued)

6.d. Relationship to Sponsored Immigrant

6.e. Date of Birth (mm/dd/yyyy) ▶

7. Enter the total number of immigrants you are sponsoring on this form from Items 1 through 6.

2

6.f. Alien Registration Number (A-Number)

▶ A-
Part 4. Information on the Sponsor
Sponsor's Full Name

1.a. Family Name (Last Name)

SCHAEFFER

1.b. Given Name (First Name)

SEBASTIAN

1.c. Middle Name

GOTTLEIB

Sponsor's Mailing Address

2.a. Street Number and Name

500 W 450 S

2.b. Apt. ☐ Ste. ☐ Flr. ☐

2.c. City or Town

St Joseph

2.d. State

IN

2.e. Zip Code

47135

2.f. Postal Code

2.g. Province

2.h. Country

United States

Sponsor's Place of Residence

3.a. Street Number and Name

Same

3.b. Apt. ☐ Ste. ☐ Flr. ☐

3.c. City or Town

3.d. State

3.e. Zip Code

3.f. Postal Code

3.g. Province

3.h. Country

Other Information

4. Telephone Number

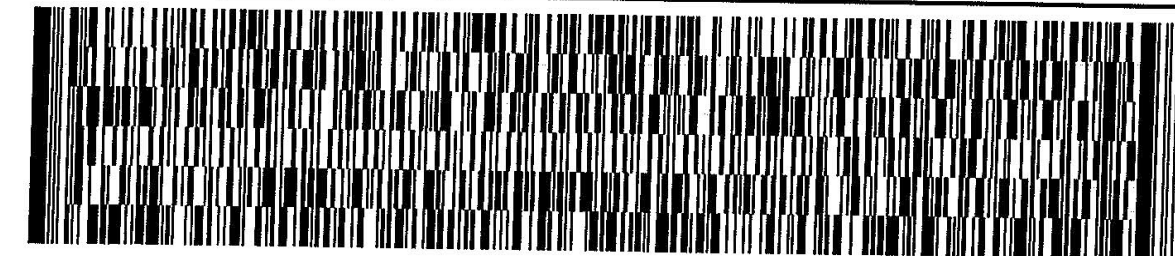
(8 1 2) 2 2 3 - 2 3 2 3

5. Country of Domicile

United States

6. Date of Birth (mm/dd/yyyy) ▶

02/15/1965



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Part 4. Information on the Sponsor (continued)

7. City or Town of Birth
Frankfort
8. State or Province of Birth

9. Country of Birth
Germany
10. U.S. Social Security Number (Required)
▶ 3 1 0 1 1 0 0 0 0
- Citizenship/Residency
- 11.a. ☒ I am a U.S. citizen.
- 11.b. ☐ I am a U.S. national (for joint sponsors only).
- 11.c. ☐ I am a lawful permanent resident.
- My alien registration number is:
▶ A- _____
- Military Service (To be completed by petitioner sponsors only.)
12. I am currently on active duty in the U.S. armed services.
☐ Yes ☒ No

Part 5. Sponsor's Household SizeYour Household Size - **DO NOT COUNT ANYONE TWICE***Persons you are sponsoring in this affidavit:*

1. Enter the number you entered on line 7 of Part 3. 2

Persons NOT sponsored in this affidavit:

2. Yourself. 1
3. If you are currently married, enter "1" for your spouse.
4. If you have dependent children, enter the number here. 1

5. If you have any other dependents, enter the number here.
6. If you have sponsored any other persons on an I-864 or I-864 EZ who are now lawful permanent residents, enter the number here.
7. **OPTIONAL:** If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here.
8. Add together lines 1-7 and enter the number here. **Household Size:** 4

Part 6. Sponsor's Income and Employment

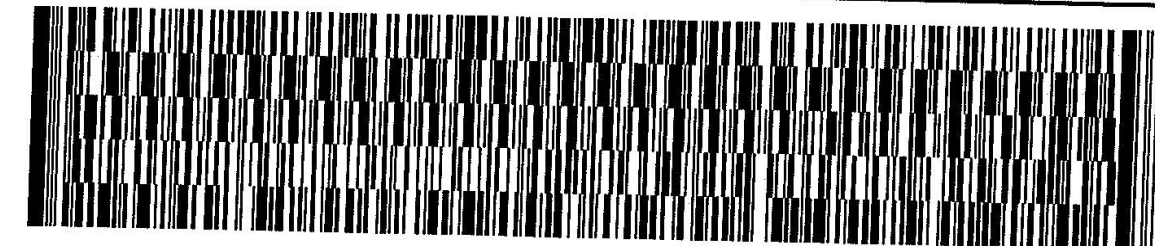
I am currently:

1. ☒ Employed as a/an
Construction Manager
- 1.a. Name of Employer #1 (if applicable)
Greenfield Construction, Inc.
- 1.b. Name of Employer #2 (if applicable)

2. ☐ Self-employed as a/an

3. ☐ Retired from:
3.a. Company Name

3.b. Date of Retirement
(mm/dd/yyyy) ▶ _____



For USCIS Use Only	Household Size	Poverty Guideline	Remarks
	☐ 1 ☐ 2 ☐ 3	Year: <u>20YY</u>	
	☐ 4 ☐ 5 ☐ 6	Poverty Line:	
	☐ 7 ☐ 8 ☐ 9	\$ _____	
	☐ Other _____		

Part 6. Sponsor's Income and Employment (continued)

4. ☐ Unemployed since
(mm/dd/yyyy) ► _____

5. My current individual annual income is:
(See Instructions) \$ 55,454.00

Income you are using from any other person who was counted in your household size, including, in certain conditions, the intending immigrant. (See Instructions.) Please indicate name, relationship and income.

Person 1

6.a. Name

6.b. Relationship

6.c. Current Income \$ _____

Person 2

7.a. Name

7.b. Relationship

7.c. Current Income \$ _____

Person 3

8.a. Name

8.b. Relationship

8.c. Current Income \$ _____

Person 4

9.a. Name

9.b. Relationship

9.c. Current Income \$ _____

10. My current Annual Household Income (Total all lines from 5, 6.c., 7.c., 8.c., and 9.c. Will be Compared to Poverty Guidelines -- See Form I-864P.)

\$ 55,454.00

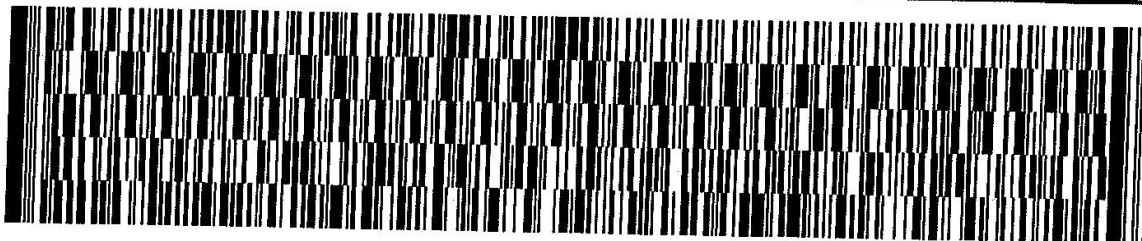
11. ☐ The person(s) listed in 6.a., 7.a., 8.a., and 9.a. have completed Form I-864A. I am filing along with this form all necessary Forms I-864A completed by these persons.

12. ☐ The person(s) listed in 6.a., 7.a., 8.a., or 9.a. does not need to complete Form I-864A because he/she is the intending immigrant and has no accompanying dependents.

Name(s)

Federal income tax return information

13. ☒ I have filed a Federal tax return for each of the three most recent tax years. I have attached the required photocopy or transcript of my Federal tax return for only the most recent tax year.



For USCIS Use Only	Household Size	Poverty Guideline	Sponsor's Household Income (Page 5, Line 10)	Remarks
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ Other _____	Year: <u>20YY</u>	\$ _____	
	Poverty Line: \$ _____	The total value of all assets, line 10, must equal 5 times (3 times for spouses and children of USC's, or 1 time for orphans to be formally adopted in the U.S.) the difference between the poverty guidelines and the sponsor's household income, line 10.		

Part 6. Sponsor's Income and Employment
(continued)

My total income (adjusted gross income on IRS Form 1040EZ) as reported on my Federal tax returns for the most recent 3 years was:

	Tax Year		Total Income
13.a.	<u>2012</u> (most recent)	13.a.1. \$	<u>51,5000</u>
13.b.	<u>2011</u> (2nd most recent)	13.b.1. \$	<u>48,500</u>
13.c.	<u>2010</u> (3rd most recent)	13.c.1. \$	<u>45,250</u>

14. ☒ (Optional) I have attached photocopies or transcripts of my Federal tax returns for my second and third most recent tax years.

Part 7. Use of Assets to Supplement Income
(optional)

If your income, or the total income for you and your household, from Part 6, line 10 exceeds the Federal Poverty Guidelines for your household size, YOU ARE NOT REQUIRED to complete this Part. Skip to Part 8.

Your assets (Optional)

- Enter the balance of all savings and checking accounts.
\$ 5,000.00
- Enter the net cash value of real-estate holdings. (Net means current assessed value minus mortgage debt.)
\$ 35,000.00
- Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in lines 1 or 2.
\$ 14,000.00
- Add together lines 1-3 and enter the number here.
TOTAL: \$ 54,000.00

Part 7. Use of Assets to Supplement Income
(optional) (continued)

Assets from Form I-864A, line 12d for:

- 5.a. Name of Relative

- 5.b. Your household member's assets from Form I-864A.
(Optional)

\$ _____

Assets of the principal sponsored immigrant (Optional).
The principal sponsored immigrant is the person listed in lines 1.a. - 1.c. in Part 2.

- Enter the balance of the sponsored immigrant's savings and checking accounts.
\$ _____
 - Enter the net cash value of all the sponsored immigrant's real estate holdings. (Net means investment value minus mortgage debt.)
\$ _____
 - Enter the current cash value of the sponsored immigrant's stocks, bonds, certificates of deposit, and other assets not included on line 6 or 7.
\$ _____
 - Add together lines 6-8 of Part 7 and enter the number here.
\$ _____
- Total value of assets.
10. Add together lines 4, 5.b., and 9 of Part 7 and enter the number here.
TOTAL: \$ 54,000.00

Part 8. Sponsor's Contract

Please note that, by signing this Form I-864, you agree to assume certain specific obligations under the Immigration and Nationality Act and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign the Form I-864. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.

What is the Legal Effect of My Signing a Form I-864?

If you sign a Form I-864 on behalf of any person (called the "intending immigrant") who is applying for an immigrant visa or for adjustment of status to a permanent resident, and that intending immigrant submits the Form I-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under section 213A of the Immigration and Nationality Act these actions create a contract between you and the U. S. Government. The intending immigrant's becoming a permanent resident is the "consideration" for the contract.

Under this contract, you agree that, in deciding whether the intending immigrant can establish that he or she is not inadmissible to the United States as an alien likely to become a public charge, the U.S. Government can consider your income and assets to be available for the support of the intending immigrant.

What If I choose Not to Sign a Form I-864?

You cannot be made to sign a Form I-864 if you do not want to do so. But if you do not sign the Form I-864, the intending immigrant may not be able to become a permanent resident in the United States.

What Does Signing the Form I-864 Require Me to do?

If an intending immigrant becomes a permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under the Form I-864 terminate, you must:

- Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the Federal Poverty Guidelines for his or her household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces and the person is your husband, wife, unmarried child under 21 years old.)
- Notify USCIS of any change in your address, within 30 days of the change, by filing Form I-865.

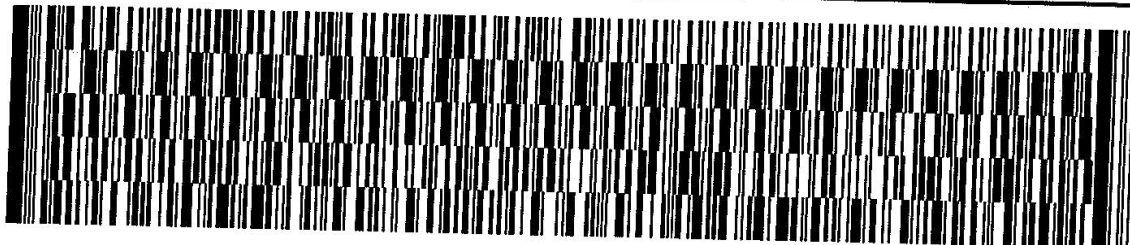
What Other Consequences Are There?

If an intending immigrant becomes a permanent resident in the United States based on a Form I-864 that you have signed, then until your obligations under the Form I-864 terminate, your income and assets may be considered ("deemed") to be available to that person, in determining whether he or she is eligible for certain Federal means-tested public benefits and also for State or local means-tested public benefits, if the State or local government's rules provide for consideration ("deeming") of your income and assets as available to the person.

This provision does **not** apply to public benefits specified in section 403(c) of the Welfare Reform Act such as, but not limited to, emergency Medicaid, short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; and means-tested programs under the Elementary and Secondary Education Act.

What If I Do Not Fulfill My Obligations?

If you do not provide sufficient support to the person who becomes a permanent resident based on the Form I-864 that you signed, that person may sue you for this support.



Part 8. Sponsor's Contract *(continued)*

If a Federal, State or local agency, or a private agency provides any covered means-tested public benefit to the person who becomes a permanent resident based on the Form I-864 that you signed, the agency may ask you to reimburse them for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe.

If you are sued, and the court enters a judgment against you, the person or agency that sued you may use any legally permitted procedures for enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees.

If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for your failing to do so.

When Will These Obligations End?

Your obligations under a Form I-864 will end if the person who becomes a permanent resident based on a Form I-864 that you signed:

1. Becomes a U.S. citizen;
2. Has worked, or can be credited with, 40 quarters of coverage under the Social Security Act;
3. No longer has lawful permanent resident status, and has departed the United States;
4. Becomes subject to removal, but applies for and obtains in removal proceedings a new grant of adjustment of status, based on a new affidavit of support, if one is required; or
5. Dies.

Note that divorce **does not** terminate your obligations under this Form I-864.

Your obligations under a Form I-864 also end if you die. Therefore, if you die, your Estate will not be required to take responsibility for the person's support after your death. Your Estate may, however, be responsible for any support that you owed before you died.

I, SEBASTIAN GOTTLIEB SCHAEFFER
(Print Sponsor's Name)

certify under penalty of perjury under the laws of the United States that:

- a. I know the contents of this affidavit of support that I signed.
- b. **All the factual statements in this affidavit of support are true and correct.**
- c. I have read and I understand each of the obligations described in Part 8, and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrants indicated in Part 3 to become permanent residents of the United States;

d. I agree to submit to the personal jurisdiction of any Federal or State court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864;

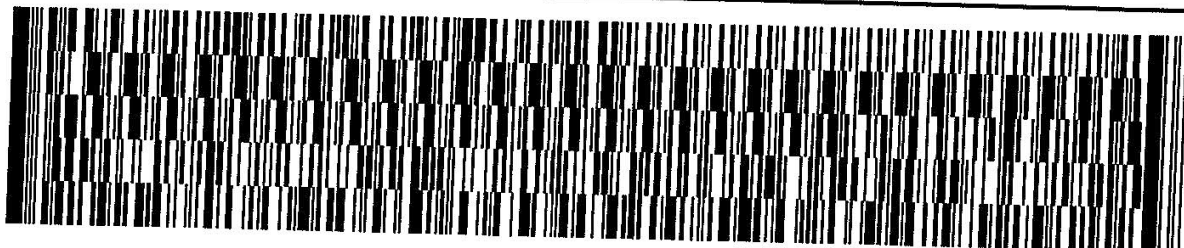
e. Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the U.S. Internal Revenue Service; and

f. I authorize the Social Security Administration to release information about me in its records to the Department of State and U.S. Citizenship and Immigration Services.

g. Any and all other evidence submitted is true and correct.

1.a. Signature of Sponsor

1.b. Date of Signature (mm/dd/yyyy) ►



Part 9. Information on Preparer, If Prepared By Someone Other Than the Sponsor

Preparer's Full Name

Provide the following information concerning the preparer:

1.a. Preparer's Family Name (Last Name)

Popp

1.b. Preparer's Given Name (First Name)

Christine

2. Preparer's Business or Organization Name

Indiana Legal Services, Inc.

Preparer's Mailing Address

3.a. Street Number and Name 214 S College Ave

3.b. Apt. ☐ Ste. ☐ Flr. ☐

3.c. City or Town Bloomington

3.d. State IN 3.e. Zip Code 47404

3.f. Postal Code

3.g. Province

3.h. Country United States

Preparer's Contact Information

4. Preparer's Daytime Phone Number

(8 1 2) 3 3 9 - 7 6 6 8

5. Preparer's Email Address

christie.popp@ilsi.net

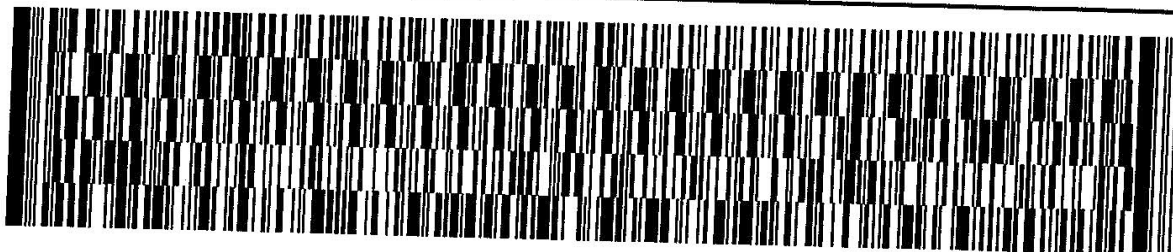
6. Business State ID # (if any)

Declaration

I certify under penalty of perjury under the laws of the United States that I prepared this affidavit of support at the sponsor's request and that this affidavit of support is based on all information of which I have knowledge.

7.a. Signature of Preparer

7.b. Date of Signature (mm/dd/yyyy) ▶



Sample Form DS-230, Application for Immigrant Visa and Alien Registration

		U.S. Department of State		OMB APPROVAL NO. 1405-0015 EXPIRES: 06/30/2015 ESTIMATED BURDEN: 1 HOUR* (See Page 2)	
		APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION			
GTM2011000000					
PART I - BIOGRAPHIC DATA					
Instructions: Complete one copy of this form for yourself and each member of your family, regardless of age, who will immigrate with you. Please print or type your answers to all questions. Mark questions that are Not Applicable with "N/A". If there is insufficient room on the form, answer on a separate sheet using the same numbers that appear on the form. Attach any additional sheets to this form.					
Warning: Any false statement or concealment of a material fact may result in your permanent exclusion from the United States. This form (DS-230 Part I) is the first of two parts. This part, together with Form DS-230 Part II, constitutes the complete Application for Immigrant Visa and Alien Registration.					
1. Family Name		First Name		Middle Name	
GOMEZ GARCIA		Maria		Guadalupe	
2. Other Names Used or Aliases (If married women, give maiden name)					
Maria Guadalupe Sanchez; Lupe Sanchez					
3. Full Name in Native Alphabet (If Roman letters not used)					
N/A					
4. Date of Birth (mm-dd-yyyy)	5. Age	6. Place of Birth (City or Town)	(Province)	(Country)	
01/01/1975	38	Antigua,	Sacatepequez,	Guatemala	
7. Nationality (If dual national, give both.)	8. Gender	9. Marital Status			
Guatemala	☒ Female ☐ Male	☐ Single (Never Married) ☒ Married ☐ Widowed ☐ Divorced ☐ Separated Including my present marriage, I have been married <u>1</u> times.			
10. Permanent address in the United States where you intend to live, if known (street address including ZIP code). Include the name of a person who currently lives there.			11. Address in the United States where you want your Permanent Resident Card (Green Card) mailed, if different from address in item #10 (include the name of a person who currently lives there).		
Juan Carlos Sanchez 7526 N.W. Main Street, Apt. 6 Centerville, CA 97884 Telephone number (609) 264-8890			Juan Carlos Sanchez P.O. Box 259 Centerville, CA 97884 Telephone number (609) 264-8890		
12. Present Occupation		13. Present Address (Street Address) (City or Town) (Province) (Country)			
Homemaker		Calle 9 de mayo, No. 50 Antigua, Guatemala 25669 Telephone Number (Home) 011-502-995-72359 Telephone Number (Office) N/A E-mail Address N/A			
14. Spouse's Maiden or Family Name		First Name		Middle Name	
SANCHEZ,		Juan		Carlos	
15. Date (mm-dd-yyyy) and Place of Birth of Spouse					
06/12/1974; Los Angeles, California, USA					
16. Address of Spouse (If different from your own)			17. Spouse's Occupation		
7526 N.W. Main Street, Apt. 6 Centerville, CA 97884			Manager		
			18. Date of Marriage (mm-dd-yyyy)		
			02/14/2009		
19. Father's Family Name		First Name		Middle Name	
GOMEZ PERALTA,		Enrique		de Jesus	
20. Father's Date of Birth (mm-dd-yyyy)	21. Place of Birth	22. Current Address		23. If Deceased, Give Year of Death	
06/02/1949	Antigua, Guatemala	Calle 9 de mayo, No. 50, Antigua, Guatemala		N/A	
24. Mother's Family Name at Birth		First Name		Middle Name	
GARCIA HERNANDEZ,		Maria		del Carmen	
25. Mother's Date of Birth (mm-dd-yyyy)	26. Place of Birth	27. Current Address		28. If Deceased, Give Year of Death	
05/13/1948	Guatemala City, Guatemala	Deceased		1988	

29. List Names, Dates and Places of Birth, and Addresses of ALL Children.				
Name	Date (mm-dd-yyyy)	Place of Birth	Address (If different from your own)	
GOMEZ GARCIA, Rosa Maria	12/20/1993	Antigua, Guatemala	(Same)	
SANCHEZ Jr., Juan Carlos	12/10/2009	Centerville, California, USA	(Same)	
SANCHEZ, Monica	07/09/2011	Centerville, California, USA	(Same)	

30. List below all places you have lived for at least six months since reaching the age of 16, including places in your country of nationality. Begin with your present residence.

City or Town	Province	Country	From/To (mm-yyyy) or "Present"	From/To (mm-yyyy) or "Present"
Antigua	Sacatepequez	Guatemala	02/2012	Present
Centerville	California	USA	02/2009	02/2012
Los Angeles	California	USA	05/2004	02/2009
Antigua	Sacatepequez	Guatemala	01/1975	04/2004

31a. Person(s) named in 14 and 29 who will accompany you to the United States now.
N/A

31b. Person(s) named in 14 and 29 who will follow you to the United States at a later date.
N/A

32. List below all employment for the last ten years.

Employer	Location	Job Title	From/To (mm-yyyy) or "Present"	From/To (mm-yyyy) or "Present"
Homemaker	Antigua, Guatemala & Centerville, California, USA		02/2009	Present
Mary's Cafe	Los Angeles, California	Waitress	09/2006	02/2009
La Flor de Guatemala	Los Angeles, California	Waitress/Dishwasher	05/2004	09/2006
La Fabrica Hernandez	Antigua, Guatemala	General Labor	05/1995	04/2004

In what occupation do you intend to work in the United States? Homemaker

33. List below all educational institutions attended.

School and Location	From/To (mm-yyyy)	From/To (mm-yyyy)	Course of Study	Degree or Diploma
Centerville Community College, Centerville, California, USA	01/2009	12/2011	English as a Second Lang	None
Escuela Secundaria Presidente Calderon Garcia, Antigua, Guatemala	09/1989	06/1991	Secondary School	None
Escuela Primaria Vicente de la Torre, Antigua, Guatemala	09/1981	06/1989	Primary School	Diploma
Kinder Ninos Heroes, Antigua, Guatemala	09/1980	06/1981	Kindergarten	None

Languages spoken or read Spanish; English

Professional associations to which you belong None

34. Previous Military Service ☐ Yes ☒ No

Branch Dates of Service (mm-dd-yyyy)

Rank/Position Military Specialty/Occupation

35. List dates of all previous visits to or residence in the United States. (If never, write "never") Give type of visa status, if known. Give DHS "A" number if any.

From/To (mm-yyyy)	From/To (mm-yyyy)	Location	Type of Visa	"A" Number (If known)
05/2004	02/2012	Los Angeles & Centerville, California	None (Entered without inspection)	None

Signature of Applicant Date (mm-dd-yyyy)

Privacy Act and Paperwork Reduction Act Statements

The information asked for on this form is requested pursuant to Section 222 of the Immigration and Nationality Act. The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue you a social security number and card.

*Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202. Please do not send Visa Applications to this address. Send Visa Applications to your nearest U.S. Embassy or Consulate for processing.



U.S. Department of State

APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

OMB APPROVAL NO. 1405-0015
EXPIRES: 06/30/2015
ESTIMATED BURDEN: 1 HOUR*

PART II - SWORN STATEMENT

Instructions: Complete one copy of this form for yourself and each member of your family, regardless of age, who will immigrate with you. Please print or type your answers to all questions. Mark questions that are **Not Applicable** with "N/A". If there is insufficient room on the form, answer on a separate sheet using the same numbers that appear on the form. Attach any additional sheets to this form. The fee should be paid in United States dollars or local currency equivalent, or by bank draft.

Warning: Any false statement or concealment of a material fact may result in your permanent exclusion from the United States. Even if you are issued an immigrant visa and are subsequently admitted to the United States, providing false information on this form could be grounds for your prosecution and/or deportation.

This form (DS-230 Part II), together with Form DS-230 Part I, constitutes the complete Application for Immigrant Visa and Alien Registration.

36. Family Name	First Name	Middle Name
GOMEZ GARCIA	Maria	Guadalupe
37. Other Names Used or Aliases (If married woman, give maiden name) Maria Guadalupe Sanchez; Lupe Sanchez		
38. Full Name in Native Alphabet (If Roman letters not used) N/A		
39. Name and Address of Petitioner Juan Carlos Sanchez 7526 N.W. Main Street, Apt. 6, Centerville, CA 97884		Telephone number (609)264-8890 E-mail Address N/A
40. United States laws governing the issuance of visas require each applicant to state whether or not he or she is a member of any class of individuals excluded from admission into the United States. The excludable classes are described below in general terms. You should read carefully the following list and answer Yes or No to each category. The answers you give will assist the consular officer to reach a decision on your eligibility to receive a visa.		
Except as Otherwise Provided by Law, Aliens Within the Following Classifications are Ineligible to Receive a Visa. Do Any of the Following Classes Apply to You? (See Attachment)		
a. An alien who has a communicable disease of public health significance; who has failed to present documentation of having received vaccinations in accordance with U.S. law; who has or has had a physical or mental disorder that poses or is likely to pose a threat to the safety or welfare of the alien or others; or who is a drug abuser or addict.		☐ Yes ☒ No
b. An alien convicted of, or who admits having committed, a crime involving moral turpitude or violation of any law relating to a controlled substance or who is the spouse, son or daughter of such a trafficker who knowingly has benefited from the trafficking activities in the past five years; who has been convicted of 2 or more offenses for which the aggregate sentences were 5 years or more; who is coming to the United States to engage in prostitution or commercialized vice or who has engaged in prostitution or procuring within the past 10 years; who is or has been an illicit trafficker in any controlled substance; who has committed a serious criminal offense in the United States and who has asserted immunity from prosecution; who, while serving as a foreign government official, was responsible for or directly carried out particularly severe violations of religious freedom; or whom the President has identified as a person who plays a significant role in a severe form of trafficking in persons, who otherwise has knowingly aided, abetted, assisted or colluded with such a trafficker in severe forms of trafficking in persons, or who is the spouse, son or daughter of such a trafficker who knowingly has benefited from the trafficking activities within the past five years.		☐ Yes ☒ No
c. An alien who seeks to enter the United States to engage in espionage, sabotage, export control violations, terrorist activities, the overthrow of the Government of the United States or other unlawful activity; who is a member of or affiliated with the Communist or other totalitarian party; who participated, engaged or ordered genocide, torture, or extrajudicial killings; or who is a member or representative of a terrorist organization as currently designated by the U.S. Secretary of State.		☐ Yes ☒ No
d. An alien who is likely to become a public charge.		☐ Yes ☒ No
e. An alien who seeks to enter for the purpose of performing skilled or unskilled labor who has not been certified by the Secretary of Labor; who is a graduate of a foreign medical school seeking to perform medical services who has not passed the NBME exam or its equivalent; or who is a health care worker seeking to perform such work without a certificate from the CGFNS or from an equivalent approved independent credentialing organization.		☐ Yes ☒ No
f. An alien who failed to attend a hearing on deportation or inadmissibility within the last 5 years; who seeks or has sought a visa, entry into the United States, or any immigration benefit by fraud or misrepresentation; who knowingly assisted any other alien to enter or try to enter the United States in violation of law; who, after November 30, 1996, attended in student (F) visa status a U.S. public elementary school or who attended a U.S. public secondary school without reimbursing the school; or who is subject to a civil penalty under INA 274C.		☐ Yes ☐ No

See attachment

Privacy Act and Paperwork Reduction Act Statements

The information asked for on this form is requested pursuant to Section 222 of the Immigration and Nationality Act. The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue you a social security number and card.

*Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202. Please do not send Visa Applications to this address. Send Visa Applications to your nearest U.S. Embassy or Consulate for processing.

DS-230 Part II

Previous Editions Obsolete

Page 3 of 4

ALL INFORMATION IS FICTIONAL AND IS FOR INSTRUCTIONAL PURPOSES ONLY.

g. An alien who is permanently ineligible for U.S. citizenship; or who departed the United States to evade military service in time of war.	☐ Yes ☒ No
h. An alien who was previously ordered removed within the last 5 years or ordered removed a second time within the last 20 years; who was previously unlawfully present and ordered removed within the last 10 years or ordered removed a second time within the last 20 years; who was convicted of an aggravated felony and ordered removed; who was previously unlawfully present in the United States for more than 180 days but less than one year who voluntarily departed within the last 3 years; or who was unlawfully present for more than one year or an aggregate of one year within the last 10 years.	☐ Yes ☒ No
i. An alien who is coming to the United States to practice polygamy; who withholds custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court or intentionally assists another person to do so; who has voted in the United States in violation of any law or regulation; or who renounced U.S. citizenship to avoid taxation.	☐ Yes ☒ No
j. An alien who is a former exchange visitor who has not fulfilled the 2-year foreign residence requirement.	☐ Yes ☒ No
k. An alien determined by the Attorney General to have knowingly made a frivolous application for asylum.	☐ Yes ☒ No
l. An alien who has ordered, carried out or materially assisted in extrajudicial and political killings and other acts of violence against the Haitian people; who has directly or indirectly assisted or supported any of the groups in Colombia known as FARC, ELN, or AUG; who through abuse of a governmental or political position has converted for personal gain, confiscated or expropriated property in Cuba, a claim to which is owned by a national of the United States, has trafficked in such property or has been complicit in such conversion, has committed similar acts in another country, or is the spouse, minor child or agent of an alien who has committed such acts; who has been directly involved in the establishment or enforcement of population controls forcing a woman to undergo an abortion against her free choice or a man or a woman to undergo sterilization against his or her free choice; or who has disclosed or trafficked in confidential U.S. business information obtained in connection with U.S. participation in the Chemical Weapons Convention or is the spouse, minor child or agent of such a person; or who has ever engaged in the recruitment of or the use of child soldiers.	☐ Yes ☒ No
41. Have you ever been charged, arrested or convicted of any offense or crime? (If answer is Yes, please explain) ☒ Yes ☐ No I was cited for driving without a license in Centerville, California on 07/30/2010. I was fined.	
42. Have you ever been refused admission to the United States at a port-of-entry? (If answer is Yes, please explain) ☐ Yes ☒ No	
43a. Have you ever applied for a Social Security Number (SSN)? ☐ Yes ☒ No Give the number _____ Would you like to receive a replacement card? (You must answer YES to question 43b. to receive a card.) ☐ Yes ☒ No	43b. Consent to Disclosure: I authorized disclosure of information from this form to the Department of Homeland Security (DHS), the Social Security Administration (SSA), such other U.S. Government agencies as may be required for the purpose of assigning me an SSN and issuing me a Social Security card, and I authorize the SSA to share my SSN with the INS. ☒ Yes ☐ No The applicant's response does not limit or restrict the Government's ability to obtain his or her SSN, or other information on this form, for enforcement or other purposes as authorized by law.
44. Were you assisted in completing this application? ☐ Yes ☒ No (If answer is Yes, give name and address of person assisting you, indicating whether relative, friend, travel agent, attorney or other) Nancy Rodriguez Attorney at Law Law Office of Nancy Rodriguez, 559 South Lake Blvd., Suite 109, Los Angeles, CA 97652	
DO NOT WRITE BELOW THE FOLLOWING LINE The consular officer will assist you in answering item 45. DO NOT SIGN this form until instructed to do so by the consular officer	
45. I claim to be: ☐ A Family-Sponsored Immigrant ☐ I derive foreign state chargeability under Sec. 202(b) through my _____ ☐ Preference _____ ☐ An Employment-Based Immigrant ☐ Numerical limitation (foreign state) _____ ☐ A Diversity Immigrant ☐ A Special Category (Specify) _____ (Returning resident, Hong Kong Tibetan, Private Legislation, etc.)	
I understand that I am required to surrender my visa to the United States Immigration Officer at the place where I apply to enter the United States, and that the possession of a visa does not entitle me to enter the United States if at that time I am found to be inadmissible under the immigration laws. I understand that any willfully false or misleading statement or willful concealment of a material fact made by me herein may subject me to permanent exclusion from the United States and, if I am admitted to the United States, may subject me to criminal prosecution and/or deportation. I, the undersigned applicant for a United States immigrant visa, do solemnly swear (or affirm) that all statements which appear in this application, consisting of Form DS-230 Part I and Part II combined, have been made by me, including the answers to items 1 through 45 inclusive, and that they are true and complete to the best of my knowledge and belief. I do further swear (or affirm) that, if admitted into the United States, I will not engage in activities which would be prejudicial to the public interest, or endanger the welfare, safety, or security of the United States; in activities which would be prohibited by the laws of the United States relating to espionage, sabotage, public disorder, or in other activities subversive to the national security; in any activity a purpose of which is the opposition to or the control, or overthrow of, the Government of the United States, by force, violence, or other unconstitutional means. I understand that completion of this form by persons required by law to register with the Selective Service System (males 18 through 25 years of age) constitutes such registration in accordance with the Military Selective Service Act. I understand all the foregoing statements, having asked for and obtained an explanation on every point which was not clear to me.	
_____ Signature of Applicant	
Subscribed and sworn to before me this _____ day of _____ at: _____ _____ Consular Officer	

Addendum to Form DS230-II

1

Applicant Name: GOMEZ GARCIA, Maria

A No.:

Addendum to Item 40. Explain Why the Following Classes Apply to You

f. I brought my daughter, Rosa Maria, with me when I illegally entered the United States in 05/1994.

h. I lived illegally in the United States from 05/2004 until 02/2012 when I returned to Guatemala.

ALL INFORMATION IS FICTIONAL AND IS FOR INSTRUCTIONAL PURPOSES ONLY.

COMPLETING FORM DS-260, ONLINE IMMIGRANT VISA APPLICATION AND REGISTRATION

*by Carlina Tapia-Ruano**

NOTE: Always check the website for the most recent version of this form and current filing fees!

GENERAL COMMENTS

The [Form DS-260, Online Immigrant Visa Application and Registration](#), is a web-based electronic form that will eventually replace the current Form DS-230, Application for Immigrant Visa and Alien Registration. The Form DS-260 will eventually be required for all visa applicants at U.S. consulates. At the present time, the only applicants who apply at selected U.S. embassies and consulates are notified by the National Visa Center (NVC) to use this form. The roll-out of the new DS-260 will be gradual. Therefore, not all immigrant visa applicants will be required to use the new form at the same time.

These online forms are completed and submitted online to the Department of State via the Internet through the Consular Electronic Applications Center (CEAC). The forms may be partially completed, saved online to finish, and submitted later; or the forms can be completed and submitted in a single session.

Because the information entered online is transmitted directly to embassies and NVC, extra care should be taken in completing the Form DS-260 to ensure accurate information is recorded. Most fields on the DS-260 are mandatory. Fields marked “Optional” may be left blank. Some fields may also give the option to select “Does Not Apply.” If a field does not apply, mark the box next to “Does Not Apply.” All other fields must be completed; the application will not allow an applicant to submit a form with any mandatory fields left blank. In this instance, an error message will be displayed and the applicant will be required to complete the field before continuing with the application. If all questions requiring an answer are not answered, the form may be rejected.

Note that the DS-260 has a “time out” feature. If the DS-260 application is left idle for approximately 20 minutes, CEAC will log off the user. All data entered up to the last time it was saved will be stored. However, any data entered after clicking “Save” will be lost.

The form can be accessed by returning to the CEAC website and selecting “View/Edit” from the “IV and Alien Registration” section of the “Immigrant Visa – Summary Information” screen. At that time, the screen will provide a list of all applicants in the case, along with the status of each application (NOT STARTED, INCOMPLETE, or SUBMITTED). To continue updating an incomplete application, simply click on the “Edit” button to the right of the application’s status.

Once the application is submitted, by clicking the “Sign and Submit Application” button on the “Sign and Submit” page, the application will no longer be accessible without the assistance of NVC, or the relevant U.S. embassy or consulate.

COMPLETING THE FORM

Before Starting

Have the following information available:

Articles do not necessarily reflect the views of the American Immigration Lawyers Association.

* **Carlina Tapia-Ruano** is a past president of AILA and its first Hispanic president. She founded Tapia-Ruano & Gunn PC in Chicago, and has practiced law for over 30 years. Her area of practice includes family, employment, and removal defense. She has written and lectured extensively. She has testified before Congress, and been a faculty member of the American Immigration Council’s Litigation Institute, De Paul College of Law, and the Illinois Institute of Technology-Chicago Kent School of Law.

- Internet access
- The NVC case number (provided by NVC)
- Invoice I.D. number (issued by NVC after payment of visa fees)

Access the DS-260 from the [Consular Electronic Application Center](#) and click “Submit Visa Application and Civil Documents,” or on the website of the U.S. consulate where the applicant will apply for the visa.

Personal Address and Phone Information

- List full, legal name as it appears on the applicant’s birth record, or any subsequent legal document, such as a marriage certificate.
- Present address should be where applicant resides at time of completion of the form.
- Address in United States where applicant intends to live should be permanent mailing address.
- Any information requested where the answer is none should be marked as “DOES NOT APPLY.”

Family Information

- List as much information as possible, but be sure information is accurate.

Previous U.S. Travel Information

- If applicant is present in the United States at the time of filing the form, respond “yes” applicant has previously been in the United States.

Work/Education/Training Information

- List all employment in the United States, whether applicant had work authorization or not.
- Where information is requested and applicant does not know the answer, mark “UNKNOWN” or “DO NOT KNOW”, depending on available choices listed.

Petitioner Information

- List name and address of visa petitioner.

Security and Background Information

- Answers to these questions will form basis of most grounds of inadmissibility.
- Any answer marked “yes” should be followed up with a brief explanation.
- All arrests, even if they never resulted in convictions, should be listed with information on the disposition of each arrest.

Even if the applicant is in the United States at the time the application is filed, questions regarding applicant’s departure from the United States should be answered in light of applicant’s imminent departure from the United States. For example: if the applicant remained in the United States without authorization, beyond 180 days, the applicant should answer “yes” to the question of whether the applicant had been “unlawfully present” in the United States. Although the applicant will not trigger the second prong of the “unlawful present” definition until the applicant departs the United States, it is presumed that the applicant will need to depart the United States to appear at the U.S. consulate for the immigrant visa interview.

Marketing & Social Media

Randall Caudle (dl), Conference Program Committee,
San Francisco, CA
Lauren Paulus, San Diego, CA
Jessica Eise, AILA New Media Associate, Washington, DC



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Is Traditional Marketing Dead or Still Useful?

• Evaluate your *current* clients and your *desired* clients

- Are the clients internet savvy?
- What is the age group of the clients?
- How do you communicate with the clients?
- Where do new clients find information about your firm?



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Is Traditional Marketing Dead or Still Useful?

• If your current/desired clients are older and not very computer literate, traditional marketing is probably still the best way to reach them.

• If your clients are younger (such as DACA recipients) or computer literate (common for H-1Bs and PERMs), social media and online marketing is often a better way to reach them.



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Hot New Social Media Trends and Statistics

- YouTube
 - 1.700 YouTube video links are shared on Twitter every minute
- Facebook
 - 70% of business-to-consumer marketers have acquired a customer through Facebook
- LinkedIn
 - 43% of U.S. marketers have found a customer through LinkedIn
- Twitter
 - 16.69% of online business-to-consumer marketers use Twitter, compared to 80% for business-to-business
- Google+
 - 17.70% of brands have presences on Google+, up 4% from Q4 2012



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Hot New Social Media Trends and Statistics



Social Media Video 2013, Erik Qualman



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Facebook – Various Ways to Use Facebook in a Law Office

- Current immigration news
- Asking questions to other immigration professionals you are connected to or in FB groups
- Information on clients & potential clients
- Providing information to clients



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Twitter – Bleeding Edge Immigration News

Randall Caudle @randallcaudle
San Francisco Immigration Attorney at Caudle Immigration. Interests include social media, coffee, travel, baseball, ESPN sports center, & spy books & TV shows. San Francisco, CA caudleimmigration.com
1,370 TWEETS 1,268 FOLLOWING 744 FOLLOWERS

Tweets.. 2 Oct Its time for the green card lottery <http://fw.to/0wlHjtS>. Information on the 2015 green card lottery.



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Twitter Tips

- Can Retweet Immigration Articles Easily
- Can Live Tweet Immigration Events or Announcements (*i.e.*, DACA & I-601As)
- Can Search Twitter for Info on an Immigration Topic
- App for Phone – Tweet on the Go!



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The Conversation on Twitter

- DREAMers and Immigration Reformers have been hailed for their organization
- Have used Twitter as a key tool for organization
- Journalists now follow activists
- Used to apply political pressure (ex: Thunderclap)



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Other Social Media Sites

- LinkedIn – Essential for Law Firms
- Quora – Questions & Answers
- Klout – Personal Social Media Statistics
- Pinterest – Personalize Your Law Firm & Attorneys
- Tumblr – Niche Immigration Topics



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New Sources of News



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Newsle



- Newsle finds articles about you, your friends and colleagues, and anyone else you care about and notifies you minutes or hours after they're published.
- Newsle's core technology is its disambiguation algorithm, which determines whether an article mentioning "John Smith" is about the right person.
- Why would you use this?



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Google+



- A top-quality video chat platform that costs nothing, Hangout allows you to hold video chat sessions with an unlimited number of people right from your Google+ account

- Circles are in fact an incredibly easy and convenient means of content sharing

- Google+ – on paper anyway – is the world's second largest social network after Facebook

- Why would you use this?



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Latino Rebels



- The Latino Rebels are a collective of social media influentials, bloggers, journalists, poets, writers, producers, photographers, and marketers

- They use humor, commentary, opinions, independent stories, cross-links to others blogs, and social media platforms to share their universe

- Why would you use this?



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Social Media Ethics

- AILA Articles

- Privacy Issues & Confidentiality

- Friending Your Clients?

- Legal Advice Online?



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Interesting Internet Immigration Items

- What the Immigration Attorney –
<http://immigrationatty.tumblr.com/page/1>
- Consular Corner on FB –
<https://www.facebook.com/ConsularCorner>
- Caudle Immigration on FB
- International Immigration Professionals – LinkedIn



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Questions & Answers



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Legal Concepts Involved In Family-Based Immigrant Petitions and Applications

Erich Straub (dl), Milwaukee, WI
Laura Reichert, Paralegal, Milwaukee, WI
Cynthia B. Rosenberg, AILA Board of Governors, Baltimore, MD



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Paralegal



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Paralegal

- Attorney's:
 - Eyes
 - Ears
 - Voice



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Framework for Success

- Checklists
- Customer Service
- Client Management
- Combining Systems



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Checklists

- Organization Is Key
- Supporting Documents
 - Comport with Client Questionnaire?
 - Copies Clear?
 - Appear Genuine?
 - What Is Missing?
- Client Cooperation and Communication



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Form I-130 – The Law

- Family Relationship
 - Eligibility
 - Immediate Relative
 - Preference Category
 - U.S. Citizen (USC)
 - Lawful Permanent Resident (LPR)
 - Adoption



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Form I-130 – The Form

- “You” is the petitioner
- “Your relative” is the beneficiary
- Leave no blanks – “N/A” or “none”
- Use of addendums



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Customer Service

- Client Priorities
- Communication Issues
- Timing
- Stressors
- Co-sponsors
- Documents (FOIA, Criminal, Vital, etc.)



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Form I-485 – The Law

- Adjustment of Status
 - One-Step
 - Fiancée (K Visa)
 - 245(i)
- Inadmissibility
 - Unlawful Presence
 - Fraud
 - Criminal



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Form I-485 – The Form

- Same tips as Form I-130
- “Yes” or “no” format
 - “Yes” – possible ground of inadmissibility
 - Could be “yes,” then may be a problem



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Client Management

- Documents
 - One Request
 - Checklist for the Client
- Preemptive Strikes
- Time Blocks
- Electronic Instead of Phone



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Form I-751 – The Law

- Conditional Residency
 - Married less than two years
 - Residency good for two years
 - File to remove conditions before residency expires (90 days prior)



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Form I-751 – The Law

- Joint Petition
- Waivers
 - Death
 - Good faith-based marriage
 - Abuse
 - Hardship



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Form I-751 – The Form

- Fraud Detection
 - Status of Marriage
 - Family Court
 - Criminal Record
 - Residence
 - Place of Employment
 - Children



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Tying It All Together

- Checklists
- Client Communication
- Firm Communication



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Questions & Answers



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Rourke & Rosenberg LLC
Marriage Case Form Checklist

REMEMBER TO UPDATE THE ONLINE DATABASE AT EVERY STEP, INCLUDING PHONE CALLS TO/FROM CLIENT

- ☐ I-130 for petitioner's signature
- ☐ I-485 for beneficiary's signature
- ☐ I-765 for beneficiary's signature
- ☐ I-131 for beneficiary's signature
- ☐ G-325A for petitioner's signature
- ☐ G-325A for beneficiary's signature (2 copies)
- ☐ G-28 for petitioner's signature
- ☐ G-28 for beneficiary's signature (4 copies)

Marriage Case Supporting Document Checklist

- ☐ Marriage Certificate
 - ☐ Any previous Divorce Decrees?
 - ☐ Divorce between _____ and _____
 - ☐ Divorce between _____ and _____
 - ☐ Death Certificates for previous spouses?
- ☐ Birth Certificate for petitioner
 - ☐ Proof of U.S. citizenship for petitioner (Passport or Naturalization Certificate)
- ☐ Birth Certificate for beneficiary
- ☐ Secondary evidence of birth and letter of non-availability?
- ☐ Passport for beneficiary, with I-94 (card or printout)
- ☐ Tax filing for petitioner, with W-2
 - ☐ Tax filing for co-sponsor, with W-2, year _____
 - ☐ Proof of U.S. citizenship for co-sponsor
- ☐ Sealed Medical Records
- ☐ 2 passport photos for petitioner (We keep one for our file)
- ☐ 8 passport photos for beneficiary (1 for I-130, two each for I-485, I-765 and I-131)(one for our file)

Marriage Case Step-By-Step

1. Receive case file from attorney.
2. Review questionnaires for missing information, obvious errors or inconsistencies.
3. Confirm presence of needed documents.
4. If necessary, contact client for missing information or documents. Important to ask for everything at once if possible DATE CONTACTED _____

5. DATES OF SUBSEQUENT CONTACTS IF NEEDED _____ (annotate in database)
6. Fill out forms. Keep track of and mark questionable areas on printed copy with highlighter to be brought to attorney attention.
7. Show completed forms to attorney for review; return to Step 4 if changes are needed.
8. Prepare forms for clients' review and signatures; i.e., tab signature spaces.
9. If client finds any errors, return to Step 5.
10. Review forms to make sure client and attorney have provided all necessary signatures.
11. Assemble filing and give to attorney for final review.
12. Make photocopy of complete filing for in-house records. Scan if appropriate
13. Submit filing to USCIS.
14. Email client to advise when filed. Be realistic if asked when to expect receipt notices –
MANAGE EXPECTATIONS
15. Prior to placing in to-file area -Was Online Database Updated?

REMEMBER

Clients are not to abuse you.

If you have a problem with a client, take a message and see the attorney.

Do not give Legal Advice

Sample Marriage Case Filing Order

1. Cover letter
2. **G-28** with petitioner's signature; filing fee check and petitioner's photos stapled to it
3. **G-28** with beneficiary's signature; beneficiary's photos stapled to it
4. **I-130**
5. Marriage Certificate
 - All previous Divorce Decrees
6. **G-325A** with petitioner's signature
7. Birth Certificate for petitioner
 - Proof of U.S. citizenship for petitioner
8. **G-325A** with beneficiary's signature
9. Birth Certificate for beneficiary
10. Passport and I-94 for beneficiary
11. **G-28** with beneficiary's signature; filing fee check and beneficiary's photos stapled to it
12. **I-485**
13. Marriage Certificate
 - All previous Divorce Decrees
14. **G-325A** for beneficiary
15. Birth Certificate for beneficiary
16. Passport and I-94 for beneficiary
17. Sealed Medical Records
18. **I-864** for petitioner
19. Tax Records and W-2 for petitioner
 - **I-864** for co-sponsor
 - Tax Records and W-2 for co-sponsor
 - Proof of U.S. citizenship for co-sponsor
20. **G-28** with beneficiary's signature; beneficiary's photos stapled to it
21. **I-765**
22. **G-28** with beneficiary's signature; beneficiary's photos stapled to it
23. **I-131**

Checklist before filing an Initial Marriage Based Case

Client _____

Checklist of forms before filing which I will prepare:

Form I-130 Government fee \$420

Form I-485 Government fee \$1070

TOTAL Government Fees \$1490

Form I-765

Form G-28

Form G-325A

Affidavit(s) of Support

I-824 to notify embassy (if needed)

I will give you the following today:

Photo specifications sheet (please note that effective September 2004, CIS accepts passport-style photos only)

Medical form (please note that the medical must be performed by a CIS-authorized physician)

Documents that clients must provide:

My questionnaires

Birth certificates for both spouses (Please note that certain countries do not issue birth certificates; therefore, please check the Foreign Affairs Manual to see if the foreign national's country of birth issues certificates. In the event that the foreign national is born in a country not issuing birth certificates, s/he may present two affidavits and a certificate of unavailability from the municipal authority in the country of birth)

Birth certificates for children of marriage

Marriage certificate

Most recent tax return for sponsoring spouse

Tax return for sponsored spouse (if applicable)

Eight photos – sponsored spouse

Two photos – sponsoring spouse

Passport copies, including I-94 or I-94 printout

Proof of student status if applicable

Medical exam by CIS approved doctor for applicant

Divorce or death records from previous marriages

For interview

1. Current employment letter from sponsoring spouse plus pay stubs – for interview

2. Same for any other sponsor who completed I-864 or I-864A Affidavits of Support

3. **Bona fides of marriage – SUGGESTIONS**

- Driver licenses or IDs with same address
- Life insurance policies showing spouses as each other's beneficiaries
- Car insurance policies showing both parties insured
- Health insurance policy showing coverage for spouse
- Joint deed or mortgage
- Joint apartment lease
- Utility bills – both names
- Cell phone accounts – both names
- Photos for interview – both before and after marriage, wedding invitation, etc.
- Video or food store membership i.e, Sam's Club – one account number
- Credit cards – both names

- Affidavits friends and family
- Greeting cards addressed to both
- Employer letter from the human resources department indicating that employment records reflect marriage
- Birth certificates of children
- School records that show that both parents (or stepparent) are/is involved with child's education – this can be in the form of the "call in emergency" information kept on school files, affidavits from a teacher, proof that stepparent is involved with child's little league or scouting program
- Bank statements – joint accounts or investments
- Affidavit from religious leader that both spouse attend services as a family unit or are otherwise involved with the religious entity
- Photo albums covering relationship starting with courtship

What to expect in a marriage-based interview

If you need directions to the USCIS office, let me know ahead of time.

Bring all originals of your documents including passports, driver licenses, IDs, work cards, birth, death, and divorce documents. BRING A PHOTOCOPY OF EVERYTHING for the examiner to keep.

When you enter the USCIS office, proceed to the interview room and present your letter at the window.

When we are called into the interview room, you will be asked to remain standing and you will be asked to affirm that you will tell the truth. You will then be asked to present identification.

Most examiners will start with questions directly from the forms that we submitted. However, every examiner has his/her own style. You or your spouse may be asked questions in turn or at random. Basic questions are name, address, date of birth of each other, social security number, etc.

The examiner will inquire into virtually as aspects of your relationship: biographic, history of the relationship, residence, life style and personal.

If you have a bona fide (real) marriage, you have nothing to fear. Answer the questions honestly. If you do not know the answer, say so. We all have mental blocks. I will step in if I see an abuse of questioning.

Actual questions that may be asked

What is his/her mother's first name?

Where did you meet?

Where did you go on your first date?

When was your spouse born? Where?

Where did he/she live when you first met?

I see you had a birthday/anniversary on ____date, what did you do to celebrate?

What are his children's names and ages? Where do they go to school?

Does he wear boxers or briefs?

What color is the shower curtain in the bathroom?

What did you have for dinner last night? Who cooked?

How did you get to the interview? Who drove?

What time did you awaken this morning?

Where does he/she work? How does he/she get to work? What hours does he/she work?

Where do you do your banking? Shop for food?

Do you have carpets or rugs or wood floors?

Take out your keys (the examiner wants to see if they match?)

You will be asked questions that are not on this list. The examiner wants to be assured that your marriage is real. Relax - you can answer most questions!

If all documents are in order, and the fingerprint check is complete, you can potentially be approved for permanent residence at this time and your passport will be stamped with a temporary proof of permanent residence. However, many cases are not approved same day, and this is not cause for alarm. Sometimes the examiner will give us a letter requesting that additional documents be returned to their office within a set number of days. Other times, the examiner may state that the fingerprints have not cleared yet, or offer another reason for delay. We will discuss the interview afterwards to address any issues

From this day forth, save EVERYTHING. If your permanent residence is conditional, you may have to prove that that your marriage was real.

Sample Form I-130, Petition for an Alien Relative

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

OMB No. 1615-0012; Expires 12/31/2015

I-130, Petition for Alien Relative

DO NOT WRITE IN THIS BLOCK - FOR USCIS OFFICE ONLY

A# Section of Law/Visa Category ☐ 201(b) Spouse - IR-1/CR-1 ☐ 201(b) Child - IR-2/CR-2 ☐ 201(b) Parent - IR-5 ☐ 203(a)(1) Unum. S or D - F1-1 ☐ 203(a)(2)(A) Spouse - F2-1 ☐ 203(a)(2)(A) Child - F2-2 ☐ 203(a)(2)(B) Unum. S or D - F2-4 ☐ 203(a)(3) Married S or D - F3-1 ☐ 203(a)(4) Brother/Sister - F4-1	Action Stamp	Fee Stamp Petition was filed on: _____ (priority date) ☐ Personal Interview ☐ Previously Forwarded ☐ Pet. ☐ Ben. "A" File Reviewed ☐ I-485 Filed Simultaneously ☐ Field Investigation ☐ 204(g) Resolved ☐ 203(a)(2)(A) Resolved ☐ 203(g) Resolved
--	---------------------	--

Remarks:

A. Relationship You are the petitioner. Your relative is the beneficiary.

1. I am filing this petition for my: ☒ Spouse ☐ Parent ☐ Brother/Sister ☐ Child	2. Are you related by adoption? ☐ Yes ☐ No	3. Did you gain permanent residence through adoption? ☐ Yes ☐ No
--	--	--

B. Information about you

1. Name (Family name in CAPS)	(First)	(Middle)
SMITH	John	Doe
2. Address (Number and Street)		
1234 S. Main Street		
(Town or City)	(State/Country)	(Zip/Postal Code)
Metropolis	NY/USA	99999
3. Place of Birth (Town or City)		(State/Country)
Chicago		IL/USA
4. Date of Birth	5. Gender	6. Marital Status
01/01/1979	☒ Male ☐ Female	☒ Married ☐ Single ☐ Widowed ☐ Divorced
7. Other Names Used (including maiden name)		
NONE		
8. Date and Place of Present Marriage (if married)		
01/01/2013 Las Vegas, Nevada		
9. U.S. Social Security Number (if any)	10. Alien Registration Number	
123-45-6789	None	
11. Name(s) of Prior Spouse(s)	12. Date(s) Marriage(s) Ended	
N/A		

C. Information about your relative

1. Name (Family name in CAPS)	(First)	(Middle)
SMITH	Jane	Ann
2. Address (Number and Street)		
1234 S. Main Street		
(Town or City)	(State/Country)	(Zip/Postal Code)
Metropolis	NY/USA	99999
3. Place of Birth (Town or City)		(State/Country)
Vancouver		BC/Canada
4. Date of Birth	5. Gender	6. Marital Status
02/02/1980	☐ Male ☒ Female	☒ Married ☐ Single ☐ Widowed ☐ Divorced
7. Other Names Used (including maiden name)		
BELL, Jane Ann		
8. Date and Place of Present Marriage (if married)		
01/01/2013 Las Vegas, Nevada		
9. U.S. Social Security Number (if any)	10. Alien Registration Number	
987-65-4321	None	
11. Name(s) of Prior Spouse(s)	12. Date(s) Marriage(s) Ended	
N/A		

13. If you are a U.S. citizen, complete the following:

My citizenship was acquired through (check one):

☒ Birth in the U.S.

☐ Naturalization. Give certificate number and date and place of issuance.

☐ Parents. Have you obtained a certificate of citizenship in your own name?

☐ Yes. Give certificate number, date and place of issuance. ☐ No

14. If you are a lawful permanent resident alien, complete the following:

Date and place of admission for or adjustment to lawful permanent residence and class of admission.

13. Has your relative ever been in the U.S.? ☒ Yes ☐ No**14. If your relative is currently in the U.S., complete the following:**

He or she arrived as a: (visitor, student, stowaway, without inspection, etc.) TN

Arrival/Departure Record (I-94)	Date arrived
9 9 9 9 9 9 9 9 9 9	05/01/2011
Date authorized stay expired, or will expire, as shown on Form I-94 or I-95	
05/01/2014	

15. Name and address of present employer (if any)

Big Name Bank, 456 State Street, Metropolis, NY

Date this employment began 05/02/2011

14b. Did you gain permanent resident status through marriage to a U.S. citizen or lawful permanent resident?☐ Yes ☐ No**16. Has your relative ever been under immigration proceedings?**

☒ No ☐ Yes Where _____ When _____

☐ Removal ☐ Exclusion/Deportation ☐ Rescission ☐ Judicial Proceedings

INITIAL RECEIPT _____ RESUBMITTED _____ RELOCATED: Rec'd _____ Sent _____ COMPLETED: App'd _____ Denied _____ Rec'd _____



Form I-130 (12/18/12) Y

C. Information about your relative (continued)**17. List spouse and all children of your relative.**

(Name)	(Relationship)	(Date of Birth)	(Country of Birth)
John Doe Smith	Husband	01/01/1979	United States

18. Address in the United States where your relative intends to live.

(Street Address)	(Town or City)	(State)
1234 S. Main Street	Metropolis	NY

19. Your relative's address abroad. (Include street, city, province and country)

Phone Number (if any)

38 Meadow Lane Vancouver, British Columbia Canada

20. If your relative's native alphabet is other than Roman letters, write his or her name and foreign address in the native alphabet.

(Name) Address (Include street, city, province and country):

21. If filing for your spouse, give last address at which you lived together. (Include street, city, province, if any, and country):

From:	To:
1234 S. Main Street Metropolis NY	01/02/2013

22. Complete the information below if your relative is in the United States and will apply for adjustment of status.

Your relative is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the USCIS office in:

If your relative is not eligible for adjustment of status, he or she will apply for a visa abroad at the American consular post in:

Metropolis	NY		
(City)	(State)	(City)	(Country)

NOTE: Designation of a U.S. embassy or consulate outside the country of your relative's last residence does not guarantee acceptance for processing by that post. Acceptance is at the discretion of the designated embassy or consulate.

D. Other information**1. If separate petitions are also being submitted for other relatives, give names of each and relationship.****2. Have you ever before filed a petition for this or any other alien?** ☐ Yes ☒ No

If "Yes," give name, place and date of filing and result.

WARNING: USCIS investigates claimed relationships and verifies the validity of documents. USCIS seeks criminal prosecutions when family relationships are falsified to obtain visas.

PENALTIES: By law, you may be imprisoned for not more than five years or fined \$250,000, or both, for entering into a marriage contract for the purpose of evading any provision of the immigration laws. In addition, you may be fined up to \$10,000 and imprisoned for up to five years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

YOUR CERTIFICATION: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit that I am seeking.

E. Signature of petitioner

Date Phone Number ()

F. Signature of person preparing this form, if other than the petitioner

I declare that I prepared this document at the request of the person above and that it is based on all information of which I have any knowledge.

Print Name	Good Lawyer, Esq.	Signature	Date
Address	8000 Broadway, Ste. 200 Metropolis, NY		
G-28 ID or VOLAG Number, if any.			



Form I-130 (12/18/12) Y Page 2

Sample Form I-751, Petition to Remove Conditions on Residence



Petition to Remove Conditions on Residence

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

USCIS
Form I-751
OMB No. 1615-0038
Expires 04/30/2015

For USCIS Use Only	Receipt		Action Block	Remarks
	Reloc Sent	Reloc Rec'd		
	Date ____/____/____	Date ____/____/____		
	Date ____/____/____	Date ____/____/____		
☐ Petitioner interviewed on ____/____/____			☐ Approved under INA 216(c)(4)(C) Battered Spouse/Child	

To be completed by an Attorney or BIA-accredited Representative, if any

☒ Check the box if Form G-28 is attached to represent the petitioner

Attorney State License Number: AZ 33667

► START HERE - Type or print in black ink.

Part 1. Information About You, the Conditional Resident

1.a. Family Name (Last Name) SMITH
1.b. Given Name (First Name) Jayne
1.c. Middle Name Allison

Other Names Used (including maiden name)

2.a. Family Name (Last Name) JONES
2.b. Given Name (First Name) Jayne
2.c. Middle Name Allison

3.a. Family Name (Last Name) _____
3.b. Given Name (First Name) _____
3.c. Middle Name _____

Other Information

4. Date of Birth (mm/dd/yyyy) ► 09/23/1983
5. Country of Birth
United Kingdom
6. Country of Citizenship
United Kingdom

7. Alien Registration Number (A-Number)

► A- 1 2 3 4 5 6 7 8 9

8. U.S. Social Security Number (if any)

► 1 2 3 4 5 6 7 8 9

Contact Information

9. Daytime Phone Number (5 2 0) 1 2 3 - 4 5 6 7

10. E-Mail Address (if any)

email@email.com

Marital Status

11. Marital Status ☒ Married ☐ Single
☐ Divorced ☐ Widowed

12. Date of Marriage

(mm/dd/yyyy) ► 07/02/2009

13. Place of Marriage

Tucson, Arizona

14. If the marriage through which you gained conditional residence has ended, give the date it ended (date of divorce or date of death)

(mm/dd/yyyy) ►

15. Conditional Residence Expires On

(mm/dd/yyyy) ► 01/22/2012

Part 1. Information About You, the Conditional Resident (continued)

Physical Address

16.a. In Care Of Name

None

16.b. Street Number and Name 1515 East Eck Place

16.c. Apt. ☐ Ste. ☐ Flr. ☐

16.d. City or Town Tucson

16.e. State AZ 16.f. Zip Code 85711

Mailing Address (If different than Physical Address)

17.a. In Care Of Name

17.b. Street Number and Name same as above

17.c. Apt. ☐ Ste. ☐ Flr. ☐

17.d. City or Town

17.e. State 17.f. Zip Code

Additional Information About You

18. Are you in removal, deportation, or rescission proceedings? ☐ Yes ☒ No
19. Was a fee paid to anyone other than an attorney in connection with this petition? ☐ Yes ☒ No
20. Have you ever been arrested, detained, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance (excluding traffic regulations), or committed any crime which you were not arrested in the United States or abroad? ☐ Yes ☒ No
21. If you are married, is this a different marriage than the one through which conditional residence status was obtained? ☐ Yes ☒ No
22. Have you resided at any other address since you became a permanent resident? (If "Yes," attach a list of all addresses and dates.) ☒ Yes ☐ No

23. Is your spouse or parent's spouse currently serving with or employed by the U.S. Government and serving outside the United States? ☐ Yes ☒ No

If you answered "Yes" to Item Number 20., provide a detailed explanation on a separate sheet of paper and refer to the section entitled "What Initial Evidence Is Required?" to determine what criminal history document to include with your petition.

Part 2. Basis for Petition

Joint Filing

My conditional residence is based on my marriage or my parent's marriage to a U.S. citizen or permanent resident, and I am filing this joint petition together with:

- 1.a. ☒ My spouse
- 1.b. ☐ My parent's spouse because I am unable to be included in a joint petition filed by my parent and my parent's spouse.

OR (check all that apply)

Waiver Request Filing

My conditional residence is based on my marriage or my parent's marriage to a U.S. citizen or permanent resident; I am unable to file a joint petition with my spouse or my parent's spouse and I request a hardship waiver because:

- 1.c. ☐ My spouse or my parent's spouse is deceased.
- 1.d. ☐ I or my parent entered the marriage in good faith, but the marriage was terminated through divorce or annulment.
- 1.e. ☐ I entered the marriage in good faith, and, during the marriage, I was battered, or was the subject of extreme cruelty, by my U.S. citizen or permanent resident spouse.
- 1.f. ☐ My parent entered the marriage in good faith and, during the marriage, I was battered, or was subjected to extreme cruelty, by my parent's U.S. citizen or permanent resident spouse or by my conditional resident parent.
- 1.g. ☐ The termination of my status and removal from the United States would result in an extreme hardship.

Part 3. Information About the Petitioning Spouse or, If Filing as a Child Separately, Information About the U.S. Citizen or LPR Stepparent Through Whom You Gained Your Conditional Residence

Relationship

1.a. ☒ Spouse or Former Spouse

1.b. ☐ Parent's Spouse or Former Spouse

2.a. Family Name (Last Name) SMITH

2.b. Given Name (First Name) John

2.c. Middle Name Andrew

3. Date of Birth (mm/dd/yyyy) ▶ 01/28/1981

4. U.S. Social Security Number (if any)
▶ 9 8 7 6 5 4 3 2 1

5. Alien Registration Number (A-Number)
▶ A- [] [] [] [] [] [] [] [] [] []

6.a. Street Number and Name 1515 East Eck Place

6.b. Apt. ☐ Ste. ☐ Flr. ☐ [] [] [] []

6.c. City or Town Tucson

6.d. State AZ 6.e. Zip Code 85711

6.f. Postal Code [] [] [] [] [] [] [] [] [] []

6.g. Province [] [] [] [] [] [] [] [] [] []

6.h. Country United States

4.a. Street Number and Name 1515 East Eck Place

4.b. Apt. ☐ Ste. ☐ Flr. ☐ [] [] [] []

4.c. City or Town Tucson

4.d. State or Province AZ

4.e. Zip Code or Postal Code 85711

4.f. Country United States

5. Is child living with you? ☒ Yes ☐ No

6. Is child applying with you? ☐ Yes ☒ No

Child 2

7.a. Family Name (Last Name) [] [] [] [] [] [] [] [] [] []

7.b. Given Name (First Name) [] [] [] [] [] [] [] [] [] []

7.c. Middle Name [] [] [] [] [] [] [] [] [] []

8. Date of Birth (mm/dd/yyyy) ▶ [] [] [] [] [] [] [] [] [] []

9. Alien Registration Number (A-Number)
▶ A- [] [] [] [] [] [] [] [] [] []

10.a. Street Number and Name [] [] [] [] [] [] [] [] [] []

10.b. Apt. ☐ Ste. ☐ Flr. ☐ [] [] [] []

10.c. City or Town [] [] [] [] [] [] [] [] [] []

10.d. State or Province [] [] [] [] [] [] [] [] [] []

10.e. Zip Code or Postal Code [] [] [] [] [] [] [] [] [] []

10.f. Country [] [] [] [] [] [] [] [] [] []

11. Is child living with you? ☐ Yes ☐ No

12. Is child applying with you? ☐ Yes ☐ No

Part 4. Information About Your Children

List All Your Children (Attach other sheets if necessary).

Child 1

1.a. Family Name (Last Name) SMITH

1.b. Given Name (First Name) Jenny

1.c. Middle Name Alicia

2. Date of Birth (mm/dd/yyyy) ▶ 07/08/2011

3. Alien Registration Number (A-Number)
▶ A- [] [] [] [] [] [] [] [] [] []

Child 3

13.a. Family Name (Last Name) [] [] [] [] [] [] [] [] [] []

13.b. Given Name (First Name) [] [] [] [] [] [] [] [] [] []

13.c. Middle Name [] [] [] [] [] [] [] [] [] []

14. Date of Birth (mm/dd/yyyy) ▶ [] [] [] [] [] [] [] [] [] []

15. Alien Registration Number (A-Number)
▶ A- [] [] [] [] [] [] [] [] [] []

Part 4. Information About Your Children
(continued)

- 16.a. Street Number and Name
- 16.b. Apt. ☐ Ste. ☐ Flr. ☐
- 16.c. City or Town
- 16.d. State or Province
- 16.e. Zip Code or Postal Code
- 16.f. Country
17. Is child living with you? ☐ Yes ☐ No
18. Is child applying with you? ☐ Yes ☐ No

Child 4

- 19.a. Family Name (Last Name)
- 19.b. Given Name (First Name)
- 19.c. Middle Name
20. Date of Birth (mm/dd/yyyy) ▶
21. Alien Registration Number (A-Number)
▶ A-
- 22.a. Street Number and Name
- 22.b. Apt. ☐ Ste. ☐ Flr. ☐
- 22.c. City or Town
- 22.d. State or Province
- 22.e. Zip Code or Postal Code
- 22.f. Country
23. Is child living with you? ☐ Yes ☐ No
24. Is child applying with you? ☐ Yes ☐ No

Child 5

- 25.a. Family Name (Last Name)
- 25.b. Given Name (First Name)
- 25.c. Middle Name
26. Date of Birth (mm/dd/yyyy) ▶

27. Alien Registration Number (A-Number)▶ A-

- 28.a. Street Number and Name
- 28.b. Apt. ☐ Ste. ☐ Flr. ☐
- 28.c. City or Town
- 28.d. State or Province
- 28.e. Zip Code or Postal Code
- 28.f. Country
29. Is child living with you? ☐ Yes ☐ No
30. Is child applying with you? ☐ Yes ☐ No

Part 5. Accommodations for Individuals With Disabilities and Impairments
(Read the information in the instructions before completing this section.)
I am requesting an accommodation:

1. Because of my disability(ies) and/or impairment(s). ☐ Yes ☒ No
2. For my spouse because of his or her disability(ies) and/or impairment(s). ☐ Yes ☒ No
3. For my included child(ren) because of his or her (their) disability(ies) and/or impairment(s). ☐ Yes ☒ No

If you answered "Yes," check any applicable box. Provide information on the disability(ies) and/or impairment(s) for each person:

- 4.a. ☐ Deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):

- 4.b. ☐ Blind or sight-impaired and request the following accommodation(s):

Part 5. Accommodations for Individuals With Disabilities and Impairments (continued)

- 4.c. ☐ Other type of disability(ies) and/or impairment(s) (describe the nature of the disability(ies) and/or impairment(s) and accommodation(s) being requested):
- _____
- _____
- _____

Part 6. Signature (Read the information on penalties in the instructions before completing this section. If you checked Block 1.a. in Part 2, your spouse must also sign below. Signature of a conditional resident child under the age of 14 is not required; a parent may sign for the child).

I certify, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. If conditional residence was based on a marriage, I further certify that the marriage was entered in accordance with the laws of the place where the marriage took place and was not for the purpose of procuring an immigration benefit. I also authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit sought.

Signature of Conditional Resident

- 1.a. Signature of Conditional Resident

- 1.b. Printed Name of Conditional Resident

Jayne Allison Smith

2. Date of Signature (mm/dd/yyyy) ►

Signature of Spouse or Individual Listed In Part 3 (if applicable)

- 3.a. Signature of Spouse

- 3.b. Printed Name of Spouse

John Andrew Smith

4. Date of Signature (mm/dd/yyyy) ►

NOTE: If you do not completely fill out this form or fail to submit any required documents listed in the instructions, you may not be found eligible for the requested benefit and this petition may be denied.

Part 7. Signature and Contact Information of Person Preparing Form, If Other Than Above

I declare that I prepared this petition at the request of the above person, and it is based on all information of which I have knowledge.

1. Signature of Preparer

2. Date of Signature (mm/dd/yyyy) ►

Preparer's Full Name

- 3.a. Preparer's Family Name (Last Name)

Milton

- 3.b. Preparer's Given Name (First Name)

John

4. Preparer's Business or Organization Name

Longnose, Hammerhead & Megamouth LLP

Preparer's Mailing Address

- 5.a. Street Number and Name

1234 Immigration Street

- 5.b. Apt. ☐ Ste. ☐ Flr. ☐

- 5.c. City or Town

Tucson

- 5.d. State

AZ

- 5.e. Zip Code

85701

Preparer's Contact Information

6. Daytime Phone Number ()

(520) 111-1111

7. E-mail Address (if any)

email@email.com

Part 3. Processing Information**A. City/Town/Village of Birth**

Montego Bay

Current Occupation

Business Owner

Your Mother's First Name

Sondra

Your Father's First Name

Michael

Give your name exactly as it appears on your Form I-94, Arrival-Departure Record

Smith-Jones, Michelle D

Place of Last Entry Into the United States
(City/State)

New York, New York

In what status did you last enter? (Visitor, student, exchange visitor, crewman, temporary worker, without inspection, etc.)

L-1A

Were you inspected by a U.S. Immigration Officer? Yes ☐ No ☐**Nonimmigrant Visa Number**

8888888

Consulate Where Visa Was Issued

London

Date Visa Issued (mm/dd/yyyy)

11/10/2011

Gender☐

Male

☒

Female

Marital Status☒

Married

☐

Single

☐

Divorced

☐

Widowed

Have you ever applied for permanent resident status in the U.S.? ☐ Yes (If "Yes" give date and place of filing and final disposition.) ☒ No**B. List your present spouse and all of your children (include adult sons and daughters). (If you have none, write "None." If additional space is needed, see Page 2 of the instructions.)**

Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Martin	Georges	P	12/16/1977
Country of Birth	Relationship	A # (if any)	Applying with you?
France	Spouse		Yes ☒ No ☐
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Martin	Lulu	B	05/05/2011
Country of Birth	Relationship	A # (if any)	Applying with you?
USA	Child		Yes ☐ No ☒
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you?
			Yes ☐ No ☐
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you?
			Yes ☐ No ☐
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you?
			Yes ☐ No ☐



Form I-485 (Rev. 01/18/11) Y Page 2

Part 3. Processing Information (Continued)

C. List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society, or similar group in the United States or in other places since your 16th birthday. Include **any military service** in this part. If none, write "None." Include the name of each organization, location, nature, and dates of membership. If additional space is needed, attach a separate sheet of paper. Continuation pages must be submitted according to the guidelines provided on **Page 2** of the instructions under "What Are the General Filing Instructions?"

Name of Organization	Location and Nature	Date of Membership From	Date of Membership To
MENSA	international honor society	01/01/1992	Present

Answer the following questions. (If your answer is "Yes" to any question, explain on a separate piece of paper. Continuation pages must be submitted according to the guidelines provided on **Page 2** of the instructions under "What Are the General Filing Instructions?" Information about documentation that must be include with your application is also provide in this section.) Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for permanent residence.

1. Have you **EVER**, in or outside the United States:

- a. Knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? Yes ☐ No ☒
- b. Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? Yes ☐ No ☒
- c. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action? Yes ☐ No ☒
- d. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes ☐ No ☒

2. Have you received public assistance in the United States from any source, including the U.S. Government or any State, county, city, or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future?

Yes ☐ No ☒3. Have you **EVER**:

- a. Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? Yes ☐ No ☒
- b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes ☐ No ☒
- c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes ☐ No ☒
- d. Illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes ☐ No ☒

4. Have you **EVER** engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity?Yes ☐ No ☒

Form I-485 (Rev. 01/18/11) Y Page 3

Part 3. Processing Information (Continued)

5. Do you intend to engage in the United States in:
- a. Espionage? Yes ☐ No ☒
 - b. Any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means? Yes ☐ No ☒
 - c. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes ☐ No ☒
6. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? Yes ☐ No ☒
7. Did you, during the period from March 23, 1933, to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion? Yes ☐ No ☒
8. Have you **EVER** been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal, or rescission proceedings? Yes ☐ No ☒
9. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States, or any immigration benefit? Yes ☐ No ☒
10. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces? Yes ☐ No ☒
11. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? Yes ☐ No ☒
12. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? Yes ☐ No ☒
13. Do you plan to practice polygamy in the United States? Yes ☐ No ☒
14. Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- a. Acts involving torture or genocide? Yes ☐ No ☒
 - b. Killing any person? Yes ☐ No ☒
 - c. Intentionally and severely injuring any person? Yes ☐ No ☒
 - d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes ☐ No ☒
 - e. Limiting or denying any person's ability to exercise religious beliefs? Yes ☐ No ☒
15. Have you **EVER**:
- a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? Yes ☐ No ☒
 - b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes ☐ No ☒
16. Have you **EVER** been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes ☐ No ☒



Form I-485 (Rev. 01/18/11) Y Page 4

Part 3. Processing Information *(Continued)*

17. Have you **EVER** assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes ☐ No ☒

18. Have you **EVER** received any type of military, paramilitary, or weapons training? Yes ☐ No ☒

Part 4. Accommodations for Individuals With Disabilities and/or Impairments *(See Page 10 of the instructions before completing this section.)*

Are you requesting an accommodation because of your disability(ies) and/or impairment(s)? Yes ☐ No ☒

If you answered "Yes," check any applicable box:

- ☐ a. I am deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):

- ☐ b. I am blind or sight-impaired and request the following accommodation(s):

- ☐ c. I have another type of disability and/or impairment (describe the nature of your disability(ies) and/or impairment(s) and accommodation(s) you are requesting):

Part 5. Signature *(Read the information on penalties on Page 10 of the instructions before completing this section. You must file this application while in the United States.)***Your Registration With U.S. Citizenship and Immigration Services**

"I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (INA), as an alien who has been or will be in the United States for more than 30 days, I am required to register with U.S. Citizenship and Immigration Services (USCIS). I understand and acknowledge that, under section 265 of the INA, I am required to provide USCIS with my current address and written notice of any change of address within 10 days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested, and removed from the United States."

Selective Service Registration

The following applies to you if you are a male at least 18 years of age, but not yet 26 years of age, who is required to register with the Selective Service System: "I understand that my filing Form I-485 with U.S. Citizenship and Immigration Services (USCIS) authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth, and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached 26 years of age."



Part 5. Signature (Continued)**Applicant's Statement (Check one)**

☒ I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question.

☐ Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the _____ language, a language in which I am fluent, by the person named in **Interpreter's Statement and Signature**. I understand each and every question and instruction on this form, as well as my answer to each question.

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this application is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this application.

I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

Signature (Applicant)	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
	Michelle Dawn Smith-Jones		(410) 444-4444

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit, and this application may be denied.

Interpreter's Statement and Signature

I certify that I am fluent in English and the below-mentioned language.

Language Used (language in which applicant is fluent)

--

I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.

Signature (Interpreter)	Print Your Full Name	Date (mm/dd/yyyy)	Phone Number (include area code)

Part 6. Signature of Person Preparing Form, If Other Than Above

I declare that I prepared this application at the request of the above applicant, and it is based on all information of which I have knowledge.

Signature	Print Your Full Name	Date (mm/dd/yyyy)	Phone Number (include area code)
	Sally James		(410) 555-5555

Firm Name and Address

Lawyers R US
555 N. Charles Street, #222
Baltimore, MD 21202

E-Mail Address (if any)

sally@lru.com



Asylum & Removal Case Preparation

*Dree K. Collopy (dl), AILA Refugee & Asylum Liaison
Committee Chair, Washington, DC
Liana Montecinos, Paralegal, Washington, DC
Ofelia L. Calderon, Arlington, VA*



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Brief Overview of Asylum Process

- 2 Theaters of U.S. Asylum Law
 - Outside U.S. territory – refugees seeking legal admission to the United States
 - Inside U.S. territory – already inside the United States
- Affirmative vs. Defensive
 - Affirmative → USCIS
 - Interview with asylum officer
 - Granted, denied, or referred to IJ
 - Defensive → Immigration Court
 - Individual Hearing before IJ
 - Granted or denied



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Asylum Eligibility Under INA §208

- Physically present in the United States
- Qualifies as a “refugee” under INA § 101(a)(42)
 - Unable or unwilling to return
 - Past persecution or well-founded fear
 - On account of race, religion, nationality, political opinion, or membership in a particular social group
 - Government or group the government is unable or unwilling to control



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Asylum Eligibility Under INA §208

- No statutory bars apply
 - Persecutors of others
 - Firm resettlement
 - Previous denial in Immigration Court
 - Convicted of a particularly serious crime
 - Danger to security of the United States
 - Serious nonpolitical crime
 - Safe third country
 - Terrorist-related activity or material support
- Did not file within one year (2 exceptions)



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Asylum Eligibility Under INA §208

- Merits a favorable exercise of discretion → totality of the circumstances

Positive Factors

- Family Ties in the United States
- Long Residence in the United States
- Hardship to the family and Respondent if Respondent is deported
- Service in the Armed Forces
- History of stable employment
- Property or business ties to the United States
- Value and service to the community
- Proof of rehabilitation if criminal record exists
- Other evidence of good character

Negative Factors

- Nature of grounds of removal
- Additional immigration violations
- Existence of a criminal record
- Any fraud or misrepresentations
- Other evidence of bad character
- Other evidence of undesirability



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Benefits of Grant of Asylum

- Permitted to remain in the United States
- Eligible to work
- May travel with a Refugee Travel Document
- Eligible to apply for LPR status after holding asylee status for one year
- May confer derivative asylee status on immediate family members (spouses and unmarried children under 21 years old)



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Related Forms of Relief

- Withholding of Removal under INA 241(b)(3)
 - Higher burden of proof – “more likely than not”
 - No one-year filing deadline
 - Lesser form of relief than asylum
 - Eligible to work
 - No travel, no path to LPR status, no derivatives
- Protection under the Convention Against Torture
 - Torture, not persecution
 - No “on account of” requirement
 - Must be government actor (or acquiescence)



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Removal Proceedings before the Immigration Courts

- INA § 240 proceedings
 - Legal process where the U.S. government seeks to remove a noncitizen from the United States by establishing removability through a hearing before an Immigration Judge
- Who are the actors?
 - DOJ → EOIR Immigration Judges
 - DHS → ICE Office of Chief Counsel
 - Respondent and you!



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Identification of Individuals for Removal Proceedings

- Through U.S. Citizenship and Immigration Services
- Through U.S. Customs and Border Protection at a port of entry, or within 110 miles of the border
- Through U.S. Immigration and Customs Enforcement (tips, raids, local law enforcement referrals, safe communities program, etc.)



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Normal Progression of Removal Proceedings

- Commence with the filing of the Notice to Appear (NTA) with the Immigration Court (INA § 239(a))
 - Form I-862
 - Charging document
 - Nature and legal authority of proceedings
 - Lists factual allegations and charges against the Respondent
 - Notice of right to be represented by counsel
 - Notice of change of address requirements
- Service and issuance of the NTA must not be defective



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Sample Notice to Appear



**Included in the conference materials.

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Normal Progression of Removal Proceedings

- Master Calendar Hearing (MCH)
 - First appearance before the IJ
 - Sometimes multiple MCHs
- Purpose:
 - Entry of appearance
 - Advise Respondent of rights
 - NTA and Pleadings
 - Identify and narrow factual/legal issues
 - Set filing deadlines
 - Status updates
 - Set date and time of Individual Hearing



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Normal Progression of Removal Proceedings

- Pleadings at a Master Calendar Hearing
 - Address service of the NTA – proper?
 - Various representations by counsel
 - Discussed nature and purpose of proceedings
 - Discussed allegations and charges in the NTA
 - Discussed consequences of failure to appear or filing frivolous applications
 - Admit or deny factual allegations
 - Concede or deny charge of removability
 - Concedes → notify the Court what relief the Respondent is seeking
 - Designate a country of removal



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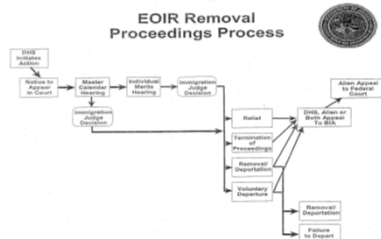
Normal Progression of Removal Proceedings

- Individual Hearing (“merits hearing”) → evidentiary hearings on contested matters
 - Challenges to Removability
 - Applications for Relief
- Evidence filed prior to the Individual Hearing
 - Applications
 - Exhibits
 - Motions
 - Witness Lists
 - Pre-hearing Briefs



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Removal Proceedings Process



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Common Forms of Relief from Removal

- Adjustment of Status – INA § 245(a), 245(i)
- Waivers of Inadmissibility
- Cancellation of Removal – LPR, non-LPR, NACARA, VAWA
- Asylum, Withholding of Removal, and Protection Under the Convention Against Torture
- Voluntary Departure – INA § 240B
- Termination and Administrative Closure
- T and U Visa Relief
- TPS, Deferred Enforced Departure, Deferred Action, etc.



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Meeting the Respondent's Burden of Proof

- DHS proves foreign nationality and removability
→ burden shifts to Respondent to prove eligibility for relief from removal
 - Meets all applicable eligibility requirements
 - Meets each statutory element
 - Address any bars to relief or other issues
 - Merits a favorable exercise of discretion (if relief is discretionary)



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Meeting the Respondent's Burden of Proof

- Applications for relief may be filed any time before a final order
 - Applications
 - Exhibits in support of applications
 - Motions
 - Witness Lists
 - Pre-hearing Briefs
- Must be filed in accordance with:
 - Instructions for Submitting Certain Applications in Immigration Court
 - *Immigration Court Practice Manual*



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Pre-Hearing Instructions

- Must “fee in” applications with USCIS and capture Respondent’s biometrics
- DHS Instructions
 - Completed application form
 - Application fee or IJ order granting fee waiver (unless asylum)
 - \$85 biometrics fee (unless asylum)
 - Attorney’s EOIR-28
 - Copy of DHS instructions
- Triggers scheduling of Respondent’s biometrics appointment



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Immigration Court Practice Manual

- Filing must be timely – 15 day rule!
- Must include:
 - EOIR-28 (if not yet filed)
 - Cover Page
 - Fee receipt or motion for fee waiver (if applicable)
 - Application
 - Exhibits with Table of Contents
 - Proposed Order (for motions)
 - Proof of Service
 - Translations with certificates of translation (for any non-English document)



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Immigration Court Practice Manual

- Format must be proper
 - Typed or legible
 - Double-spaced (except footnotes)
 - Original signatures (attorney must sign)
 - White, singled sided, 8 1/2" x 11" paper
 - Highlight pertinent portions of secondary material
 - No original documents (photocopies)
 - Page numbers (bottom center or bottom right)
 - Lettered side tabs for exhibits
 - Subsequent filings should continue alphabet, not start over
 - Two-hole punched at the top
 - Stapled or attached with binder clips
 - ACCO fasteners discouraged, but accepted



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Immigration Court Practice Manual

- Witness Lists
 - Name of witness
 - A# of witness (if applicable)
 - Summary of testimony
 - Estimated time for testimony
 - Language
 - CV or resume (if an expert witness)



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Immigration Court Practice Manual

- Must file original signed version with the court
- Must serve complete copy on opposing party
 - Service complete upon mailing
 - Proof of Service
 - Name and title of opposing party
 - Complete address of opposing party
 - Date of service
 - Means of service
 - Document(s) being served
 - Name and signature of person serving the document(s)



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Immigration Court Practice Manual

- Appendices with Samples:
 - Cover Page
 - Proof of Service
 - Certificate of Translation
 - Table of Contents
 - Proposed Order
- Available online at:
 - www.justice.gov/eoir/vll/OCIJPracManual/ocij_page1.htm



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Deadlines

- Deadlines are not met until the filing is *received*
- Consequences of missing a deadline are severe!
 - Issues deemed waived
 - Applications deemed abandoned or denied
 - Evidence not accepted into the record
- What are the deadlines?
 - 15 days before MCH, if you want a ruling
 - 15 days before ICH
 - Unless solely to rebut/impeach
 - 10 days to respond to opposing party's filing
 - Specific deadlines set by the IJ



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Case Management and Calendaring

- Day = calendar days, not business days
- How do you count the days?
 - MCH/ICH deadlines → count backwards from the date of the hearing (hearing date is day 0)
 - Response deadlines → count forward from the date the initial filing was received by the court (court receipt date is day 0)
- What if a deadline falls on a weekend or holiday?
 - Deadline falls on next business day



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Case Management and Calendaring

November 2013 Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	1	2
3	4	5	6	7	8	9
10	11 Yemen's Day	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30



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Case Management and Calendaring

- No official receipt notices
 - Good practice to get your copy date-stamped by the Court and DHS
 - Hand-file → bring your copy to have stamped by the Court and DHS
 - Mail → send conformed copy to Court with self-addressed, stamped envelope
 - Mail → use certified mail for DHS
- Case Management Tips
 - Tracking deadlines closely
 - Preparing exhibits well in advance



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Preparing the Case for Trial

- Make sure all applications and exhibits are timely-filed in the correct format
- Assist the attorney with preparing any rebuttal evidence
- Work with attorneys to schedule preparatory meetings with the Respondent and all witnesses
- Remind the Respondent:
 - Time and place of hearing
 - When to arrive
 - Where to meet the attorney
 - What to bring – ID and original documents



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Questions & Answers



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Asylum and Removal Practicum

*Dree K. Collopy (dl), AILA Refugee & Asylum Liaison
Committee Chair, Washington, DC
Liana Montecinos, Paralegal, Washington, DC
Ofelia L. Calderon, Arlington, VA*



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Critical Questions on Form I-589

- Make sure all identifying information matches identity documents
- Write something in every single answer space, even if just “None” or “N/A”
 - Example – “other languages” on page 1
- Be sure to list spouse and all children
- Make sure all information in the I-589 matches the supporting documentation and declaration
 - Addresses, schools, employment, etc.
 - Credibility is key!



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Critical Questions on Form I-589

- Check all boxes that apply
 - Don’t forget CAT box on first page
- Long answers on pages 5–8
 - Be responsive to requested information
 - Keep them brief, then refer to affidavit
 - Attorney may choose to draft these answers
- Criminal convictions – only list facts of final disposition (date, plea/outcome, sentence, etc.)
- Page 10 should not be signed yet



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Critical Questions on Form EOIR-42B

- Name listed on page 2 depends on manner of entry
- Look to passport stamps and travel itineraries to determine exact departure and re-entry dates
 - Count the days carefully!
- Provide a brief introduction to and summary of the hardship factors on page 4
- Criminal convictions—only list facts of final disposition (date, plea/outcome, sentence, etc.)



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Critical Questions on Form EOIR-42B

- Review Yes/No questions on pages 5–6 with the client very carefully
 - Do not rely on your own assumptions or answers to these questions!
- May list “See attached” to answer question 64
 - If full Table of Contents with Exhibits are filed with the application in accordance with the *Practice Manual*
- Do not let the applicant sign page 8
- Applicant will sign the application in Court



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Critical Questions on Form I-601

- Make sure attorney confirms that all inadmissibility grounds are accounted for on pages 2–3
 - If challenging the inadmissibility ground, check the relevant box and explain that the ground is not conceded
- Provide a brief summary of the inadmissibility grounds and eligibility for a waiver
 - Most attorneys will prepare a detailed affidavit



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Critical Questions on Form I-601

- Page 5, Part 1 pertains to immigration history, not residential history
- Make sure relatives are listed in the correct place
 - Only qualifying relatives on Page 5, Part 2
 - Additional qualifying relatives → check the box at the bottom right of Page 5
 - Other close relatives on Page 6, Part 3
- Must include the original signature of the applicant



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Drafting Affidavits of Witnesses

- Purpose of Affidavits:
 - Tell the applicant's story
 - Focus on the relevant facts
 - Obtain all details in advance of oral testimony
 - Preempt and address any difficult issues or negative discretionary factors
- Structure / Organization
 - Chronological
 - Eligibility requirements



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Drafting Affidavits of Witnesses

- Tone
 - Capture the applicant's voice
 - Avoid legal jargon and technical terms
 - First person
- Content
 - Client's story
 - Facts relevant to legal elements and bars
 - Address positive and negative discretionary factors
 - "I swear" statement
 - Signature and date
 - Translation if not in English



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Drafting Affidavits of Witnesses

- Must be consistent with oral testimony, documentary evidence, country conditions, and other witnesses' testimony
- Must review every single word with the client or witness to ensure that the affidavit is accurate and complete



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Preparing and Packaging Submissions and Exhibits

- Prepare application forms and gather supporting documentation
- Follow Pre-Hearing Instructions to "fee in" application
- Make sure client completes biometrics
- Compile application and documentation as required by the *Practice Manual*
- Have attorney review all forms and supporting documentation
- Timely file with the court and serve DHS



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Questions & Answers



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In removal proceedings under section 240 of the Immigration and Nationality Act:

File No: [REDACTED]

In the Matter of:

Respondent: [REDACTED]

currently residing at:

000-000-0000

(Number, street, city, state and ZIP code)

(Area code and phone number)

- ☐ 1. You are an arriving alien.
- ☒ 2. You are an alien present in the United States who has not been admitted or paroled.
- ☐ 3. You have been admitted to the United States, but are deportable for the reasons stated below.

The Service alleges that:

- 1) You are not a citizen or national of the United States.
- 2) You are a native of EL SALVADOR and a citizen of EL SALVADOR;
- 3) You entered the United States at or near UNKNOWN POE on or about UNKNOWN DOE;
- 4) You were not then admitted or paroled after inspection by an Immigration Officer.

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:

Section 212 (a) (6) (A)(i) of the Immigration and Nationality Act (Act), as amended, as an alien present in the United States without being admitted or paroled, or who has arrived in the United States at any time or place other than designated by the Attorney General.

☐ This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.

☐ Section 235(b)(1) order was vacated pursuant to: ☐ 8 CFR 208.30(f)(2) ☐ 8 CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at:

31 HOPKINS PLAZA, GEO. H. FALLON BLDG. #440, BALTIMORE, MD 21201-0000

(Complete Address of Immigration Court, including Room Number, if any)

on December 15, 2008 at 8:30 AM to show why you should not be removed from the United States based on
(Date) (Time)

the charge(s) set forth above.

(Signature and Title of Issuing Officer)

W. Hogan, S.M.

Date:

OCT 22 2008

ARLINGTON, VA

(City and State)

See reverse for important information

Notice to Respondent

Warning: Any statement you make may be used against you in removal proceedings.

Alien Registration: This copy of the Notice to Appear served upon you is evidence of your alien registration while you are under removal proceedings. You are required to carry it with you at all times.

Representation: If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to 8 CFR 3.16. Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will be provided with this Notice.

Conduct of the hearing: At the time of your hearing, you should bring with you any affidavits or other documents which you desire to have considered in connection with your case. If any document is in a foreign language, you must bring the original and a certified English translation of the document. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing.

At your hearing you will be given the opportunity to admit or deny any or all of the allegations in the Notice to Appear and that you are inadmissible or deportable on the charges contained in the Notice to Appear. You will have an opportunity to present evidence on your own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross examine any witnesses presented by the Government. At the conclusion of your hearing, you have a right to appeal an adverse decision by the immigration judge.

You will be advised by the immigration judge before whom you appear, of any relief from removal for which you may appear eligible including the privilege of departing voluntarily. You will be given a reasonable opportunity to make any such application to the immigration judge.

Failure to appear: You are required to provide the INS, in writing, with your full mailing address and telephone number. You must notify the Immigration Court immediately by using Form EOIR-33 whenever you change your address or telephone number during the course of this proceeding. You will be provided with a copy of this form. Notices of hearing will be mailed to this address. If you do not submit Form EOIR-33 and do not otherwise provide an address at which you may be reached during proceedings, then the Government shall not be required to provide you with written notice of your hearing. If you fail to attend the hearing at the time and place designated on this notice, or any date and time later directed by the Immigration Court, a removal order may be made by the immigration judge in your absence, and you may be arrested and detained by the INS.

Request for Prompt Hearing

To expedite a determination in my case, I request an immediate hearing. I waive my right to have a 10-day period prior to appearing before an immigration judge.

(Signature of Respondent)

Before:

Date: _____

(Signature and Title of INS Officer)

Certificate of Service

This Notice To Appear was served on the respondent by me on OCT 22 2008, in the following manner and in compliance with section 239(a)(1)(F) of the Act:
(Date)

☐ in person

☐ by certified mail, return receipt requested

☒ by regular mail

☐ Attached is a credible fear worksheet.

☒ Attached is a list of organizations and attorneys which provide free legal services.

The alien was provided oral notice in the
and of the consequences of failure to appear as provided in section 240(b)(7) of the Act.

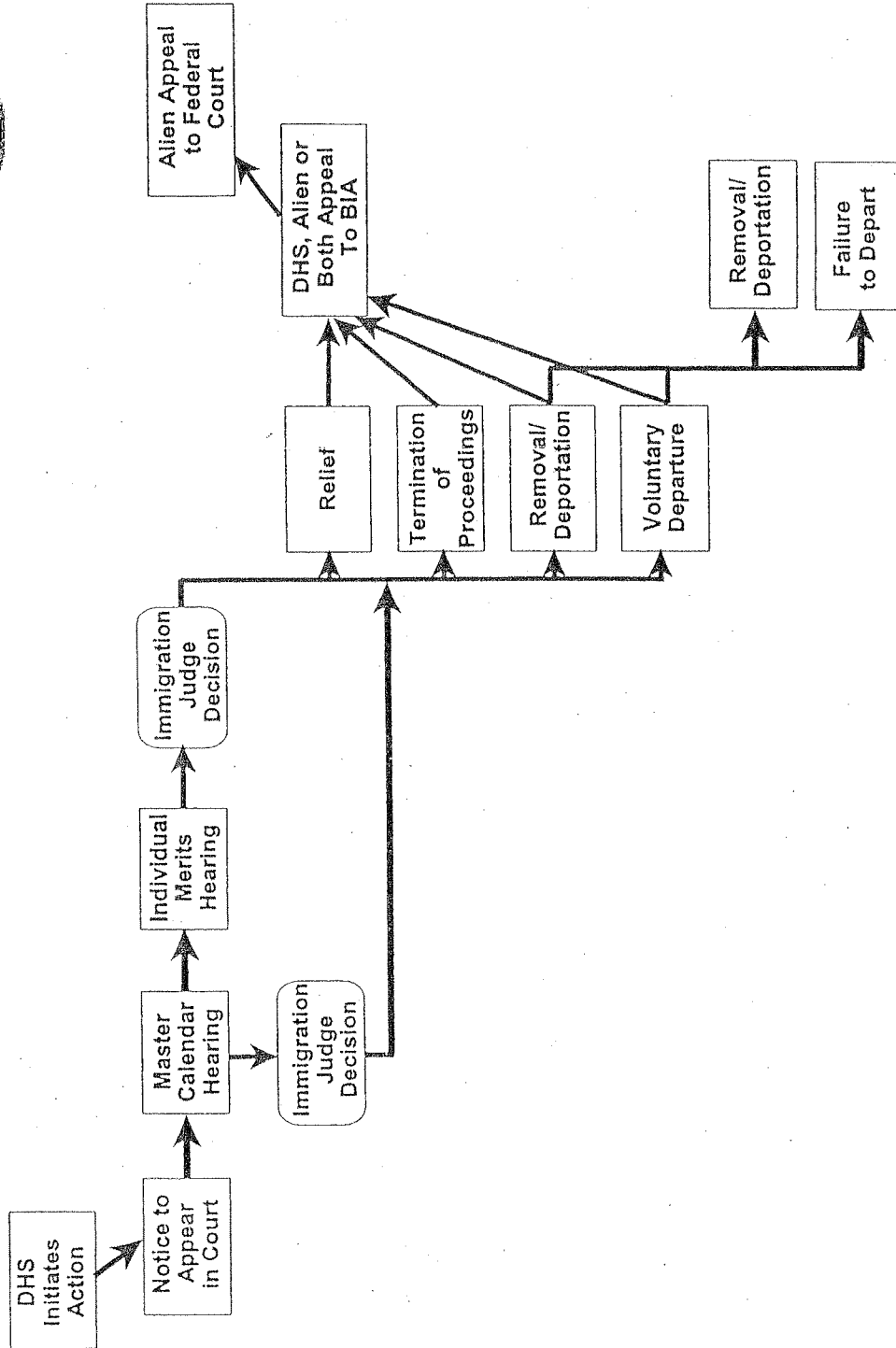
language of the time and place of his or her hearing

(Signature of Respondent if Personally Served)

Shadia J. Perkins, CR
(Signature and Title of Officer)



EOIR Removal Proceedings Process





**INSTRUCTIONS FOR SUBMITTING CERTAIN APPLICATIONS IN
IMMIGRATION COURT AND FOR PROVIDING BIOMETRIC AND BIOGRAPHIC
INFORMATION TO U. S. CITIZENSHIP AND IMMIGRATION SERVICES**

A. Instructions for Form I-589 (Asylum and for Withholding of Removal)*

In addition to filing your application and supporting documents with the Immigration Court and serving a complete copy of your application on the appropriate Immigration and Customs Enforcement (ICE) Office of Chief Counsel, you must also complete the following requirements before the Immigration Judge can grant relief or protection in your case:

SEND these 3 items to the address below:

- (1) A clear copy of the **first three pages** of your completed Form I-589 (Application for Asylum and for Withholding of Removal) that you will be filing or have filed with the Immigration Court, which must include your **full name, your current mailing address, and your alien number (A-number)**. (Do Not submit any documents other than the first three pages of the completed I-589),
- (2) A copy of Form EOIR-28 (Notice of Entry of Appearance as Attorney or Representative Before the Immigration Court) if you are represented, and
- (3) A copy of these instructions.

**USCIS Nebraska Service Center
Defensive Asylum Application With Immigration Court
P.O. Box 87589
Lincoln, NE 68501-7589**

Please note that there is **no filing fee required** for your asylum application.

After the 3 items are received at the USCIS Nebraska Service Center, **you will receive:**

- A **USCIS receipt notice** in the mail indicating that USCIS has received your asylum application, and
- An **ASC notice** for you, and separate Application Support Center (ASC) notices for each dependent included in your application. Each ASC notice will indicate the individual's unique receipt number and **will provide instructions for each person to appear** for an appointment **at a nearby ASC for collection of biometrics** (such as your photograph, fingerprints, and signature). If you do not receive this notice in 3 weeks, call 1-800-375-5283. If you also mail applications under Instructions B, you will receive 2 notices with different receipt numbers. You must wait for and take both scheduling notices to your ASC appointment.

You (and your dependents) must then:

- **Attend** the biometrics appointment at the ASC, and obtain a **biometrics confirmation** document before leaving the ASC, and
- **Retain** your **ASC biometrics confirmation** as proof that your biometrics were taken, and bring it to your future Immigration Court hearings.

NOTE: IF YOU ARE FILING A FORM I-589 AND/OR ANOTHER APPLICATION, SEE THE REVERSE OF THIS FORM FOR ADDITIONAL INSTRUCTIONS.

Important: Failure to complete these actions and to follow any additional instructions that the Immigration Judge has given you could result in delay in deciding your application or in your application being deemed abandoned and dismissed by the court.

B. Instructions for Form(s) I-485, I-191, I-601, I-602, I-881, EOIR-40, EOIR-42A, or EOIR-42B

In addition to filing your application(s) with the Immigration Court and serving a complete copy of any such application(s) on the appropriate Immigration and Customs Enforcement (ICE) Office of Chief Counsel, you must also complete the following requirements before the Immigration Judge can grant relief in your case:

SEND these 5 items to the address below:

- (1) A clear copy of the entire application form(s) that you will be filing or have filed with the Immigration Court. (Do not submit any documents such as attachments – send only the completed form itself),
- (2) The appropriate application fee(s) or the Immigration Judge’s order granting your fee waiver. (The fee can be found in the instructions with the application, the regulations, and at www.uscis.gov or for the EOIR forms, at www.usdoj.gov/eoir),
- (3) The mandatory \$85 USCIS biometrics fee,
- (4) A copy of Form EOIR–28 (Notice of Entry of Appearance as Attorney or Representative Before the Immigration Court) if you are represented, and
- (5) A copy of these instructions.

**USCIS Texas Service Center
P.O. Box 852463
Mesquite, Texas 75185-2463**

All fees must be submitted in the form of a check or a money order (or separate checks/money orders) and be made out to: “Department of Homeland Security.”

After the 5 items are received at the USCIS Texas Service Center, **you will receive:**

- A **USCIS fee receipt notice** showing that you have paid the application fee (unless waived) and the mandatory biometrics fee. **Keep a copy for yourself.**
- A **USCIS notice with instructions to appear** for an appointment at a nearby **Application Support Center (ASC) for collection of your biometrics** (such as your photographs, fingerprints, and signature). This notice contains your important USCIS application receipt number which must be presented to the ASC. Your dependents will receive separate ASC notices if they are required to provide biometrics. If you do not receive this notice in 3 weeks, call (800) 375-5283. If you also apply for asylum, take both scheduling notices to your ASC appointment (see side A). **Keep copies of all ASC scheduling notices for your records.**

You (and your dependents) must then:

- **Attend** this ASC biometrics appointment and obtain a **biometrics confirmation** document from the ASC,
- **File** the following with the Immigration Court within the time period directed by the Immigration Judge: (1) the original **application Form**, (2) all **supporting documentation**, and (3) the **USCIS fee receipt notice** that serves as evidence that you paid the filing fees (unless the Immigration Judge granted you an application fee waiver), and
- **Retain** your **ASC biometrics confirmation** as proof that your biometrics were taken, and bring it to your future Immigration Court hearings.

DO NOT SUBMIT THE ORIGINAL APPLICATION TO USCIS. DO NOT SUBMIT ANY APPLICATIONS TO THIS POST OFFICE BOX OTHER THAN THOSE APPLICATIONS LISTED. ALL OTHER APPLICATIONS, INCLUDING APPLICATIONS FOR EMPLOYMENT AUTHORIZATION AND IMMIGRANT PETITIONS, WILL BE RETURNED TO YOU IF SENT TO THIS POST OFFICE BOX. FOR SUBMITTING APPLICATIONS NOT LISTED ON SIDE A OR SIDE B OF THIS PAPER, PLEASE FOLLOW THE INSTRUCTIONS THAT ACCOMPANY THE APPLICATION.

Important: Failure to complete these actions and to follow any additional instructions that the Immigration Judge has given you could result in delay in deciding your application or in your application being deemed abandoned and dismissed by the court.

I-589, Application for Asylum and for Withholding of Removal

START HERE - Please type or print in black ink. See the Instructions for information about eligibility and how to complete and file this application. There is NO filing fee for this application.

NOTE: Please check this box if you also want to apply for withholding of removal under the Convention Against Torture. ☐

Part A. I. Information about you.

1. Alien Registration Number(s) (A#s) (If any)		2. U.S. Social Security Number (If any)	
3. Complete Last Name		5. Middle Name	
6. What other names have you used? (Include maiden name and aliases.)			
7. Residence in the U.S. (When you arrived in the U.S.)			
Street Number and Name		Apt. Number	
City	State	Zip Code	
8. Mailing Address in the U.S. (If different than the address in No. 7)		Clarify with your client whether his/her marriage is legal or traditional - either way they may be considered "married." Failure to include a spouse here can preclude the spouse from coming to the U.S. later.	
In Care Of (If applicable):			
Street Number and Name			
City		State	
9. Gender: ☐ Male ☐ Female	10. Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed		
11. Date of Birth (mm/dd/yyyy)		12. City and Country of Birth	
13. Present Nationality (Citizenship)		14. Nationality at Birth	
15. Race, Ethnic or Tribal Group		16. Religion	
17. Check the box, a through c, that applies: a. ☐ I have never been in Immigration Court proceedings. b. ☐ I am now in Immigration Court proceedings. c. ☐ I am not now in Immigration Court proceedings.			
18. Complete 18 a through c.			
a. When did you last leave your country? (mmm/dd/yyyy)		b. What is your current I-94 Number, if any?	
c. Please list each entry into the U.S. beginning with your List date (mm/dd/yyyy), place, and your status for each			
Date	Status	Date Status Expires:	
Date	Status		
Date	Status		
19. What country issued your last passport or travel document?		20. Passport #	
		Travel Document #	
21. Expiration Date (mm/dd/yyyy)			
22. What is your native language? (Include dialect, if applicable.)		23. Are you fluent in English? ☐ Yes ☐ No	
24. What other languages do you speak fluently?			
Action: ☐ USCIS use only. Decision:			
Interview Date:		Approval Date:	
Asylum Officer ID#:		Denial Date:	
		Referral Date:	

Make sure and check this box if your client is a torture survivor or fears torture.

Client's name on the application should match his/her identity document - passport or birth certificate.

Includes names on fake passports, common nicknames, or a Christian name not listed on official ID docs.

Many clients live with someone else; to ensure they receive mail, it may need to be sent c/o the person who owns/leases the residence.

Q. 15 & 16 are both potential grounds for asylum - make sure they match your client's claim.

Needs to match official identity document.

Found on square, white card provided @ entry if client entered legally.

If your client has made multiple trips to the U.S. they all must be listed.

For a student (F-1) this may say D/S for duration of status.

Client's first and best language.

Only mark fluent if actually fluent.

Part A. II. Information about your spouse and c

Your spouse.

☐ I am not married. (Skip to Y

1. Alien Registration Number (A#) (If any)	2. Passport/ID Card No. (If any)		
5. Complete Last Name	6. First Name		
9. Date of Marriage (mm/dd/yyyy)	10. Place of Marriage	11. City and Country of Birth	
12. Nationality (Citizenship)	13. Race, Eth	☐ Male ☐ Female	
15. Is this person in the U.S. ? ☐ Yes (Complete Blocks 16 to 24.) ☐ No (Specify lo			
16. Place of last entry in the U.S.	17. Date of last entry in U.S. (mm/dd/yyyy)	19. Status when last admitted (Visa type, if any)	
20. What is your spouse's current status?	21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	22. Is your spouse in Immigration Court proceedings? ☐ Yes ☐ No	23. If previously in the U.S., date of previous arrival (mm/dd/yyyy)
24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.)			

☐ Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)
☐ No

Your children. Plea

☐ I do not have

☐ I have children.

Total number of children: _____

(NOTE: Use Supplement A Form I-589 or attach additional sheets of paper

Make sure and check one of these boxes.

(A#)	2. Passport/ID Card No. (If any)		
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic or Tribal Group	12. Gender ☐ Male ☐ Female
13. Is this child in the U.S. ? ☐ Yes (Complete Blocks 14 to 21.) ☐ No (Specify location.)			
14. Place of last entry in the U.S.	15. Date of last entry in the U.S. (mm/dd/yyyy)	16. I-94 No. (If any)	
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in ☐ Yes	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.)			

☐ Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)
☐ No

As with spouse, if child is in U.S. and needs asylum, too, check "yes" and follow the directions.

If your client is married (even if it's traditional and you're not sure it's legal) LIST the spouse. Failure to list a spouse may preclude them from ever coming to the U.S. If he or she is not married, make sure and check the box to say "no." And note, it only asks married - if they are divorced, they are not married. If they are separated but not divorced, they are still legally married. Engaged is also not married.

If you have a marriage certificate or can get one before filing, make sure the information matches what you fill in here.

If spouse has his/her own permanent legal status (green card, refugee, asylee, citizen) then he/she likely would not be included - although you may have another option for your client to get legal status. If spouse lacks legal status and is in U.S. you will likely want to include him/her. And should follow the instructions for included family members.

Include ALL children, living or dead, whether the client knows where they are or not, and whether they are biological, step or adopted. Failure to list them here can preclude them from coming in the future.

If available, confirm dates of birth and name order with a birth certificate. Conflicting dates of birth may cause problems at the Embassy when the child is trying to come later.

Part A. II. Information about your spouse and children. (Continued.)

1. Alien Registration Number (A#) (If any)		2. Passport/ID Card No. (If any)		3. Marital Status (Married, Single, Divorced, Widowed)		4. U.S. Social Security No. (If any)	
5. Complete Last Name		6. First Name		7. Middle Name		8. Date of Birth (mm/dd/yyyy)	
9. City and Country of Birth		10. Nationality (Citizenship)		11. Race, Ethnic or Tribal Group		12. Gender ☐ Male ☐ Female	
13. Is this child in the U.S.? ☐ Yes (Complete Blocks 14 to 21.) ☐ No (Specify location.)							
14. Place of last entry in the U.S.		15. Date of last entry in the U.S. (mm/dd/yyyy)		16. I-94		17. Status when last admitted (Visa type, if any)	
18. What is your child's current status?		19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)		20. Is your child in Immigration Court proceedings?		21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) ☐ Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) ☐ No	

Married children will not be eligible to come as derivatives of your client, but they should be listed anyway.

If child is over 21 at the time the asylum application is filed, he or she will not be eligible to come as a derivative but should be listed anyway.

1. Alien Registration Number (A#) (If any)		2. Passport/ID Card No. (If any)		3. Marital Status (Married, Single, Divorced, Widowed)		4. U.S. Social Security No. (If any)	
5. Complete Last Name		6. First Name		7. Middle Name		8. Date of Birth (mm/dd/yyyy)	
9. City and Country of Birth		10. Nationality (Citizenship)		11. Race, Ethnic or Tribal Group		12. Gender ☐ Male ☐ Female	
13. Is this child in the U.S.? ☐ Yes (Complete Blocks 14 to 21.) ☐ No (Specify location.)							
14. Place of last entry in the U.S.		15. Date of last entry in the U.S. (mm/dd/yyyy)		16. I-94 No. (If any)		17. Status when last admitted (Visa type, if any)	
18. What is your child's current status?		19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)		20. Is your child in Immigration Court proceedings? ☐ Yes ☐ No			
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) ☐ Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) ☐ No							

1. Alien Registration Number (A#) (If any)		2. Passport/ID Card No. (If any)		3. Marital Status (Married, Single, Divorced, Widowed)		4. U.S. Social Security No. (If any)	
5. Complete Last Name		6. First Name		7. Middle Name		8. Date of Birth (mm/dd/yyyy)	
9. City and Country of Birth		10. Nationality (Citizenship)		11. Race, Ethnic or Tribal Group		12. Gender ☐ Male ☐ Female	
13. Is this child in the U.S.? ☐ Yes (Complete Blocks 14 to 21.) ☐ No (Specify location.)							
14. Place of last entry in the U.S.		15. Date of last entry in the U.S. (mm/dd/yyyy)		16. I-94 No. (If any)		17. Status when last admitted (Visa type, if any)	
18. What is your child's current status?		19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)		20. Is your child in Immigration Court proceedings? ☐ Yes ☐ No			
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) ☐ Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) ☐ No							

There is a supplemental page, page 11, which has additional spaces to list more children. Make as many copies of that form as you need.

Part A. III. Information about your background.

1. Please list your last address where you lived before coming to the U.S. **If this is not the country where you fear persecution, also list the last address in the country where you fear persecution.** (List Address, City/Town, Department, Province, or State and Country.)
(NOTE: Use Supplement B, Form I-589 or additional sheets of paper, if necessary.)

Number and Street (Provide if available)	City/Town	Department, Province or State	Country	Dates From (Mo/Yr) To (Mo/Yr)	

2. Provide the following information about your residences during the **past five years.** List your present address first.
(NOTE: Use Supplement B, Form I-589 or additional sheets of paper, if necessary.)

Number and Street	City/Town	Department, Province or State	Country	Dates From (Mo/Yr) To (Mo/Yr)	

Once you've completed your client's statement or affidavit, review it with this biographic data and ensure that it matches - if your client's story places him/her in hiding in Addis Ababa for six months the residence history should be consistent with that.

3. Provide the following information about your education, beginning with the most recent.
(NOTE: Use Supplement B, Form I-589 or additional sheets of paper, if necessary.)

Name of School	Type of School	Location (Address)	Attended From (Mo/Yr) To (Mo/Yr)	

Likewise, if part of your client's claim is based on his/her activities as a student, or member of a student group, corroborate that with the education information and match up the dates.

4. Provide the following information about your **employment during the past five years.** List your present employment first.
(NOTE: Use Supplement B, Form I-589 or additional sheets of paper, if necessary.)

Name and Address of Employer	Your Occupation	Dates From (Mo/Yr) To (Mo/Yr)	

Include employment without permission.

5. Provide the following information about your parents and **siblings (brothers and sisters).** Check the box if the person is deceased.
(NOTE: Use Supplement B, Form I-589 or additional sheets of paper, if necessary.)

Full Name	City/Town and Country of Birth	Current Location
Mother		☐ Deceased
Father		☐ Deceased
Sibling		☐ Deceased
Sibling		☐ Deceased
Sibling		☐ Deceased
Sibling		☐ Deceased

Include half brothers and sisters who may only share one parent.

Part B. Information about your application.

(NOTE: Use Supplement B, Form I-589 or attach additional sheets of paper as needed to complete your responses to the questions contained in Part B.)

When answering the following questions about your asylum or other protection claim (withholding of removal under 241(b)(3) of the INA or withholding of removal under the Convention Against Torture) you should provide a detailed and specific account of the basis of your claim to asylum or other protection. To the best of your ability, provide specific dates, places and descriptions about each event or action described. You should attach documents evidencing the general conditions in the country from which you are seeking asylum or other protection and the specific facts on which you are relying to support your claim. If this documentation is unavailable or you are not providing this documentation with your application, please explain why in your responses to the following questions.

Refer to Instructions, Part 1: Filing Instructions, Section II, "Basis of Eligibility," Parts A - D, Section V, "Completing the Form," Part B, and Section VII, "Additional Evidence That You Should Submit," for more information on completing this section of the form.

1. Why are you applying for asylum or withholding of removal under section 241(b)(3) of the INA, or for withholding of removal under the Convention Against Torture? Check the appropriate box(es) below and then provide detailed answers to questions A and B below:

I am seeking asylum or withholding of removal based on:

- | | | |
|--------------------------------------|--|--|
| ☐ Race | Check as many boxes as apply; your client may have a claim on multiple grounds. | ☐ Political opinion |
| ☐ Religion | | ☐ Membership in a particular social group |
| ☐ Nationality | | ☐ Torture Convention |

- A. Have you, your family, or close friends or colleagues ever experienced harm or mistreatment or threats in the past by anyone?

☐ No ☐ Yes

If "Yes," explain in detail:

- (1) What happened; (2) When the harm or mistreatment or threats occurred; (3) Who caused the harm or mistreatment or threats; and (4) Why you believe the harm or mistreatment or threats occurred.
- Make sure the answer in the blank is responsive to all four points.**

Always provide an answer to the question in the blank, but also refer to the client's statement or affidavit for more detail.

- B. Do you fear harm or mistreatment if you return to your home country?

☐ No ☐ Yes

If "Yes," explain in detail:

- (1) What harm or mistreatment you fear; (2) Who you believe would harm or mistreat you; and (3) Why you believe you would or could be harmed or mistreated.

This question is really getting at future harm, so including relevant information about what has happened since the client left the country is helpful.

Part B. Information about your application. (Continued.)

2. Have you or your family members ever been accused, charged, arrested, detained, interrogated, convicted and sentenced, or imprisoned in any country other than the United States?

☐ No

☐ Yes

If "Yes," explain the circumstances and reasons for the action.

If part of your client's claim is based on his/her arrest or detention by the government in his/her country, that information should be listed in this section.

- 3.A. Have you or your family members ever belonged to or been associated with any organizations or groups in your home country, such as, but not limited to, a political party, student group, labor union, religious organization, military or paramilitary group, civil patrol, guerrilla organization, ethnic group, human rights group, or the press or media?

☐ No

☐ Yes

If "Yes," describe for each person the level of involvement and the length of time family members were involved in each organization or group.

Carefully question your client about the nature and activities of any group he/she was involved with. Due to a broad construction of "terrorist group" under immigration law many groups which engage in armed resistance or "rebel" activities may be considered terrorist groups whether your client participated in that part of the group or not. Careful questioning and research is important to avoid a finding of material support to terrorism.

- B. Do you or your family members continue to participate in any way in these organizations or groups?

☐ No

☐ Yes

If "Yes," describe for each person your or your family members' current level of participation, any leadership or other positions currently held, and the length of time you or your family members have been involved in each organization or group.

4. Are you afraid of being subjected to torture in your home country or any other country to which you may be returned?

☐ No

☐ Yes

If "Yes," explain why you are afraid and describe the nature of torture you fear, by whom, and why it would be inflicted.

If you are seeking torture convention protection, or if your client has experienced torture, you should answer yes here.

Part C. Additional information about your application.

(NOTE: Use Supplement B, Form I-589 or attach additional sheets of paper as needed to complete your responses to the questions contained in Part C.)

1. Have you, your spouse, your child(ren), your parents or your siblings ever applied to the U. S. Government for refugee status, asylum or withholding of removal?

☐ No

☐ Yes

If "Yes," explain the decision and what happened to any status you, your spouse, your child(ren), your parents or your siblings received as a result of that decision. Please indicate whether or not you were included in a parent or spouse's application. If so, please include your parent or spouse's A-number in your response. If you have been denied asylum by an Immigration Judge or the Board of Immigration Appeals, please describe any change(s) in conditions in your country or your own personal circumstances since the date of the denial that may affect your

If a family member applied for status, it is very likely the government will pull that individual's file and review the claim for consistency with your client's where relevant. You may want to get a copy of the family member's application to compare the stories.

2. A. After leaving the country from which you are claiming asylum, did you or your spouse or child(ren) who are now in the United States travel through or reside in any other country before entering the United States? ☐ No ☐ Yes

- B. Have you, your spouse, your child(ren) or other family members, such as your parents or siblings, ever applied for or received any lawful status in any country other than the one from which you are now claiming asylum?

☐ No

☐ Yes

If "Yes" to either or both questions (2A and/or 2B), provide for each person the following: the name of each country and the length of stay, the person's status while there, the reasons for leaving, whether or not the person is entitled to return for lawful residence purposes, and whether the person applied for refugee status or for asylum while there, and if not, why he or she did not do so.

Even if your client only had a stopover to change planes in a different country, list it.

3. Have you, your spouse or your child(ren) ever ordered, incited, assisted or otherwise participated in causing harm or suffering to any person because of his or her race, religion, nationality, membership in a particular social group or belief in a particular political opinion?

☐ No

☐ Yes

If "Yes," describe in detail each such incident and your own, your spouse's or your child(ren)'s involvement.

This question pertains to the persecutor bar; if your client served in the military in his/her country, with a rebel group, or was in any way involved with a group that "fought" you want to carefully question him/her about those actions.

Part C. Additional information about your application. (Continued.)

4. After you left the country where you were harmed or fear harm, did you return to that country?

☐ No ☐ Yes

If "Yes," describe in detail the circumstances of your visit(s) (for example, the date(s) of the trip(s), the purpose(s) of the trip(s) and the length of time you remained in that country for the visit(s).)

5. Are you filing this application **more than one year after your last arrival** in the United States?

☐ No ☐ Yes

If "Yes," explain why you did not file within the first year after you arrived. You should be prepared to explain at your interview or hearing why you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see Instructions, Part 1: Filing Instructions, Section V. "Completing the Form," Part C.

Maintaining valid legal status is one exception.

Changed circumstances may be another valid exception.

If your client is past the one year deadline, you will need to provide an explanation and fit him/her into one of the exemptions. You should also provide a detailed legal argument on this point in a short brief or cover letter. This information may also be included in your client's affidavit.

6. Have you or any member of your family included in the application **ever committed any crime** and/or been arrested, charged, convicted and sentenced for any crimes **in the United States?**

☐ No ☐ Yes

If "Yes," for each instance, specify in your response: what occurred and the circumstances, the duration of the detention or imprisonment, the reason(s) for the detention or conviction, and the date of release. Attach documents referring to these incidents, if they are available, or an explanation of why documents are not available.

Many criminal convictions can make someone ineligible for asylum (but still eligible for Withholding of Removal or Torture Convention relief).

You will definitely want to review all conviction or arrest documents before filing the asylum application; it may change whether you advise a client to file for asylum if he/she has a criminal conviction.

Part D. Your Signature.

You must review this warning with your client in a language they understand - the Officer or Judge will ask if you have given them these advisals.	I declare under the laws of the United States of America, that this application and the information provided are true and correct. Title 18, United States Code, Section 1546(a), provides in part: "Whoever swears or affirms under oath, or as permitted under penalty of perjury under Section 1746 of Title 28, to give any testimony, or subscribes as true, any false statement with respect to a material fact in any document required by the immigration laws or regulations prescribed thereunder, or in any application, affidavit, or other document containing any such false statement or omission, shall be fined in accordance with this title or imprisoned not more than 5 years, or both, and may also be deported or removed or prevented from reentry. The United States Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking. Must be a passport photo.	Staple your photograph here or the photograph of the family member to be included on the extra copy of the application submitted for that person.
--	--	--

WARNING: Applicants who are in the United States illegally are subject to removal if their asylum or withholding claims are not granted by an asylum officer or an immigration judge. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, removal proceedings even if the application is later withdrawn. **Applicants determined to have knowingly made a frivolous application for asylum will be permanently ineligible for any benefits under the Immigration and Nationality Act.** You may not avoid a frivolous finding simply because someone advised you to provide false information in your asylum application. If filing with USCIS, unexcused failure to appear for an appointment to provide biometrics (such as fingerprints) and your biographical information within the time allowed may result in an asylum officer dismissing your asylum application or referring it to an immigration judge. Failure without good cause to provide DHS with biometrics or other biographical information while in removal proceedings may result in your application being found abandoned by the immigration judge. See sections 208(d)(5)(A) and 208(d)(6) of the INA and 8 CFR sections 208.10, 1208.10, 208.20, 1003.47(d) and 1208.20.

Print your complete name.	Write your name in your native alphabet.
---------------------------	--

Did your spouse, parent or child(ren) assist you in completing this application? ☐ No ☐ Yes (If "Yes," list the name and relationship.)

(Name)	(Relationship)	(Name)	(Relationship)
Did someone other than your spouse, parent or child(ren) prepare this application? ☐ No ☐ Yes (If "Yes," complete Part E.)			
Asylum applicants may be represented by counsel. Have you been provided with a list of persons who may be available to assist you, at little or no cost, with your asylum claim? ☐ No ☐ Yes			
Signature of Applicant (The person in Part A.I.)		Date (mm/dd/yyyy)	
[_____]			
Sign your name so it all appears within the brackets			

Part E. Declaration of person preparing form, if other than applicant, spouse, parent or child.

I declare that I have prepared this application at the request of the person named in Part D, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant, and that the completed application was read to the applicant in his or her native language or a language he or she understands for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form I-589 may also subject me to civil penalties under 8 U.S.C. 1324c and/or criminal penalties under 18 U.S.C. 1546(a).

Signature of Preparer		Print Complete Name of Preparer	
Daytime Telephone Number ()		Address of Preparer: Street Number and Name	
Apt. No.	City	State	Zip Code

Part F. To be completed at asylum interview, if applicable.

NOTE: You will be asked to complete this Part when you appear for examination before an asylum officer of the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS).

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are ☐ all true or ☐ not all true to the best of my knowledge and that correction(s) numbered _____ to _____ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

This page is only to be signed by the applicant in front of either the Asylum Officer or Immigration Judge. Do not submit the application with this page signed.

Signed and sworn to before me by the above named applicant on:

_____ Date (mm/dd/yyyy)

Writ
t

_____ Alphabet

_____ Signature of asylum officer

Part G. To be completed at removal hearing, if applicable.

NOTE: You will be asked to complete this Part when you appear before an immigration judge of the U.S. Department of Justice, Executive Office for Immigration Review (EOIR), for a hearing.

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are ☐ all true or ☐ not all true to the best of my knowledge and that correction(s) numbered _____ to _____ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

_____ Signature of Applicant

_____ Date (mm/dd/yyyy)

_____ Write Your Name in Your Native Alphabet

_____ Signature of immigration judge

Supplement A, Form I-589

A # (If available)	Date
Applicant's Name	Applicant's Signature

Have the applicant sign this page even if left blank.

List all of your children, regardless of age or marital status.

(NOTE: Use this form and attach additional pages and documentaton as needed, if you have more than four children.)

1. Alien Registration Number (A#) (If any)	2. Passport/ID Card Number (If any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (If any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic or Tribal Group	12. Gender ☐ Male ☐ Female
13. Is this child in the U.S.? ☐ Yes (Complete blocks 14 to 21.) ☐ No (Specify location.) _____			
14. Place of last entry in the U.S.	15. Date of last entry in the U.S. (mm/dd/yyyy)	16. I-94 Number (If any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in Immigration Court proceedings? ☐ Yes ☐ No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) ☐ Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) ☐ No			

1. Alien Registration Number (A#) (If any)	2. Passport/ID Card Number (If any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (If any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic or Tribal Group	12. Gender ☐ Male ☐ Female
13. Is this child in the U.S.? ☐ Yes (Complete blocks 14 to 21.) ☐ No (Specify location.) _____			
14. Place of last entry in the U.S.	15. Date of last entry in the U.S. (mm/dd/yyyy)	16. I-94 Number (If any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in Immigration Court proceedings? ☐ Yes ☐ No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) ☐ Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) ☐ No			

Additional information about your claim to asylum.

A# (If available)

Date

Applicant's Name

Applicant's Signature

Have the applicant sign even if left blank.

NOTE: Use this as a continuation page for any additional information requested. Please copy and complete as needed.

Part

Question

Use this form for questions which did not fit in the allotted spaces, like residences, siblings, et cetera.

Application for Cancellation of Removal and Adjustment
of Status for Certain Nonpermanent Residents

This can be different from place of birth in some cases. Include all countries of citizenship

LEAD ADVICE AND INSTRUCTIONS
BEFORE FILLING IN FORM

PLEASE TYPE OR PRINT

Fee Stamp (Official Use Only)

Be sure to include all A numbers

PART 1 - INFORMATION ABOUT YOURSELF

1) My present true name is: <i>(Last, First, Middle)</i>		2) Alien Registration (or "A") Number(s):		
3) My name given at birth was: <i>(Last, First, Middle)</i>		4) Birth Place: <i>(City and Country)</i>		
5) Date of Birth: <i>(Month, Day, Year)</i>	6) Gender: ☐ Male ☐ Female	7) Height:	8) Hair Color:	9) Eye Color:
10) Current Nationality and Citizenship:	11) Social Security Number:	12) Home Phone Number: ()	13) Work Phone Number: ()	
14) I currently reside at: <i>Apt. number and/or in care of</i> <i>Number and Street</i> <i>City or Town</i> <i>State</i> <i>Zip Code</i>		15) I have been known by these additional name(s): 		

16) I have resided in the following locations in the United States: (List PRESENT ADDRESS FIRST, and work back in time for at least 10 years.)

Street and Number - Apt. or Room # - City or Town - State - Zip Code	Resided From: <i>(Month, Day, Year)</i>	Resided To: <i>(Month, Day, Year)</i>
		PRESENT

PART 2 - INFORMATION ABOUT THIS APPLICATION

17) I, the undersigned, hereby request that my removal be cancelled under the provisions of section 240A(b) of the Immigration and Nationality Act (INA). I believe that I am eligible for cancellation of removal because: (Check all that apply.)

- ☐ My removal would result in exceptional and extremely unusual hardship to my:
- | | | | | |
|---|--------------------------|-----------------------------|---------------------|--------------|
| | UNITED STATES
CITIZEN | LEGAL PERMANENT
RESIDENT | TEMPORARY
STATUS | NO
STATUS |
| ☐ spouse, who is a | _____ | _____ | _____ | _____ |
| ☐ father, who is a | _____ | _____ | _____ | _____ |
| ☐ mother, who is a | _____ | _____ | _____ | _____ |
| ☐ child/children, who is/are a | _____ | _____ | _____ | _____ |

With the exception of absences described in question #23, I have resided in the United States since:

(Month, Day, Year) _____

This should be the date of first entry.

- ☐ I, or my child, have been battered or subjected to extreme cruelty by a United States citizen or lawful permanent resident spouse or parent.

With the exception of absences described in question #23, I have resided in the United States since:

(Month, Day, Year) _____

PART 3 - INFORMATION ABOUT YOUR

18) I first arrived in the United States under the name of: (Last, First, Middle)

If the applicant entered with inspection, use the name on the I-94. If the applicant was apprehended at entry, use that name. If EWI, use legal name.

I first arrived in the United States on: (Month, Day, Year)

20) Place or port of first arrival: (Place or Port, City, and State)

21) I: ☐ was inspected and admitted.☐ I entered using my Lawful Permanent Resident card which is valid until

(Month, Day, Year)

☐ I entered using a _____ visa which is valid until

(Specify Type of Visa)

(Month, Day, Year)

☐ was not inspected and admitted.☐☐☐ Other. Exp

Take care here because if the applicant has been out more than 90 days at once or more than 180 days in the aggregate, they are not eligible for cancellation.

22) I applied on

and valid until

it was ☐ granted on

(Month, Day, Year)

(Month, Day, Year)

23) Since the date of my first entry, I departed from and returned to the United States at the following places and on the following dates:
(Please list all departures regardless of how briefly you were absent from the United States.)If you have never departed from the United States since your original date of entry, please mark an X in this box: ☐

1	Port of Departure (Place or Port, City and State)	Departure Date (Month, Day, Year)	Purpose of Travel	Destination
	Port of Return (Place or Port, City and State)	Return Date (Month, Day, Year)	Manner of Return	Inspected and Admitted? ☐ Yes ☐ No
2	Port of Departure (Place or Port, City and State)	Departure Date (Month, Day, Year)	Purpose of Travel	Destination
	Port of Return (Place or Port, City and State)	Return Date (Month, Day, Year)	Manner of Return	Inspected and Admitted? ☐ Yes ☐ No

Note that an applicant previously granted VD who FAILED to depart is not eligible for COR if applying less than 10 years from date of grant. (If VD granted after 1997.)

24) Have you ever departed the United States: a) under an order of deportation, exclusion, or removal?.....

b) pursuant to a grant of voluntary departure?.....

PART 4 - INFORMATION ABOUT YOUR MARITAL STATUS AND SPOUSE (Continued)25) I am not married: ☐
I am married: ☐

26) If married, the name of my spouse is: (Last, First, Middle)

27) My spouse's name before marriage

28) The marriage took place in: (City and Country)

29) Date of marriage: (Month, Day, Year)

30) My spouse currently resides at:

Apt. number and/or in care of

Number and Street

City or Town

State/Country Zip Code

Again, list ALL countries of citizenship.

my spouse: (City & Country; Month, Day, Year)

32) My spouse is a citizen of: (Country)

33) If your spouse is other than a native born United States citizen, answer the following:

He/she arrived in the United States at: (Place or Port, City and State)

He/she arrived in the United States on: (Month, Day, Year)

His/her alien registration number(s) is: A#

He/she was naturalized on: (Month, Day, Year)

at

(City and State)

34) My spouse ☐ - is ☐ - is not employed. If employed, please give salary and the name and address of the place(s) of employment.

Full Name and Address of Employer	Earnings Per Week (Approximate)
	\$
	\$
	\$

Please continue answers on a separate sheet as needed.

PART 4 - INFORMATION ABOUT YOUR MARITAL STATUS AND SPOUSE *(Continued)*

35) I ☐ - have ☐ - have not been previously married: *(If previously married, list the name of each prior spouse, the dates on which each marriage began and ended, the place where the marriage terminated, and describe how each marriage ended.)*

Name of prior spouse: <i>(Last, First, Middle)</i>	Date marriage began: Date marriage ended:	Place marriage ended: <i>(City and Country)</i>	Description or manner of how marriage was terminated or ended:

36) My present spouse ☐ - has ☐ - has not been previously married: *(If previously married, list the names of each prior spouse, the dates on which each marriage began and ended, the place where the marriage terminated, and describe how each marriage ended.)*

Name of prior spouse: <i>(Last, First, Middle)</i>	Date marriage began: Date marriage ended:	Place marriage ended: <i>(City and Country)</i>	Description or manner of how marriage was terminated or ended:

Discuss with clients because failure to pay child support can affect discretion.

37) Have you been ordered by any court, or are otherwise under any legal obligation, to provide child support and/or spousal maintenance as a result of a separation and/or divorce? ☐ Yes ☐ No

PART 5 - INFORMATION ABOUT YOUR EMPLOYMENT AND FINANCIAL STATUS

38) Since my arrival into the United States, I have been employed by the following named persons or firms: *(Please begin with present employment and work back in time. Any periods of unemployment or school attendance should be specified. Attach a separate sheet for additional entries if necessary.)*

Full Name and Address of Employer	Earnings Per Week <i>(Approximate)</i>	Type of Work Performed	Employed From: <i>(Month, Day, Year)</i>	Employed To: <i>(Month, Day, Year)</i>
	\$			PRESENT
	\$			
	\$			

39) If self-employed, describe the nature of the business, the name of the business, its address, and net income derived therefrom:

40) My assets (and if married, my spouse's assets) in the United States and other countries, not including clothing and household necessities, are:

Self	Jointly Owned With Spouse
Cash, Stocks, and Bonds..... \$	Cash, Stocks, and Bonds..... \$
Real Estate..... \$	Real Estate..... \$
Auto (dollar value minus amount owed) \$	Auto (dollar value minus amount owed) \$
Other (describe on line below)..... \$	Other (describe on line below)..... \$
TOTAL \$	TOTAL \$

41) I ☐ - have ☐ - have not received public or private relief or assistance (e.g. Welfare, Unemployment Benefits, Medicaid, TANF, AFDC, etc.). If you have, please give full details including the type of relief or assistance received, date for which relief or assistance was received, place, and total amount received during this time:

--

42) Please list each of the years in which you have filed an income tax return with the Internal Revenue Service:

--

Be sure to review client's tax return because they often have preparers who complete them improperly, which leads to questions which can affect discretion.

PART 6 - INFORMATION ABOUT YOUR FAMILY *(Continued on page 5)*

43) I have _____ *(Number of)* children. Please list information for each child below, include assets and earnings information for children over the age of 16 who have separate incomes:

Name of Child: <i>(Last, First, Middle)</i> Child's Alien Registration Number:	Citizen of What Country: Birth Date: <i>(Month, Day, Year)</i>	Now Residing At: <i>(City and Country)</i> Birth Date: <i>(City and Country)</i>	Immigration Status of Child
A#:			
Estimated Total of Assets: \$ _____		Estimated Average Weekly Earnings: \$ _____	
A#:			
Estimated Total of Assets: \$ _____		Estimated Average Weekly Earnings: \$ _____	
A#:			
Estimated Total of Assets: \$ _____		Estimated Average Weekly Earnings: \$ _____	

Most IJs want at least a brief explanation.

44) If your application is denied, would your spouse and all of your children accompany you to your:

Country of Birth - ☐ Yes ☐ No

Country of Nationality - ☐ Yes ☐ No

Country of Last Residence - ☐ Yes ☐ No

If you answered "No" to any of the responses, please explain: _____

45) Members of my family, including my spouse and/or child(ren) ☐ - have ☐ - have not received public or private relief or assistance (e.g., Welfare, Unemployment Benefits, Medicaid, TANF, AFDC, etc.). If any member of your immediate family has received such relief or assistance, please give full details including identity of person(s) receiving relief or assistance, dates for which relief or assistance was received, place, and total amount received during this time: _____

46) Please give the requested information about your parents, brothers, sisters, aunts, uncles, and grandparents, living or deceased. As to residence, show street address, city, and state, if in the United States; otherwise show only country:

Name: <i>(Last, First, Middle)</i> Alien Registration Number:	Citizen of What Country: Birth Date: <i>(Month, Day, Year)</i>	Relationship to Me: Birth Date: <i>(City and Country)</i>	Immigration Status of Listed Relative
A#:			
Complete Address of Current Residence, if Living: _____			
A#:			
Complete Address of Current Residence, if Living: _____			

PART 6 - INFORMATION ABOUT YOUR FAMILY *(Continued)*

IF THIS APPLICATION IS BASED ON HARDSHIP TO A PARENT OR PARENTS, QUESTIONS 47-50 MUST BE ANSWERED.

47) If your parent is not a citizen of the United States, give the date and place of arrival in the United States including full details as to the date, manner, and terms of admission into the United States: _____

48) My father ☐ - is ☐ - is not employed. If employed, please give salary and the name and address of the place(s) of employment.

Full Name and Address of Employer	Earnings Per Week (Approximate)
	\$

49) My mother ☐ - is ☐ - is not employed. If employed, please give salary and the name and address of place(s) of employment.

Full Name and Address of Employer	Earnings Per Week (Approximate)
	\$

50) My parent's assets in the United States and other countries not including clothing and household necessities are:

Assets of father consist of the following:

Cash, Stocks, and Bonds..... \$ _____

Real Estate..... \$ _____

Auto (dollar value minus amount owed)..... \$ _____

Other (describe on line below)..... \$ _____

TOTAL \$ _____

Assets of mother consist of the following:

Cash, Stocks, and Bonds..... \$ _____

Real Estate..... \$ _____

Auto (dollar value minus amount owed)..... \$ _____

Other (describe on line below)..... \$ _____

TOTAL \$ _____

PART 7 - MISCELLANEOUS INFORMATION *(Continued on page 6)*

51) I ☐ - have ☐ - have not entered the United States as a crewman after June 30, 1964.

52) I ☐ - have ☐ - have not been admitted as, or after arrival in the United States acquired the status of, an exchange alien.

53) I ☐ - have ☐ - have not submitted address reports as required by section 265 of the Immigration and Nationality Act.

54) I ☐ - have ☐ - have never (either in the United States or in any foreign country) been arrested, summoned into court as a defendant, convicted, fined, imprisoned, placed on probation, or forfeited collateral for an act involving a felony, misdemeanor, or breach of any public law or ordinance (including, but not limited to, traffic violations or driving incidents involving alcohol). *(If answer is in the affirmative, please give a brief description of each offense including the name and location of the offense, date of conviction, any penalty imposed, any sentence imposed, and the time actually served.)*



**You should include
certified
dispositions if the
answer is yes.**

55) Have you ever served in the Armed Forces of the United States? ☐ Yes ☐ No. If "Yes" please state branch (*Army, Navy, etc.*) and service number: _____

Place of entry on duty: (*City and State*) _____

Date of entry on duty: (*Month, Day, Year*) _____ Date of discharge: (*Month, Day, Year*) _____

Type of discharge: (*Honorable, Dishonorable, etc.*) _____

I served in active duty status from: (*Month, Day, Year*) _____ to (*Month, Day, Year*) _____

56) Have you ever left the United States or the jurisdiction of the district where you registered for the draft to avoid being drafted into the military or naval forces of the United States?

☐ Yes ☐ No

PART 7 - MISCELLANEOUS INFORMATION *(Continued)*

57) Have you ever deserted from the military or naval forces of the United States while the United States was at war? ☐ Yes ☐ No

58) If male, did you register under the Military Selective Service Act or any applicable previous Selective Service (Draft) Laws? ☐ Yes ☐ No
If "Yes," please give date, Selective Service number, local draft board number, and your last draft classification: _____

59) Were you ever exempted from service because of conscientious objection, alienage, or any other reason? ☐ Yes ☐ No

60) Please list your present or past membership in or affiliation with every political organization, association, fund, foundation, party, club, society, or similar group in the United States or any other place since your 16th birthday. Include any foreign military service in this part. If none, write "None." Include the name of the organization, location, nature of the organization, and the dates of membership.

Name of Organization	Location of Organization	Nature of Organization	Member From: (Month, Day, Year)	Member To: (Month, Day, Year)

61) Have you ever:

- ☐ Yes ☐ No been ordered deported, excluded, or removed?
☐ Yes ☐ No overstayed a grant of voluntary departure from an Immigration Judge or the Department of Homeland Security (DHS), formerly the Immigration and Naturalization Service (INS)?
☐ Yes ☐ No failed to appear for removal or deportation?

62) Have you ever been:

- ☐ Yes ☐ No a habitual drunkard?
☐ Yes ☐ No one whose income is derived principally from illegal gambling?
☐ Yes ☐ No one who has given false testimony for the purpose of obtaining immigration benefits?
☐ Yes ☐ No one who has engaged in prostitution or unlawful commercialized vice?
☐ Yes ☐ No involved in a serious criminal offense and asserted immunity from prosecution?
☐ Yes ☐ No a polygamist?
☐ Yes ☐ No one who brought in or attempted to bring in another to the United States illegally?
☐ Yes ☐ No a trafficker of a controlled substance, or a knowing assister, abettor, conspirator, or colluder with others in any such controlled substance offense (not including a single offense of simple possession of 30 grams or less of marijuana)?
☐ Yes ☐ No inadmissible or deportable on security-related grounds under sections 212(a)(3) or 237(a)(4) of the INA?
☐ Yes ☐ No one who has ordered, incited, assisted, or otherwise participated in the persecution of an individual on account of his or her race, religion, nationality, membership in a particular social group, or political opinion?
☐ Yes ☐ No a person previously granted relief under sections 212(c) or 244(a) of the INA or whose removal has previously been cancelled under section 240A of the INA?

If you answered "Yes" to any of the above questions, explain: _____

PART 7 - MISCELLANEOUS INFORMATION *(Continued)*

- 63) Are you the beneficiary of an approved visa petition? ☐ Yes ☐ No
If yes, can you arrange a trip outside the United States to obtain an immigrant visa? ☐ Yes ☐ No If no, please explain:

Most attorneys complete a separate evidence filing with TOC and description in compliance with the Practice Manual. So "see attached" is sufficient if you have done so.

- 64) The following certificates or other supporting documents are attached hereto as a part of this application: *(Refer to the Instructions for documents which should be attached.)*

PART 8 - SIGNATURE OF PERSON PREPARING FORM, IF OTHER THAN APPLICANT

(Read the following information and sign below)

I declare that I have prepared this application at the request of the person named in Part 1, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant, and that the completed application was read to the applicant in a language the applicant speaks fluently for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form EOIR-42B may subject me to civil penalties under 8 U.S.C. 1324c.

Signature of Preparer:

Print Name:

Date:

Daytime Telephone #:

()

Address of Preparer: *(Number and Street, City, State, Zip Code)*

PART 9 - SIGNATURE

Don't let the
applicant sign
ahead of time!

**APPLICATION NOT TO BE SIGNED BELOW UNTIL APPLICANT APPEARS BEFORE
AN IMMIGRATION JUDGE**

I swear or affirm that I know the contents of this application that I am signing, including the attached documents and supplements, and that they are all true to the best of my knowledge, taking into account the correction(s) numbered _____ to _____, if any, that were made by me or at my request.

(Signature of Applicant or Parent or Guardian)

Subscribed and sworn to before me by the above-named applicant at _____

Immigration Judge

Date (Month, Day, Year)

PART 10 - PROOF OF SERVICE

I hereby certify that a copy of the foregoing Form EOIR-42B was: ☐ - delivered in person ☐ - mailed first class, postage prepaid

on _____ to the Assistant Chief Counsel for the DHS (U.S. Immigration and Customs Enforcement - ICE)
(Month, Day, Year)

at _____
(Number and Street, City, State, Zip Code)

Signature of Applicant (or Attorney or Representative)



Application for Waiver of Grounds of Inadmissibility

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

USCIS
Form I-601
OMB No. 1615-0029
Expires 12/31/2014

For USCIS Use Only	Fee Stamp	Initial Receipt	Resubmitted	Action Block
	Benefits Category ☐ Immigrant ☐ Adjustment of Status ☐ TPS ☐ V Nonimmigrant ☐ K Nonimmigrant		Relocated Received ☐ Sent ☐	
212(a)(3) ☐ 212(a)(4) ☐ 212(a)(6) ☐ 212(a)(9) ☐ 212(a)(10) ☐				
Be Completed by an Attorney or Representative, if any. ☐ Fill in box if G-28 is attached to represent the applicant. Attorney State License Number: _____				
Type or print in black ink.				

If the applicant has never filed anything with USCIS, they may not have one. If they have more than one, you should discuss this with the supervising attorney.

Make sure that if you check this box, you attach a form G-28 and that original signatures are used.

Note that not all states issue attorney license numbers.

Part 1. Information About Applicant

1. Alien Registration Number (A-Number)

► A-

2. Applicant's U.S. Social Security Number (optional)

Your Full Name

Enter REAL social security numbers, not Tax Payer ID numbers, lawfully accorded to the applicant.

3.c. Middle Name

Address

4.a. Street Number and Name

4.b. Apt. ☐ Ste. ☐ Flr. ☐

4.c. City or Town

4.d. State 4.e. Zip

4.f. Postal Code

4.g. Province

4.h. Country

List all countries of citizenship, not just where the applicant plans to consular process.

Contact Information

5. Daytime Phone Number (if any)

() -

6. E-mail Address (if any)

Take care to put month and day in format described on the form.

7. Date of Birth (mm/dd/yyyy) ►

8. City or Town of Birth

9. Province of Birth (if applicable)

10. Country of Birth

11. Country of Citizenship

If you are outside the United States and you were already interviewed by a Department of State (DOS) consular officer at a U.S. Embassy or consulate, provide information in item number 12.a. - 12.c.

12.a. Date of Visa Application with DOS

(mm/dd/yyyy) ►

This refers to the date of the visa interview, not the date the application was submitted to NVC.

You only need to put the city and country where the Embassy or Consulate is located.

Part 1. Information About Applicant (continued)

12.b. Location of Visa Application with DOS

12.c. Department of State Consular Case Number

13.a. If in the United States: Did you file this application after you have already filed Form I-485 or Form I-82?

☐ Yes

13.b. If "Yes", provide USCIS Receipt #

►

13.c. Filing Location

13.d. Date Filed (mm/dd/yyyy) ►

Here, date filed is found on the receipt notice for either Form and is actually the date the form is filed with USCIS.

Reason(s) for Inadmissibility

Mark all of the following grounds that you believe, according to the best of your knowledge, apply to you. Only mark the applicable ground(s) listed under the immigration benefit you are seeking.

In the space provided for item **number 51**, include a statement explaining the acts, convictions, and medical conditions that you believe make you inadmissible.

If you seek a waiver of inadmissibility because you have a Class A Tuberculosis condition (as per HHS regulations), you must complete the last 2 pages of this form. If you seek a waiver of inadmissibility because of a history of physical or mental disorders, you must attach the information requested in the instructions.

A. I am an applicant for an immigrant visa or adjustment of status (other than based on T nonimmigrant status), or for K or V nonimmigrant status, and I believe that I am inadmissible because: (See the form instructions for a detailed explanation of the individual grounds.)

Check all that apply

14. ☐ I have a communicable disease of public health significance, as per HHS regulations (see instructions).

15. ☐ I have, or have had in the past, a physical or mental disorder and behavior associated with the disorder that poses, may pose, or has posed, a threat to the property, safety, or welfare of myself or others (see instructions).

16. ☐ I seek an exemption from the vaccination requirement because it is against my religious beliefs or moral convictions (see instructions).

17. ☐ I have been involved in a crime of moral turpitude (other than a purely political offense) (see instructions).

18. ☐ I have been convicted of 2 or more offenses, other than purely political ones, for which the combined sentences to confinement were 5 years or more (see instructions).

involved in a controlled substance offense under the laws and regulations of any country, for which the combined sentences to confinement were 30 grams or less of marijuana (see instructions).

the last 10 years, been involved in prostitution, or I am currently involved in prostitution. "Involved in" prostitution means being a prostitute, procuring or attempting to procure others for prostitution, importing other individuals to engage in prostitution, or receiving the proceeds, in full or in part, from prostitution (see instructions).

21. ☐ I am coming to the United States to engage in any form of specialized vice, whether or not it is a crime (see instructions).

22. ☐ I have been involved in serious criminal activity and have been convicted of a crime from prosecution (see instructions).

23. ☐ I have sought to procure an immigration benefit by fraud or by concealing or misrepresenting a material fact (immigration fraud or misrepresentation) (see instructions).

24. ☐ I am or I have been a member of or affiliated with the Communist or any other totalitarian party (or subdivision or affiliate of the party), domestic or foreign (see instructions).

25. ☐ I have been engaged in alien smuggling (see instructions).

26. ☐ I am subject to a civil penalty because I have been the subject of a final order for violation of the Immigration and Nationality Act (INA) section 274C (see instructions).

27. ☐ I am subject to the 3-year or the 10-year bar to admissibility because I was previously unlawfully present in the United States in excess of either 180 days or 1 year or more, and subsequently departed the United States (see instructions).

28. ☐ I was previously removed from the United States (see instructions for NACARA and HRIFA applicants only. All other applicants, file Form I-212).

A concern arises if the applicant is not conceding the ground of inadmissibility and plans to challenge it in a brief submitted with the waiver application. If this is the case, the best thing to do is to check the appropriate box and in the narrative section, state that the ground is not conceded.

Part 1. Information About Applicant *(continued)***Reason(s) for Inadmissibility** *(continued)*

29. ☐ I have been ordered removed, or I have been unlawfully present in the United States for more than 1 year, in the aggregate, and I subsequently reentered or attempted to reenter without being admitted (see instructions for NACARA, HRIFA, and the instructions for approved VAWA self-petitioners only. Other applicants, file Form I-212).

30. ☐ Other (specify)

B. I am applying for adjustment of status based on a valid T nonimmigrant status and I believe that I am inadmissible because: (see instructions)

31. ☐ Specify:

C. I am applying for TPS and I believe that I am inadmissible because: (see instructions)

Check all that apply

32. ☐ I have a communicable disease of public health significance. (A list of communicable diseases of public health significance can be found in the instructions).
33. ☐ I have or I had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder, which has posed or may pose a threat to the property, safety, or welfare of myself or others.
34. ☐ Within the past 10 years, I have engaged in prostitution (including receiving the proceeds of, in full or in part) or procurement of prostitution, or continue to engage in prostitution or procurement of prostitution.
35. ☐ I am or I have been a drug abuser or drug addict as described in Department of Health and Human Services Regulations. See 42 CFR Part 34.
36. ☐ I have been or I intend to be involved in any other commercialized vice.

37. ☐ I have committed a serious criminal offense in the United States and asserted immunity from prosecution.
38. ☐ I am subject to a final order for violation of INA section 274C (producing/using false documentation to unlawfully satisfy a requirement of the INA).
39. ☐ I did not attend or did not remain at a removal proceeding to determine my inadmissibility or deportability.
40. ☐ I practice polygamy.
41. ☐ I am accompanying another alien who is inadmissible after being certified to be helpless under INA section 232(c), and I am inadmissible because that other alien requires my protection or guardianship.
42. ☐ I have detained, retained, or withheld the custody of a child having a lawful claim to U.S. citizenship, outside the United States, from a U.S. citizen granted custody.
43. ☐ I was an unlawful voter who voted in violation of a Federal, State, or local constitutional provision, statute, ordinance, or regulation.
44. ☐ I am a former United States citizen who renounced my citizenship in order to avoid taxation by the United States.
45. ☐ I tried to obtain a visa, other documentation, or admission into the United States or other benefit by fraud or willfully misrepresenting a material fact.
46. ☐ I falsely represented myself as a U.S. citizen.
47. ☐ I have assisted another person to enter the United States in violation of the law.
48. ☐ I am ineligible for U.S. citizenship because I obtained a discharge from the U.S. Armed Forces for the reason that I am an alien OR because I received an exemption from the military draft for the reason that I am an alien.
49. ☐ I have been involved in a single offense of simple possession of 30 grams or less of marijuana.
50. ☐ Other (specify)

Part 1. Information About Applicant *(continued)*

Reason(s) for Inadmissibility *(continued)*

51.

Statement From Applicant

In the space provided in **number 51**, describe in your own words why you believe that you are inadmissible and the reasons that you believe support your request.

Your statement must explain the acts, convictions, or medical conditions that make you inadmissible. You must indicate when you engaged in the acts that make you inadmissible, the date of all convictions, and any medical diagnosis. You must provide the information in **number 51**, even if the information is also in the information that you submit with your application according to the instructions.

Your statement must also explain why you believe your application should be approved as a matter of fact, that the favorable factors outweighing the unfavorable factors in your case. If your application requires the show of hardship to a qualifying relative, you must explain that your qualifying relative has or will experience hardship if refused the immigration benefit you are seeking.

If you intend to submit a statement in a separate letter, you may do so but you must write into the space in **number 51**, that you are attaching a letter that explains the acts, convictions, or medical conditions that you believe make you inadmissible. The letter must be submitted at the same time as your Form I-601 application.

NOTE: You should include copies of any documents that support your statement, with your Form I-601 application packet. Records of convictions must be certified from the court in which you were convicted; copies will not be sufficient.

NOTE: If you require more space to complete your statement, use the space provided in **Part 6**.

Most waiver packets will include a detailed affidavit from the applicant and/or qualifying relative. This section should be a layman's summary of the ground(s) of inadmissibility. Even if redundant, you MUST complete this section.

Lined area for writing the statement.

Part 1. Information About Applicant *(continued)*

Applicant was previously in the United States as follows:

52.a. City or Town

52.b. State

52.c. Date From (mm/dd/yyyy) ▶

52.d. Date To (mm/dd/yyyy) ▶

52.e. Immigration Status

53.a. City or Town

53.b. State

53.c. Date From (mm/dd/yyyy) ▶

53.d. Date To (mm/dd/yyyy) ▶

53.e. Immigration Status

Note that the purpose of this section is to gather previous immigration history, not residential history. Where applicant has lived in multiple cities in same state in the same status, it is acceptable to list all cities on the same line. If additional space is necessary, you can add more locations and stays at Part 6.

54.c. Date From (mm/dd/yyyy) ▶

54.d. Date To (mm/dd/yyyy) ▶

54.e. Immigration Status

55.a. City or Town

55.b. State

55.c. Date From (mm/dd/yyyy) ▶

Double check that you have the right qualifying relative for the waiver the applicant is seeking. For example, children are not qualifying relatives for the fraud or ULP waiver.

Part 2. Information About Relative Through Whom Applicant Claims Eligibility, Where Applicable

1.a. Family Name
(Last Name)

1.b. Given Name
(First Name)

1.c. Middle Name

Physical Address

2.a. Street Number and Name

2.b. Apt. ☐ Ste. ☐ Flr. ☐

2.c. City or Town

2.d. State 2.e. Zip Code

2.f. Postal Code

2.g. Province

2.h. Country

Other Information

3. Daytime Phone Number Extension
() -

4. E-mail Address (if any)

5. Relationship to Applicant

6. Immigration Status

☐ Check here if the applicant has additional relatives through whom the applicant claims eligibility. Please go to Part 6 and provide the same information as requested in Part 2, numbers 1.a. through 6.

Be sure to only check this box if you are including additional qualifying relatives, not just relatives. You can add the information at Part 6.

Be sure this address is correct as this is the best address for USCIS to send a decision.

Part 3. Information About Applicant's Other Relatives in the United States

(List only U.S. citizens and permanent residents)

1.a. Family Name (Last Name)

1.b. Given Name

Be sure to list close relatives who were not qualifying relatives, such as children.

2.a. Street Number and Name

2.b. Apt. ☐ Ste. ☐ Flr. ☐

2.c. City or Town

2.d. State 2.e. Zip Code

Other Information

3. Daytime Telephone Number Extension
() -

4. E-mail Address (if any)

5. Relationship to Applicant

6. Immigration Status

☐ Check here if the applicant has additional relatives in the United States. Please go to Part 6 and provide the same information as requested in Part 3, numbers 1.a. through 6.

Part 4. Signature of Applicant

I certify, under penalty of perjury under the laws of the United States, that this application and the evidence submitted with it are all true and correct to the best of my knowledge and abilities. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine my eligibility for this waiver.

I furthermore authorize release of information contained in this form, supporting documents, and my USCIS records to other entities and persons where necessary for the administration of U.S. immigration laws.

1.a. Signature of Applicant (See the instructions)

1.b. Date of Signature (mm/dd/yyyy)

Note this is a change from the old form which permitted the qualifying relative to sign on behalf of the applicant. Now, the applicant MUST sign and it MUST be an original signature.

Part 5. Signature of Person Preparing This Application, If Other Than the Applicant

NOTE: If you are an attorney or representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with this application.

Preparer's Full Name

Provide the following information about the preparer:

1.a. Preparer's Full Name

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. ☐ Ste. ☐ Flr. ☐

3.c. City or Town

3.d. State 3.e. Zip Code

3.f. Postal Code

3.g. Province

3.h. Country

Note again, if you complete this section, a form G-28 MUST be submitted.

Preparer's Contact Information

Extension

$$\left(\begin{array}{|c|} \hline \\ \hline \end{array} \right) \begin{array}{|c|} \hline \\ \hline \end{array} - \begin{array}{|c|} \hline \\ \hline \end{array}$$

I declare that this document was prepared by me at the request of the applicant or other individual authorized by the form instructions to sign this application (see the instructions), and it is based on all information of which I have knowledge and/or was provided to me by the above named person in response to the exact questions contained on this form. I have not knowingly withheld any information.

--

1. *Journal of the American Medical Association*, 1997; 277: 1033-1038.

If you require more space to complete an item, please use the space below. In order to assist us in reviewing your response, you must identify the Part Number and Item Number.

1.

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

2.

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

To Be Completed for Applicants With Class A Tuberculosis Condition (As Per HHS Regulations)

Section A. Statement by Applicant

Upon admission to the United States I will:

- A. Go directly to the health department named in **Section B**;
- B. Present all X-rays used in the visa medical examination to substantiate diagnosis;
- C. Submit to such examinations, treatment, isolation, and medical regimen as may be required; and
- D. Remain under the prescribed treatment or observation, whether on inpatient or outpatient basis, until discharged.

1.a. Signature of Applicant

1.b. Date of Signature (mm/dd/yyyy) ▶

Section B. Statement by Local (City or County) Health Department

NOTE: The physician at the local health department in the area where the alien plans to reside should complete this statement.

I agree to supply any treatment or observation necessary for the proper management and continued care of the alien's tuberculosis condition.

I agree to submit a summary of my initial evaluation of the alien's condition to the State Health Department Official named in **Section D** and to the **Division of Global Migration and Quarantine (E03), Centers for Disease Control and Prevention (CDC), Atlanta, Georgia 30333:**

- A. Within 30 days of the alien reporting for care, indicating presumptive diagnosis, test results, and plans for future care of the alien; or
- B. A report that the alien has not reported within 30 days after receiving notice from the Division of Global Migration and Quarantine, CDC.

Satisfactory financial arrangements have been made. (This statement does not relieve the alien from submitting evidence, as required by a U.S. consulate, to establish that the alien is not likely to become a public charge.)

I represent (enter an "X" in the appropriate box and give the complete name, address, and phone number of the health department below):

1.a. ☐ City Health Department

1.b. ☐ County Health Department

2.a. Name of Health Department (Type or print in black ink)

2.b. Street Number and Name

2.c. Apt. ☐ Ste. ☐ Flr. ☐

2.d. City or Town

2.e. State

2.f. Zip Code

3.a. Signature of Physician

3.b. Date of Signature (mm/dd/yyyy) ▶

3.c. Printed Name of Physician

3.d. Daytime Phone Number

Extension

3.e. E-mail Address (if any)

Section C. Arrangement for Medical Care by the Applicant or His or Her Sponsor

Arrange for medical care (of the applicant) and have the appropriate Health Departments complete **Sections B and D**.

Provide the following information:

Address where you or the applicant plan to reside in the United States:

1.a. Street Number and Name

1.b. Apt. ☐ Ste. ☐ Flr. ☐

1.c. City or Town

1.d. State

1.e. Zip Code

To Be Completed for Applicants With Class A Tuberculosis Condition (As Per HHS Regulations)

Section D. Endorsement of State Health Department Official

NOTE: The State Health Department Official in the area where the applicant plans to reside should complete this statement.

Endorsement signifies recognition of the local health department that completed **Section B** for the purpose of providing care and treatment of the applicant's tuberculosis condition, and that the local health department is within your jurisdiction. Endorsement also signifies recognition that the applicant will be residing within your State's health jurisdiction.

Endorsed by:

1.a. Signature of State Health Department Official

1.b. Date of Signature (mm/dd/yyyy) ►

2.a. Name of State Health Department (Type or print in black ink)

2.b. Street Number and Name

2.c. Apt. ☐ Ste. ☐ Flr. ☐

2.d. City or Town

2.e. State

2.f. Zip Code

2.g. Daytime Phone Number

Extension

2.h. E-mail Address (if any)

Note to the Applicant and his or her Sponsor: If you need assistance, contact USCIS at the National Customer Service Center at 1-800-375-5283. You may also schedule an appointment at the local USCIS office through InfoPass (available through USCIS' Web site at www.uscis.gov).

Note to the Applicant: If you are approved for a waiver and after admission to the United States you fail to comply with the terms, conditions, and controls that were imposed with the grant of the waiver, you may be subject to removal under Immigration and Nationality Act (INA) section 237(a).

Citizenship and Naturalization Procedures

Nancy Taylor Shivers (dl), San Antonio, TX
Victoria Brooks, Paralegal, San Antonio, TX
Parastoo Golesorkhii Zahedi, Vienna, VA



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Naturalization

- It's in the Constitution!!
U.S. Const. art. I, §8, clause 4
The statute
8 USC §1427 *et seq*



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Criteria

- Permanent Resident (LPR)
- Age 18
- Continuous Residence
 - 5 years as LPR
 - 3 years as LPR spouse of USC
 - 3 years as LPR battered spouse/child
 - 3 months in state



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Criteria (cont.)

Physical Presence:

- 2.5 of 5 years prior to filing
- 1.5 of 3 years prior to filing (spouse of USC; battered spouse)
- Continuous residence after filing
- 6 months out of the United States: Rebuttable Presumption continuity broken (fact-based determination)
- 4 years/1 day OR 2 years/1 day: Waiting time to reapply if break



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Military Exceptions

- FN serving in U.S. military during Time of War or declared hostilities may apply even if not LPR
- No Residency/Physical Presence required during U.S. military service abroad
- Residency/Physical Presence waived:
 - For spouses of military if living overseas with military spouse
 - For spouse, child, or parent of USC who died in combat



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Good Moral Character (GMC)

- **Statutory Period
- **Outside Statutory Period
- ++Criminal
- **Absolute bars
- **Admissions
- **Convictions
- **Probation (not precluded from applying if it runs during statutory period)
- **Expunctions



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Other GMC Issues

- ++Voting unlawfully
- ++Unlawful registration to vote
- ++False claim to US citizenship
- **Limited exceptions since 2001



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More GMC Issues

- Failure to pay child support
8 CFR §316.10(b)
- Unlawful acts that adversely reflect on good moral character
8 CFR §316.10(b)(3)(iii)
- Failure to register with Selective Service
8 CFR
- Adultery tending to destroy marriage
CFR §316.10(b)(3)(ii)



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Knowledge of English Language

- *Read, Write, Understand
- **50/20; 55/15
- **Illiterate



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Medical Disability Waiver/ Exemption 8 USC §1423(b)(1)

- Physical or Developmental Disability
- Mental Impairment
- N-648 certified by physician or Psychologist, with N-400
- Common Problems:
 - Physician/psychologist ignores N-648 directions
 - Physician/psychologist has seen applicant only once
 - No testing or reference to diagnostic tests, tools



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Oath of Allegiance

- **modified oath: allowed if basis is deeply held religious or moral beliefs that limit willingness to bear arms and/or perform noncombatant services in U.S. Armed Forces
- “requisite loyalty and attachment”
- Affirmation of allegiance to the U.S., without mental reservations
- PRACTICE POINT: Have applicant READ oath!



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Past Problems with USCIS

- Was waiver filed with I-485 or Immigrant Visa Application?
- Has Notice to Appear been issued to applicant?
- Prior removal proceedings
- Very old encounters with legacy INS or Border Patrol
- Children and spouses not listed in I-485 or immigrant Visa Application



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To FOIA or Not

- **Persons with 90 A numbers, especially SAWs
- **Only way to obtain copy of Immigrant Visa Application (unless you prepared it)
- Will delay filing but in long run this may be for the best
- **If many pages withheld you know there are issues



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Practice Tips

- Checklist for filing
- Standard letters to client:
 - When application is filed, along with copy of application
 - When interview notice is received, with reminder of importance of updating attorney about any arrests, other changes that have happened since the filing
 - When swearing in notice is received
 - ALWAYS document your call from the client regardless of what he/she asks: bring it to the attorney's attention



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In the End

- Urge client to obtain U.S. passport
- Explain when the passport card is useful
- Explain when both are useful
- **Building/Sustaining Client Base:**
 - Naturalization of prior clients
 - Naturalization of referred clients
 - Petitions for family members of newly naturalized clients



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N-600 for Certificate of Citizenship 8 CFR §341 *et seq*

- Certificate of Citizenship OR U.S. Passport
- OR Both?
- Acquisition of Citizenship Through Parent(s)



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Child Citizenship Act of 2000 (CCA), Effective February 27, 2001

- Child is under 18 years old
- Child is LPR
- One parent naturalizes or was born in the United States
- Child residing with USC parent who has legal and physical custody
- Not retroactive!!



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When Citizenship Is NOT Acquired Through Parents Automatically by Acquisition or Derivation

- Look at the charts found in every treatise dealing with citizenship, *e.g., Kurzban's Immigration Law Sourcebook*, Appendix B
- Each applicant has unique facts and documents to consider; siblings may qualify under different laws in effect at different times



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To File or Not to File

- Best advice may be not to file
- If you see/hear something that suggests applicant is not eligible, tell your attorney
- Withdrawal
- Becoming a U.S. citizen or having proof of being a U.S. citizen makes all the difference to the individual



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Questions & Answers



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Texas Board of Legal Specialization*

Materials for Naturalization/Citizenship Panels

****N400 Checklist**

****Letters sent to N400 applicants**

- *advising application has been filed, with copy of application and 100 questions (if needed)**
- *advising about USCIS field office interview**
- *advising about oath ceremony aka swearing in ceremony**

***N648 Disability Waiver application: waiver was granted; note that application was accompanied by 3 page report from psychologist and samples of tests administered. Although the information in the application is not lengthy, it accomplishes what the USCIS requests that the physician or psychologist accomplish.**

N-400 Checklist

Always Required:

- _____ G28
- _____ Application
- _____ Check for \$680 payable to Department of Homeland Security (stapled on top of G28)
- _____ 2 Passport Photos
- _____ Copy of permanent resident card (front and back)

Other:

- _____ Certified copy of any criminal record (indictment, conviction, arrest record etc.)
- _____ Tax returns (copy) for persons filing under 3-year rule
- _____ Tax returns (copy) for persons filing under 5-year rule AND who are self-employed; tax drivers, etc.
- _____ Child support payment printout or letter from Child Support Office re being current or letter from parent with custody if divorced
- _____ Selective Service registration
- _____ Divorce Petition and Decree (if divorced since obtaining permanent resident status)
- _____ Birth Certificate (if not already in file)
- _____ SS card / TX Driver's License
- _____ Passport identity page
- _____ Passport pages showing departure/entry info
- _____ Re Entry Permit (s)
- _____ Marriage record (if married since obtaining permanent resident status)
- _____ Disability Waiver
- _____ Medical Waiver (N-648)
- _____ Other _____

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Nancy Taylor Shivers

*Board Certified-Immigration & Nationality Law
Texas Board of Legal Specialization*

October 4, 2013

Mrs. Victoria Brooks
105 Adams
San Antonio, TX 78216-7711

Dear Mrs. Brooks:

This letter confirms your application for naturalization was filed today with the National Benefits Center of the U.S. Citizenship & Immigration Service. You should receive a receipt within 30 days, followed by a notice to appear for fingerprinting at a specified date. Enclosed is a timeline for your naturalization case.

Enclosed is a copy of the application as filed. I am also sending you the government study questions.

Sincerely,

Nancy Taylor Shivers
NTS/vj

Enclosures

Shivers & Shivers

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San Antonio, Texas 78210-1171

Robert A. Shivers
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Nancy Taylor Shivers
Board Certified-Immigration & Nationality Law
Texas Board of Legal Specialization

October 4, 2013

Mrs. Victoria Brooks
105 Adams
San Antonio, Texas 78759

Dear Mrs. Brooks:

Your naturalization interview has been scheduled for **Tuesday, December 11, 2012** at **8:00 a.m.** I will plan to be with you at the time of your interview. Please be there at least 30 minutes before the scheduled time. If you cannot go to the interview that day, please let me know so I can reschedule it.

What To Take To The Interview. Please be sure that you take the interview notice, your alien registration card and your passport to the interview. If you have ever been issued a Re-Entry Permit, please bring it to the interview. IF you have traveled outside of the United States since we filed your application, please bring a list of the trips with you to the interview. Please bring a copy of your most recently filed tax return.

If you have had ANY arrests since we filed your application, please call me and speak with me or leave me a message about the arrest. IF you have remembered any Immigration Service problems or any arrests from anytime in your life that you have not mentioned to me, please call me about this BEFORE your interview.

IF THE OFFICER calls you before I come, please tell the officer **YOUR ATTORNEY WILL BE WITH YOU FOR THE INTERVIEW** and that you want to wait for your attorney. You are **NOT** required to go into the interview before the scheduled time without your attorney unless you want to do so.

Mrs. Victoria Brooks

October 4, 2013

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Your Interview: Please be sure you have studied for the government and history test. You will be asked to answer 10+ questions the day of the interview. The Officer will review your application. Be totally honest in answering the questions the officer asks you. If you do not understand any question, ask the officer to repeat the question. I cannot answer questions for you, but I can help you to understand the questions.

If you have any questions regarding this upcoming interview, please call the office and schedule an appointment to come see me. Thank you for your attention to this matter.

Sincerely,

Nancy T. Shivers

NTS/cp

Shivers & Shivers

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Texas Board of Legal Specialization*

September 18, 2013

Mrs. Victoria Brooks
105 Adams
San Antonio, Texas 78260

Dear Mrs. Brooks:

Congratulations! On **Thursday, September 26, 2013 at 11:50 a.m.**, you must report for final processing to be sworn in as a U.S. citizen. If you have not received the swearing in notice, call our office (or email) so that we can send you our copy. Please notify your guests that the court ceremony itself does not start until 2:00 p.m.

You must take the notice to the swearing-in ceremony! You must answer all the questions on the back and sign the notice. Please note that you are to answer the questions from the date of your last interview with U. S. Citizenship and Immigration Services. (I.e. Question 2 will be NO unless you have traveled outside the U.S. since the interview.)

Be sure to take your permanent resident card; you will have to surrender the card. Also, take your passport and any U.S. immigration documents you have (this may include a Re Entry permit). You will be issued the Naturalization Certificate at the end of the ceremony. You will use that certificate to apply for the U.S. passport—at a U.S. post office or other passport office facility. You will have to submit the original naturalization certificate with the passport application, but it will be returned to you along with the U.S. passport.

Victoria Brooks
September 18, 2013
Page 2

If it is convenient for you, please come by the office after the ceremony or soon thereafter so that we can make note of the certificate information. It is illegal to copy the certificate except to use for immigration petition filings! If you intend to petition for a relative right away, keep a copy of the certificate before requesting your U.S. passport. Again, congratulations!

Sincerely,

Nancy T. Shivers
NTS/cp

Applicant's Name

USCIS A-Number

A-

Part III. INFORMATION ABOUT DISABILITY and/or IMPAIRMENT(S)

1. Provide the clinical diagnosis and DSM IV code (if applicable) of the applicant's disability and/or impairment(s) that form the basis for seeking an exception to the English and/or civics requirements; e.g., "DSM-IV 318.0 Down syndrome". If you cannot provide a DSM IV code, write "N/A" and explain why you cannot provide a DSM IV code.

318.0 Moderate Mental Retardation

2. Provide a basic description of the disability and/or impairment(s), e.g., "Down syndrome is a genetic disorder that causes lifelong intellectual disability (also referred to as mental retardation), developmental delays, and other problems."

Mental retardation is a lifelong intellectual disability that negatively impacts the individual's ability to acquire knowledge, apply knowledge in a meaningful way, or to exhibit sound judgment based on comprehension of circumstances.

3. Date you first examined the applicant regarding the condition(s) listed in number 1.

Date

Location (if different from business address on Page 1; otherwise write "same as business address")

same as business address

4. Date you last examined the applicant regarding the condition(s) listed in number 1, if different from above.

Date

Location (if different from business address on Page 1; otherwise write "same as business address")

same

5. Are you the medical professional regularly treating this applicant for the condition(s) listed in number 1?

☐ Yes (If "Yes," indicate duration of treatment.)

Years

Months

☒ No (If "No," provide the name of the applicant's regularly treating medical professional on the next page and explain why you are certifying this form instead of the regularly treating medical professional.)

This condition does not require treatment



Applicant's Name [REDACTED]	USCIS A-Number [REDACTED]
--------------------------------	------------------------------

Name of Regularly Treating Medical Professional and Address. *N/A*

Last Name	First Name	Middle Name		
Business Address	City	State or Province	Zip Code or Postal Code	Telephone Number

Explanation:

6. Has the applicant's disability and/or impairment(s) lasted, or do you expect it to last, 12 months or more?

- ☒ Yes (If "Yes," continue to complete this form.)
- ☐ No (If "No," the applicant is not eligible for this exception and you need not complete the remainder of the questions. Please go directly to the "Medical Professional's Certification.")

7. Is the applicant's disability and/or impairment(s) the result of the applicant's illegal use of drugs?

- ☐ Yes (If "Yes," the applicant is not eligible for this exception and you need not complete the remainder of the questions. Please go directly to the "Medical Professional's Certification.")
- ☒ No (If "No," continue to complete this form.)

8. What caused this applicant's medical disability and/or impairment(s) listed in number 1, if known?

In the extent that the applicant is able to provide information, it appears the disability is life long. She states she never was able to learn anything at school as a child. Her reading and writing skills are very limited.



Applicant's Name

USCIS A-Number

9. What clinical methods did you use to diagnose the applicant's medical disability and/or impairment(s) listed in number 1?

Limited clinical interview
Mental Status Examination
Human Figure Drawing
House Tree Person

10. Clearly describe how the applicant's disability and/or impairment(s) affect his or her ability to demonstrate knowledge and understanding of English and/or civics.

- This individual has only very basic reading, writing, & comprehension in her native language (Spanish). She has no ability to understand English.
- Despite having attended classes for an extended period of time, this individual has no ability to respond to questions about history, government, or civics in a meaningful manner.

11. In your professional medical opinion, does the applicant's disability or impairment(s) prevent him or her from demonstrating the following requirements? (Check all that apply. If none applies, the applicant is not eligible for this exception.)

The ability to:

- ☒ Read English **CANNOT**
- ☒ Write English **CANNOT**
- ☒ Speak English **CANNOT**
- ☒ Answer questions regarding United States history and civics, even in a language the applicant understands.
CANNOT

Applicant's Name

USCIS A-Number

A

12. Was an interpreter used during your examination of the applicant?

☐ Yes (If "Yes," the interpreter must complete the "Interpreter Certification" section.)

☒ No *Examina is FULLY bilingual in English & Spanish*

Additional Comments (Optional)

Please see attached report & samples of  drawings.

MEDICAL PROFESSIONAL'S CERTIFICATION

Complete the following if an interpreter was not used during your examination of the applicant between the applicant and medical professional pertaining to the examination(s) that form the basis of this Form N-648 certification.

I am fluent in English and *Spanish*, the language spoken by this patient. Therefore, an interpreter was not used during my examination(s) of this applicant.

All medical professionals must complete the certification below.

I certify that this applicant's identity has been verified through the following United States or State government-issued photographic identity document:

☒ Permanent Resident Card

☐ State ID Number: _____

☐ Other Identification (State type and ID Number): _____

I certify, under penalty of perjury under the laws of the United States of America, that the information on this form and any evidence submitted with it are all true and correct. I will furnish relevant medical records to USCIS, if requested to do so by USCIS, based on the applicant's consent. I am aware that the knowing placement of false information on Form N-648 and related documents may also subject me to criminal penalties including under Title 18, U.S.C. Section 1546, civil penalties under Title 18, U.S.C. Section 247c of the Immigration and Nationality Act, and civil license suspension or revocation by the appropriate authorities.

Licensed Medical Professional Signature

Date



Applicant's Name

USCIS A-Number

A-

INTERPRETER'S CERTIFICATION

An interpreter must complete, and certify, the section below if an interpreter translated communications between the applicant and medical professional on the day of the examination that formed the basis of this Form N-648 certification.

Interpreter Information

Last Name	First Name	Middle Name	
Address (Street Number and Name)	City	State or Province	Zip Code or Postal Code

Was a phone interpreter used?

☐ Yes If yes, the interpreter is not required to complete the information below.

☐ No If no, the interpreter is required to complete the information below.

Interpreter Certification

As the interpreter, I certify that I am fluent in English and the following language: _____

I further certify that I have accurately and completely translated all communications between the medical professional and the applicant that occurred on _____, the date(s) of the examination(s) that form the basis of this certification.

Interpreter Signature	Date
-----------------------	------

APPLICANT (PATIENT) ATTESTATION/RELEASE OF INFORMATION

I, _____, authorize _____
(Applicant's Name) (Licensed medical doctor, doctor of osteopathy, or clinical psychologist)

to release to U.S. Citizenship and Immigration Services all relevant physical and mental health information related to my medical status for the purpose of applying for an exception from the English language and U.S. civics requirements for naturalization. I certify under penalty of perjury, pursuant to Title 28, U.S.C. Section 1746, that the information I provided to the medical professional is true and correct. I am aware that the knowing placement of false information on Form N-648 and related documents may also subject me to civil penalties under Title 8, U.S.C. Section 1324c. I understand that if this form is not completely filled out or if I fail to submit any required documentation, I may not be found eligible for the requested disability exception.

Applicant or Applicant's Authorized Representative Signature	Date
--	------

The examiner translated and explained the above clause to _____, in order to make sure she understood that she was authorizing release of information / Thank you

Sample Form N-400, Application for Naturalization

OMB No. 1615-0052; Expires 03/31/2013

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

N-400 Application for Naturalization

Print clearly or type your answers using CAPITAL letters. Failure to print clearly may delay your application. Use black ink.

Part 1. Your Name (Person applying for naturalization)

Write your USCIS A-Number here:

A 012-345-678

A. Your current legal name.

Family Name (Last Name)

JONES

Given Name (First Name)

Mary

Full Middle Name (If applicable)

Alice

B. Your name **exactly** as it appears on your Permanent Resident Card.

Family Name (Last Name)

Smith

Given Name (First Name)

Mary

Full Middle Name (If applicable)

Alice

C. If you have ever used other names, provide them below.

Family Name (Last Name)

Given Name (First Name)

Middle Name

SMITH

Mary

Alice

D. Name change (optional)

Read the Instructions before you decide whether to change your name.

1. Would you like to legally change your name? ☒ Yes ☐ No
2. If "Yes," print the new name you would like to use. Do not use initials or abbreviations when writing your new name.

Family Name (Last Name)

JONES

Given Name (First Name)

Mary

Full Middle Name

Alice

Part 2. Information About Your Eligibility (Check only one)

I am at least 18 years old **AND**

- A. ☐ I have been a lawful permanent resident of the United States for at least five years.
- B. ☒ I have been a lawful permanent resident of the United States for at least three years, **and** I have been married to and living with the same U.S. citizen for the last three years, **and** my spouse has been a U.S. citizen for the last three years.
- C. ☐ I am applying on the basis of qualifying military service.
- D. ☐ Other (Explain) _____

For USCIS Use Only

Bar Code

Date Stamp

Remarks

Action Block



Form N-400 (Rev. 03/22/12) Y

Part 3. Information About You

Write your USCIS A-Number here:

A 012-345-678

A. U.S. Social Security Number

123-45-6789

B. Date of Birth (mm/dd/yyyy)

01/01/1970

C. Date You Became a Permanent Resident (mm/dd/yyyy)

03/01/2012

D. Country of Birth

Canada

E. Country of Nationality

Canada

F. Are either of your parents U.S. citizens? (If yes, see instructions)

☐ Yes

☒ No

G. What is your current marital status?

☐ Single, Never Married

☒ Married

☐ Divorced

☐ Widowed

☐ Marriage Annulled or Other (Explain) _____

H. Are you requesting a waiver of the English and/or U.S. History and Government requirements based on a disability or impairment and attaching Form N-648 with your application?

☐ Yes

☒ No

I. Are you requesting an accommodation to the naturalization process because of a disability or impairment? (See instructions for some examples of accommodations.)

☐ Yes

☒ No

If you answered "Yes," check the box below that applies:

☐ I am deaf or hearing impaired and need a sign language interpreter who uses the following language: _____

☐ I use a wheelchair.

☐ I am blind or sight impaired.

☐ I will need another type of accommodation. Explain: _____

Part 4. Addresses and Telephone Numbers

A. Home Address - Street Number and Name (Do not write a P.O. Box in this space.)

123 Park Avenue

Apartment Number

Penthouse

City

New York

County

New York

State

NY

ZIP Code

10001

Country

USA

B. Care of

Mailing Address - Street Number and Name (If different from home address)

Apartment Number

City

State

ZIP Code

Country

C. Daytime Phone Number (If any)

()

Evening Phone Number (If any)

()

E-Mail Address (If any)

Part 5. Information for Criminal Records Search

Write your USCIS A-Number here:

A 012-345-678

NOTE: The categories below are those required by the FBI. See instructions for more information.**A. Gender**☐ Male ☒ Female**B. Height**

5 Feet 2 Inches

C. Weight

120 Pounds

D. Are you Hispanic or Latino?☐ Yes ☒ No**E. Race (Select one or more)**☒ White ☐ Asian ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander**F. Hair color**☐ Black ☐ Brown ☒ Blonde ☐ Gray ☐ White ☐ Red ☐ Sandy ☐ Bald (No Hair)**G. Eye color**☐ Brown ☒ Blue ☐ Green ☐ Hazel ☐ Gray ☐ Black ☐ Pink ☐ Maroon ☐ Other**Part 6. Information About Your Residence and Employment****A.** Where have you lived during the last five years? Begin with where you live now and then list every place you lived for the last five years. If you need more space, use a separate sheet of paper.

Street Number and Name, Apartment Number, City, State, Zip Code, and Country	Dates (mm/dd/yyyy)	
	From	To
Current Home Address - Same as Part 4.A	01/01/2010	Present
456 Bowery, Apt 1, New York, NY 10007	01/01/2005	12/31/2010

B. Where have you worked (or, if you were a student, what schools did you attend) during the last five years? Include military service. Begin with your current or latest employer and then list every place you have worked or studied for the last five years. If you need more space, use a separate sheet of paper.

Employer or School Name	Employer or School Address (Street, City, and State)	Dates (mm/dd/yyyy)		Your Occupation
		From	To	
College of Hard Knocks	End of Lonely Street, New York, NY	01/01/2005	02/13/2012	Student

Part 7. Time Outside the United States

(Including Trips to Canada, Mexico and the Caribbean Islands)

Write your USCIS A-Number here:

A 012-345-678

A. How many total days did you spend outside of the United States during the past five years?

60 days

B. How many trips of 24 hours or more have you taken outside of the United States during the past five years?

1 trips

C. List below all the trips of 24 hours or more that you have taken outside of the United States since becoming a lawful permanent resident. Begin with your most recent trip. If you need more space, use a separate sheet of paper.

Date You Left the United States (mm/dd/yyyy)	Date You Returned to the United States (mm/dd/yyyy)	Did Trip Last Six Months or More?		Countries to Which You Traveled	Total Days Out of the United States
06/01/2010	08/01/2010	☐ Yes	☒ No	Canada	60
		☐ Yes	☐ No		
		☐ Yes	☐ No		
		☐ Yes	☐ No		
		☐ Yes	☐ No		
		☐ Yes	☐ No		
		☐ Yes	☐ No		
		☐ Yes	☐ No		
		☐ Yes	☐ No		
		☐ Yes	☐ No		
		☐ Yes	☐ No		

Part 8. Information About Your Marital History

A. How many times have you been married (including annulled marriages)?

1

If you have **never** been married, go to Part 9.

B. If you are now married, give the following information about your spouse:

1. Spouse's Family Name (Last Name)

Jones

Given Name (First Name)

John

Full Middle Name (If applicable)

Jim

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

02/10/1969

3. Date of Marriage (mm/dd/yyyy)

06/01/2009

4. Spouse's U.S. Social Security #

987-65-4321

5. Home Address - Street Number and Name

with me

Apartment Number

City

State

Zip Code

Part 8. Information About Your Marital History (Continued)

Write your USCIS A-Number here:

A 012-345-678

C. Is your spouse a U.S. citizen? ☒ Yes ☐ No

D. If your spouse is a U.S. citizen, give the following information:

1. When did your spouse become a U.S. citizen?

☒ At Birth☐ Other

If "Other," give the following information:

2. Date your spouse became a U.S. citizen

3. Place your spouse became a U.S. citizen (*See instructions*)

City and State

E. If your spouse is **not** a U.S. citizen, give the following information :

1. Spouse's Country of Citizenship

2. Spouse's USCIS A- Number (*If applicable*)A

3. Spouse's Immigration Status

☐ Lawful Permanent Resident☐ Other

F. If you were married before, provide the following information about your prior spouse. If you have more than one previous marriage, use a separate sheet of paper to provide the information requested in Questions 1-5 below.

1. Prior Spouse's Family Name (*Last Name*)Given Name (*First Name*)Full Middle Name (*If applicable*)

2. Prior Spouse's Immigration Status

☐ U.S. Citizen☐ Lawful Permanent Resident☐ Other 3. Date of Marriage (*mm/dd/yyyy*)4. Date Marriage Ended (*mm/dd/yyyy*)

5. How Marriage Ended

☐ Divorce☐ Spouse Died☐ Other

G. How many times has your current spouse been married (including annulled marriages)?

If your spouse has **ever** been married before, give the following information about **your spouse's** prior marriage.

If your spouse has more than one previous marriage, use a separate sheet(s) of paper to provide the information requested in Questions 1 - 5 below.

1. Prior Spouse's Family Name (*Last Name*)Given Name (*First Name*)Full Middle Name (*If applicable*)

2. Prior Spouse's Immigration Status

☐ U.S. Citizen☐ Lawful Permanent Resident☐ Other 3. Date of Marriage (*mm/dd/yyyy*)4. Date Marriage Ended (*mm/dd/yyyy*)

5. How Marriage Ended

☐ Divorce☐ Spouse Died☐ Other

Part 9. Information About Your Children

Write your USCIS A-Number here:
A 012-345-678

A. How many sons and daughters have you had? For more information on which sons and daughters you should include and how to complete this section, see the Instructions.

1

B. Provide the following information about all of your sons and daughters. If you need more space, use a separate sheet of paper.

Full Name of Son or Daughter	Date of Birth (mm/dd/yyyy)	USCIS A- number (if child has one)	Country of Birth	Current Address (Street, City, State and Country)
Eleanor Crystal Jones	04/26/2010	A None	U.S.A	with me
		A		
		A		
		A		
		A		
		A		
		A		
		A		

Add Children

Go to continuation page

Part 10. Additional Questions

Answer Questions 1 through 14. If you answer "Yes" to any of these questions, include a written explanation with this form. Your written explanation should (1) explain why your answer was "Yes" and (2) provide any additional information that helps to explain your answer.

A. General Questions.

- Have you **ever** claimed to be a U.S. citizen (*in writing or any other way*)? ☐ Yes ☒ No
- Have you **ever** registered to vote in any Federal, State, or local election in the United States? ☐ Yes ☒ No
- Have you **ever** voted in any Federal, State, or local election in the United States? ☐ Yes ☒ No
- Since becoming a lawful permanent resident, have you **ever** failed to file a required Federal, State, or local tax return? ☐ Yes ☒ No
- Do you owe any Federal, State, or local taxes that are overdue? ☐ Yes ☒ No
- Do you have any title of nobility in any foreign country? ☐ Yes ☒ No
- Have you ever been declared legally incompetent or been confined to a mental institution within the last five years? ☐ Yes ☒ No

Part 10. Additional Questions (Continued)

Write your USCIS A-Number here:

A 012-345-678

B. Affiliations.

8. **a** Have you **ever** been a member of or associated with any organization, association, fund foundation, party, club, society, or similar group in the United States or in any other place? ☒ Yes ☐ No
- b.** If you answered "Yes," list the name of each group below. If you need more space, attach the names of the other group(s) on a separate sheet of paper.

Name of Group	Name of Group
1. Student Glee Club	6.
2.	7.
3.	8.
4.	9.
5.	10.

9. Have you **ever** been a member of or in any way associated (*either directly or indirectly*) with:
- a.** The Communist Party? ☐ Yes ☒ No
- b.** Any other totalitarian party? ☐ Yes ☒ No
- c.** A terrorist organization? ☐ Yes ☒ No
10. Have you **ever** advocated (*either directly or indirectly*) the overthrow of any government by force or violence? ☐ Yes ☒ No
11. Have you **ever** persecuted (*either directly or indirectly*) any person because of race, religion, national origin, membership in a particular social group, or political opinion? ☐ Yes ☒ No
12. Between March 23, 1933, and May 8, 1945, did you work for or associate in any way (*either directly or indirectly*) with:
- a.** The Nazi government of Germany? ☐ Yes ☒ No
- b.** Any government in any area (1) occupied by, (2) allied with, or (3) established with the help of the Nazi government of Germany? ☐ Yes ☒ No
- c.** Any German, Nazi, or S.S. military unit, paramilitary unit, self-defense unit, vigilante unit, citizen unit, police unit, government agency or office, extermination camp, concentration camp, prisoner of war camp, prison, labor camp, or transit camp? ☐ Yes ☒ No

C. Continuous Residence.

Since becoming a lawful permanent resident of the United States:

13. Have you **ever** called yourself a "nonresident" on a Federal, State, or local tax return? ☐ Yes ☒ No
14. Have you **ever** failed to file a Federal, State, or local tax return because you considered yourself to be a "nonresident"? ☐ Yes ☒ No

Part 10. Additional Questions (continued)

Write your USCIS A-Number here:

A 012-345-678

D. Good Moral Character.

For the purposes of this application, you must answer "Yes" to the following questions, if applicable, even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record.

15. Have you **ever** committed a crime or offense for which you were **not** arrested? ☐ Yes ☒ No
16. Have you **ever** been arrested, cited, or detained by any law enforcement officer (including USCIS or former INS and military officers) for any reason? ☒ Yes ☐ No
17. Have you **ever** been charged with committing any crime or offense? ☐ Yes ☒ No
18. Have you **ever** been convicted of a crime or offense? ☐ Yes ☒ No
19. Have you **ever** been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)? ☐ Yes ☒ No
20. Have you **ever** received a suspended sentence, been placed on probation, or been paroled? ☐ Yes ☒ No
21. Have you **ever** been in jail or prison? ☐ Yes ☒ No

If you answered "Yes" to any of Questions 15 through 21, complete the following table. If you need more space, use a separate sheet of paper to give the same information.

Why were you arrested, cited, detained, or charged?	Date arrested, cited, detained, or charged? (mm/dd/yyyy)	Where were you arrested, cited, detained, or charged? (City, State, Country)	Outcome or disposition of the arrest, citation, detention, or charge (No charges filed, charges dismissed, jail, probation, etc.)
Speeding Ticket	04/27/2010	Montgomery, AL, USA	Fine Paid(less than \$500)

Answer Questions 22 through 33. If you answer "Yes" to any of these questions, attach (1) your written explanation why your answer was "Yes" and (2) any additional information or documentation that helps explain your answer.

22. Have you **ever**:
- a. Been a habitual drunkard? ☐ Yes ☒ No
 - b. Been a prostitute, or procured anyone for prostitution? ☐ Yes ☒ No
 - c. Sold or smuggled controlled substances, illegal drugs, or narcotics? ☐ Yes ☒ No
 - d. Been married to more than one person at the same time? ☐ Yes ☒ No
 - e. Helped anyone enter or try to enter the United States illegally? ☐ Yes ☒ No
 - f. Gambled illegally or received income from illegal gambling? ☐ Yes ☒ No
 - g. Failed to support your dependents or to pay alimony? ☐ Yes ☒ No
23. Have you **ever** given false or misleading information to any U.S. Government official while applying for any immigration benefit or to prevent deportation, exclusion, or removal? ☐ Yes ☒ No
24. Have you **ever** lied to any U.S. Government official to gain entry or admission into the United States? ☐ Yes ☒ No

Part 10. Additional Questions (Continued)

Write your USCIS A-Number here:
A 012-345-678

E. Removal, Exclusion, and Deportation Proceedings.

25. Are removal, exclusion, rescission, or deportation proceedings pending against you? ☐ Yes ☒ No
26. Have you **ever** been removed, excluded, or deported from the United States? ☐ Yes ☒ No
27. Have you **ever** been ordered to be removed, excluded, or deported from the United States? ☐ Yes ☒ No
28. Have you **ever** applied for any kind of relief from removal, exclusion, or deportation? ☐ Yes ☒ No

F. Military Service.

29. Have you **ever** served in the U.S. Armed Forces? ☐ Yes ☒ No
30. Have you **ever** left the United States to avoid being drafted into the U.S. Armed Forces? ☐ Yes ☒ No
31. Have you **ever** applied for any kind of exemption from military service in the U.S. Armed Forces? ☐ Yes ☒ No
32. Have you **ever** deserted from the U.S. Armed Forces? ☐ Yes ☒ No

G. Selective Service Registration.

33. Are you a male who lived in the United States at any time between your 18th and 26th birthdays in any status except as a lawful nonimmigrant? ☐ Yes ☒ No

If you answered "NO," go on to question 34.

If you answered "YES," provide the information below.

If you answered "YES," but you did not register with the Selective Service System and are still under 26 years of age, you must register before you apply for naturalization, so that you can complete the information below:

Date Registered (mm/dd/yyyy) Selective Service Number

If you answered "YES," but you did not register with the Selective Service and you are now 26 years old or older, attach a statement explaining why you did not register.

H. Oath Requirements. (See Part 14 for the text of the oath)

Answer Questions 34 through 39. If you answer "No" to any of these questions, attach (1) your written explanation why the answer was "No" and (2) any additional information or documentation that helps to explain your answer.

34. Do you support the Constitution and form of government of the United States? ☒ Yes ☐ No
35. Do you understand the full Oath of Allegiance to the United States? ☒ Yes ☐ No
36. Are you willing to take the full Oath of Allegiance to the United States? ☒ Yes ☐ No
37. If the law requires it, are you willing to bear arms on behalf of the United States? ☒ Yes ☐ No
38. If the law requires it, are you willing to perform noncombatant services in the U.S. Armed Forces? ☒ Yes ☐ No
39. If the law requires it, are you willing to perform work of national importance under civilian direction? ☒ Yes ☐ No

Part 11. Your Signature

Write your USCIS A-Number here:

A 012-345-678

I certify, under penalty of perjury under the laws of the United States of America, that this application, and the evidence submitted with it, are all true and correct. I authorize the release of any information that the USCIS needs to determine my eligibility for naturalization.

Your Signature

Date (mm/dd/yyyy)

5/31/2012

Part 12. Signature of Person Who Prepared This Application for You (If applicable)

I declare under penalty of perjury that I prepared this application at the request of the above person. The answers provided are based on information of which I have personal knowledge and/or were provided to me by the above named person in response to the *exact* questions contained on this form.

Preparer's Printed Name

Preparer's Signature

Pepper Preparer

Date (mm/dd/yyyy)

Preparer's Firm or Organization Name (If applicable)

Preparer's Daytime Phone Number

06/01/2012

Pepper, Paper, Scissors and Stone

212 123 5678

Preparer's Address - Street Number and Name

City

State

Zip Code

101 Fancy Dancy Street

New York

NY

10012

NOTE: Do not complete Parts 13 and 14 until a USCIS Officer instructs you to do so.**Part 13. Signature at Interview**

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this application for naturalization subscribed by me, including corrections numbered 1 through _____ and the evidence submitted by me numbered pages 1 through _____, are true and correct to the best of my knowledge and belief.

Subscribed to and sworn to (affirmed) before me

Officer's Printed Name or Stamp

Date (mm/dd/yyyy)

Complete Signature of Applicant

Officer's Signature

Part 14. Oath of Allegiance

If your application is approved, you will be scheduled for a public oath ceremony at which time you will be required to take the following Oath of Allegiance immediately prior to becoming a naturalized citizen. By signing, you acknowledge your willingness and ability to take this oath:

I hereby declare, on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty, of whom or which I have heretofore been a subject or citizen;

that I will support and defend the Constitution and laws of the United States of America against all enemies, foreign and domestic;

that I will bear true faith and allegiance to the same;

that I will bear arms on behalf of the United States when required by the law;

that I will perform noncombatant service in the Armed Forces of the United States when required by the law;

that I will perform work of national importance under civilian direction when required by the law; and

that I take this obligation freely, without any mental reservation or purpose of evasion, so help me God.

Printed Name of Applicant

Complete Signature of Applicant

Hot Topics in Immigration Law & Practice

*Randall Caudle (dl), Conference Program Committee,
San Francisco, CA
Ellen Freeman, Pittsburgh, PA
Michelle Natalia Mendez, Silver Spring, MD*



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Same-Sex Marriage Cases

- *Windsor* – On June 26, 2013, the Supreme Court struck down Section 3 of Defense of Marriage Act (DOMA) as violating Equal Protection Clause of the U.S. Constitution.
- USCIS takes broadest view of marriage to be valid for the immigration purpose, marriage must be recognized in the place of celebration. *Matter of Zeleniak*, BIA Decision 2013.



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Agency Implementation

- The U.S. Department of State (DOS) has not issued guidance to embassies and consulates on dependent visas, only an FAQ.
- I-130 must be filed with USCIS. Can be done with an overseas office for those residing abroad (London, Bangkok, Mexico City). Approval time very fast abroad (if accepted).
- DOS may also adjudicate I-130 due to hardship (health concerns, hardship to foreign national spouse who needs to depart country of residence ASAP).
- The DOS guidance: the same-sex marriage is valid even if the applicant is applying in a country in which such marriage is illegal.



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Agency Implementation DOS/USCIS

- 76 countries still criminalize same-sex marriage
- Civil unions and domestic partnerships are not recognized (can receive B-2 visa)
- Challenges in demonstrating validity of same-sex marriage
- USCIS Guidance – July 26, 2013, reopening previously denied cases



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Immigration Benefits of Same-Sex Marriage

- Adjustment of status or consular processing based on family-based visa petition
- Adjustment of status or consular processing based on a derivative of a beneficiary of a visa petition (family-based or employment based)
- Cancellation of removal requiring a qualifying relative
- Waivers that require a qualifying relative (such as § 212(h), § 212(i) and unlawful presence waivers)
- Derivative beneficiary of an asylum application



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Immigration Benefits of Same-Sex Marriage

- Derivative beneficiaries (children from previous marriage)
- Fiancé(e) petition
- VAWA self-petition
- Faster timeframe for naturalization eligibility (3 years vs. 5 years)



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Provisional Waivers/ Current Trends

- I-601A
- USCIS—NBC (National Benefits Center)
- Process for Adjudication
- Requirements for filing I-601A
- Statistics
- U.S. Department of State Role



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Provisional Waivers

• In an unpublished decision, the BIA remanded the case to determine whether administrative closure was warranted while the respondent pursued a provisional unlawful presence waiver (Form I-601A) based on a newly approved visa petition filed by his U.S. citizen spouse. *Edgar Camacho-Infanzan*, A089 956 952 (BIA Aug. 6, 2013).

• In an unpublished decision, the BIA remanded the case "in an abundance of caution" for consideration of whether the respondent, who is married to a U.S. citizen, was eligible for a provisional unlawful presence waiver. *Lucero Pulido-Aguirres*, A095 784 426 (BIA July 29, 2013).



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Provisional Waivers

NBC I-601A adjudication numbers from March 4–September 14, 2013:

- 23, 949 applications sent to Lockbox
- 5,953 application rejected by the Lockbox
- 17,996 applications accepted by Lockbox
 - 3,497 approvals (59%)
 - 2,292 denials (39%)
 - 103 admin closures (application returned for various reasons, e.g., filed I-601 instead of I-601A) (2%)
- Average time between receipt of an application at the Lockbox and decision issuance is 103 days. The goal is to reduce the adjudication time to 90 days.



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Provisional Waivers

Procedure: All denials are reviewed by the supervisor and approvals only spot-checked. If a supervisor has questions about a decision, the supervisor is not supposed to tell the adjudicator how to rule in a particular case. Instead, the supervisor should encourage a dialogue with the adjudicator to find out more about the decision recommendation. If there is still disagreement, the supervisor may go to one of the section chiefs for further guidance.

Reason for Denials: Highest number of denials – 1,093, or 48% of all denials – is for "reason to believe." The second highest number – 937, or 41% of all denials – is for failure to establish extreme hardship. Other reasons for denial include applicant in proceedings, pending adjustment of status application, lack of qualifying relative, pre-2013 consular interview scheduled, and applicant subject to existing or final order of removal.



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Provisional Waivers

NBC staff has realized that the broad application of the "reason to believe" standard has led to a high denial rate. NBC has hence stopped issuing any "reason to believe" denials and has suspended adjudication of cases where this issue is present while USCIS and DOS reconsider the current policy and decide how to proceed. During this time, cases involving this issue will be held in abeyance, with no action taken on the case; currently about 1,300 pending applications are affected until there is further guidance on the "reason to believe" policy.



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Help with Provisional Waivers

If you receive a troubling RFE or denial,
Contact AILA by e-mailing: reports@aila.org

These reports assist AILA in approaching the government with concerning trends in the adjudications process.

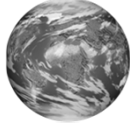
They do make a difference!



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DACA

- What is DACA?
- Preparing a DACA Case
- Travel Issues
- Workplace Issues
- Statistics
- DACA Leading to Other Immigration Remedies



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DACA & U/T/VAWA

If the VAWA-related application is close to its normal processing time, it will be adjudicated first. If the VAWA-related application is not close to the normal processing time, the DACA application will be adjudicated first. According to VSC the transfer process may cause a slight delay in adjudications. The delay appears more significant where the VAWA-related filing occurs after the DACA application is already pending, though some members have experienced faster VAWA-related adjudications where the VAWA-related application is filed first. Because the DACA processing time is significantly shorter than that for a U/T/VAWA petition, you may want to consider filing clients' DACA applications first and waiting until adjudication before filing a VAWA-related application.



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DACA—Latest Figures

Deferred Action for Childhood Arrivals Process		Month*							Cumulative Totals
		Aug	Sept	Oct	Nov	Dec	Jan		
Impact	Approved	26,861	126,410	113,489	77,823	49,769	28,945	334,307	
	Rejected	1,381	12,876	8,718	1,717	1,865	638	18,296	
	Transferred	17,864	138,188	117,115	79,761	47,811	27,146	424,895	
	As of Aug 15, 2013	2,812	9,718	9,218	9,995	2,897	1,418	35,158	
Demographics	Gender	28,618	129,418	124,405	87,537	52,684	29,139	371,197	
	Age	0	18,000	125,845	84,717	52,135	28,150	314,137	
Case Review	Under Review	0	1,707	16,002	47,917	49,384	28,477	134,404	
	Approved	0	1,707	16,002	47,917	49,384	28,477	134,404	
Top 10 Countries of Origin		Received by Date							
	Received by Date								
	Received by Date								
	Received by Date								
	Received by Date								
	Received by Date								
	Received by Date								
	Received by Date								
	Received by Date								
	Received by Date								
	Received by Date								
Top 10 Types of Residence		Received by Date							
	Received by Date								
	Received by Date								
	Received by Date								
	Received by Date								
	Received by Date								
	Received by Date								
	Received by Date								
	Received by Date								
	Received by Date								
	Received by Date								

DACA

According to the AILA USCIS Field Operations Liaison Committee, some DACA cases are being transferred to the local USCIS field offices for interview. Some of these cases have been randomly selected for interview for quality control purposes, while others are being scheduled for interview because of eligibility issues.



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DACA

A new edition of the DACA application and instructions, dated June 25, 2013, is now available on the USCIS website. After September 9, 2013, USCIS will only accept this version of the DACA application form.

The new Form I-821D and instructions include changes to the following sections:

- Removal Proceedings Information (Form I-821D Part 1, Question 3)
- Status on June 15, 2012 (Form I-821D Part 1, Question 15)
- Arrival/Residence Information (Form I-821D Part 2, Question 1)
- Juvenile Delinquency Dispositions (Form I-821D, Part 3, Question 1)
- Form Preparer (Form I-821D part 4)



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DACA

BIA denied the respondent's request for a remand upon finding the grant of relief under the DACA program to the respondent's son did not provide a valid basis for admin closure. The BIA stated that the respondent could seek a favorable exercise of prosecutorial discretion from DHS. *Noe Jesus Ascencio-Hernandez*, A200 819 649 (BIA Aug. 6, 2013).



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Immigration Reform

Where do we go from here?

- Senate Bill S.744
- House of Representatives Action/Inaction
- Obama Administration Policy Changes
- U.S. Supreme Court Cases



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Hot Immigration Issues in the Last Few Weeks

- Federal Government Shutdown
- Racial Profiling in Montana
- In the News



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Business Immigration

Lessons Learned from the
Federal Government Shutdown



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Recent Updates

- DOS – Form DS-260
- USCIS – L-1B / H-1B / EB-5 Processing
- DOL – Delayed Processing Time
 - Audit Trends



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State of Immigration Reform

- States Action (Recent California Immigration Bills)
- Federal Action/Inaction



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Questions & Answers



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Certificate of Attendance



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October 24-25, 2013

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Attendee: _____

To be complete by attendee:

By signing below, I certify that I attended the activity described above and am entitled to claim:

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Attendee Signature

Date

Acknowledged By:

June Halim

CLE Associate

Certificate of Attendance



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October 24-25, 2013

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Date

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June Halim

CLE Associate