

INSTRUCTIONS

Purpose of this Form

This form is required to show that an intending immigrant has adequate means of financial support and is not likely to become a public charge.

Sponsor's Obligation

The person completing this affidavit is the sponsor. A sponsor's obligation continues until the sponsored immigrant becomes a U.S. citizen, can be credited with 40 qualifying quarters of work, departs the United States permanently, or dies. Divorce does not terminate the obligation. By executing this form, you, the sponsor, agree to support the intending immigrant and any spouse and/or children immigrating with him or her and to reimburse any government agency or private entity that provides these sponsored immigrants with Federal, State, or local means-tested public benefits.

General Filing Instructions

Please answer all questions by typing or clearly printing in black ink only. Indicate that an item is not applicable with "N/A". If an answer is "none," please so state. If you need extra space to answer any item, attach a sheet of paper with your name and Social Security number, and indicate the number of the item to which the answer refers.

You must submit an affidavit of support for each applicant for immigrant status. You may submit photocopies of this affidavit and all supporting documentation for any spouse or children immigrating with an immigrant you are sponsoring, but the signature on each photocopied affidavit must be original. For purposes of this form, a spouse or child is immigrating with an immigrant you are sponsoring if he or she is:

- 1) listed in Part 3 of this affidavit of support; and
- 2) applies for an immigrant visa or adjustment of status within 6 months of the date this affidavit of support is originally completed and signed. The signature on the affidavit, including the signature on photocopies, must be notarized by a notary public or signed before an Immigration or a Consular Officer.

You should give the completed affidavit of support with all required documentation to the sponsored immigrant for submission to either a Consular Officer with Form OF-230, Application for Immigrant Visa and Alien Registration, or an Immigration Officer with Form I-485, Application to Register Permanent Residence or Adjust Status. You may enclose the affidavit of support and accompanying documents in a sealed envelope to be opened only by the designated Government official. The sponsored immigrant must submit the affidavit of support to the Government within 6 months of its signature.

Who Needs an Affidavit of Support under Section 213A?

This affidavit must be filed at the time an intending immigrant is applying for an immigrant visa or adjustment of status. It is required for:

- All immediate relatives, including orphans, and family-based immigrants. (Self-petitioning widow/ers and battered spouses and children are exempt from this requirement); and
- Employment-based immigrants where a relative filed the immigrant visa petition or has a significant ownership interest (5 percent or more) in the entity that filed the petition.

Who Completes an Affidavit of Support under Section 213A?

- For immediate relatives and family-based immigrants, the family member petitioning for the intending immigrant must be the sponsor.
- For employment-based immigrants, the petitioning relative or a relative with a significant ownership interest (5 percent or more) in the petitioning entity must be the sponsor. The term "relative," for these purposes, is defined as husband, wife, father, mother, child, adult son or daughter, brother, or sister.
- If the petitioner cannot meet the income requirements, a joint sponsor may submit an additional affidavit of support.

A sponsor, or joint sponsor, must also be:

- A citizen or national of the United States or an alien lawfully admitted to the United States for permanent residence;
- At least 18 years of age; and
- Domiciled in the United States or its territories and possessions.

Sponsor's Income Requirement

As a sponsor, your household income must equal or exceed 125 percent of the Federal poverty line for your household size. For the purpose of the affidavit of support, household size includes yourself, all persons related to you by birth, marriage, or adoption living in your residence, your dependents, any immigrants you have previously sponsored using INS Form I-864 if that obligation has not terminated, and the intending immigrant(s) in Part 3 of this affidavit of support. The poverty guidelines are calculated and published annually by the Department of Health and Human Services. Sponsors who are on active duty in the U.S. Armed Forces other than for training need only demonstrate income at 100 percent of the poverty line if they are submitting this affidavit for the purpose of sponsoring their spouse or child.

If you are currently employed and have an *individual* income which meets or exceeds 125 percent of the Federal poverty line or (100 percent, if applicable) for your household size, you do not need to list the income of any other person. When determining your income, you may include the income generated by individuals related to you by birth, marriage, or

adoption who are living in your residence, if they have lived in your residence for the previous 6 months, or who are listed as dependents on your most recent Federal income tax return, whether or not they live in your residence. For their income to be considered, these household members or dependents must be willing to make their income available for the support of the sponsored immigrant(s), if necessary, and to complete and sign Form I-864A, Contract Between Sponsor and Household Member. However, a household member who is the immigrant you are sponsoring only need complete Form I-864A if his or her income will be used to determine your ability to support a spouse and/or children immigrating with him or her.

If in any of the most recent 3 tax years, you and your spouse each reported income on a joint income tax return, but you want to use only your own income to qualify (and your spouse is not submitting a Form I-864A), you may provide a separate breakout of your individual income for these years. Your individual income will be based on the earnings from your W-2 forms, Wage and Tax Statement, submitted to IRS for any such years. If necessary to meet the income requirement, you may also submit evidence of other income listed on your tax returns which can be attributed to you. You must provide documentation of such reported income, including Forms 1099 sent by the payer, which show your name and Social Security number.

You must calculate your household size and total household income as indicated in Parts 4.C. and 4.D. of this form. You must compare your total household income with the minimum income requirement for your household size using the poverty guidelines. For the purposes of the affidavit of support, determination of your ability to meet the income requirements will be based on the most recent income-poverty guidelines published in the Federal Register at the time the Consular or Immigration Officer makes a decision on the intending immigrant's application for an immigrant visa or adjustment of status. Immigration and Consular Officers will begin to use updated poverty guidelines on the first day of the second month after the date the guidelines are published in the Federal Register.

If your total household income is equal to or higher than the minimum income requirement for your household size, you do not need to provide information on your assets, and you may *not* have a joint sponsor unless you are requested to do so by a Consular or Immigration Officer. If your total household income does not meet the minimum income requirement, the intending immigrant will be ineligible for an immigrant visa or adjustment of status, unless:

- You provide evidence of assets that meet the requirements outlined under "Evidence of Assets" below; and/or
- The immigrant you are sponsoring provides evidence of assets that meet the requirements under "Evidence of Assets" below; or
- A joint sponsor assumes the liability of the intending immigrant with you. A joint sponsor must execute a separate affidavit of support on behalf of the intending

immigrant and any accompanying family members. A joint sponsor must individually meet the minimum requirement of 125 percent of the poverty line based on his or her household size and income and/or assets, including any assets of the sponsored immigrant.

The Government may pursue verification of any information provided on or in support of this form, including employment, income, or assets with the employer, financial or other institutions, the Internal Revenue Service, or the Social Security Administration.

Evidence of Income

In order to complete this form you must submit the following evidence of income:

- A copy of your complete Federal income tax return, as filed with the Internal Revenue Service, for each of the most recent 3 tax years. If you were not required to file a tax return in any of the most recent 3 tax years, you must provide an explanation. If you filed a joint income tax return and are using only your own income to qualify, you must also submit copies of your W-2s for each of the most recent 3 tax years, and if necessary to meet the income requirement, evidence of other income reported on your tax returns, such as Forms 1099.
- If you rely on income of any members of your household or dependents in order to reach the minimum income requirement, copies of their Federal income tax returns for the most recent 3 tax years. These persons must each complete and sign a Form I-864A, Contract Between Sponsor and Household Member.
- Evidence of current employment or self-employment, such as a recent pay statement, or a statement from your employer on business stationery, showing beginning date of employment, type of work performed, and salary or wages paid. You must also provide evidence of current employment for any person whose income is used to qualify.

Evidence of Assets

If you want to use your assets, the assets of your household members or dependents, and/or the assets of the immigrant you are sponsoring to meet the minimum income requirement, you must provide evidence of assets with a cash value that equals at least five times the difference between your total household income and the minimum income requirement. For the assets of a household member, other than the immigrant(s) you are sponsoring, to be considered, the household member must complete and sign Form I-864A, Contract Between Sponsor and Household Member.

All assets must be supported with evidence to verify location, ownership, and value of each asset. Any liens and liabilities relating to the assets must be documented. List only assets that can be readily converted into cash within 1 year. Evidence of assets includes, but is not limited to the following:

- Bank statements covering the last 12 months, or a statement from an officer of the bank or other financial institution in which you have deposits, including deposit/withdrawal history for the last 12 months, and current balance;
- Evidence of ownership and value of stocks, bonds, and certificates of deposit, and date(s) acquired;
- Evidence of ownership and value of other personal property, and date(s) acquired; and
- Evidence of ownership and value of any real estate, and date(s) acquired.

Change of Sponsor's Address

You are required by 8 U.S.C. 1183a(d) and 8 CFR 213a.3 to report every change of address to the Immigration and Naturalization Service and the State(s) in which the sponsored immigrant(s) reside(s). You must report changes of address to INS on Form I-865, Sponsor's Notice of Change of Address, within 30 days of any change of address. You must also report any change in your address to the State(s) in which the sponsored immigrant(s) live.

Penalties

If you include in this affidavit of support any material information that you know to be false, you may be liable for criminal prosecution under the laws of the United States.

If you fail to give notice of your change of address, as required by 8 U.S.C. 1183a(d) and 8 CFR 213a.3, you may be liable for the civil penalty established by 8 U.S.C. 1183a(d)(2). The amount of the civil penalty will depend on whether you failed to give this notice because you were aware that the immigrant(s) you sponsored had received Federal, State, or local means-tested public benefits.

Privacy Act Notice

Authority for the collection of the information requested on this form is contained in 8 U.S.C. 1182(a)(4), 1183a, 1184(a), and 1258. The information will be used principally by the INS or by any Consular Officer to whom it is furnished, to support an alien's application for benefits under the Immigration and Nationality Act and specifically the assertion that he or she has adequate means of financial support and will not become a public charge. Submission of the information is voluntary. Failure to provide the information will result in denial of the application for an immigrant visa or adjustment of status.

The information may also, as a matter of routine use, be disclosed to other Federal, State, and local agencies or private entities providing means-tested public benefits for use in civil action against the sponsor for breach of contract. It may also be disclosed as a matter of routine use to other Federal, State, local, and foreign law enforcement and regulatory agencies to enable these entities to carry out their law enforcement responsibilities.

Reporting Burden

A person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least

possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The reporting burden for this collection of information on Form I-864 is computed as follows: 1) learning about the form, 17 minutes; 2) completing the form, 22 minutes; and 3) assembling and filing the form, 30 minutes, for an estimated average of 69 minutes per response. The reporting burden for collection of information on Form I-864A is computed as: 1) learning about the form, 5 minutes; 2) completing the form, 8 minutes; 3) assembling and filing the form, 2 minutes, for an estimated average of 15 minutes per response. If you have comments regarding the accuracy of this estimates, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, 425 I Street, N.W., Room 5307, Washington, D.C. 20536. **DO NOT MAIL YOUR COMPLETED AFFIDAVIT OF SUPPORT TO THIS ADDRESS.**

CHECK LIST

The following items must be submitted with Form I-864, Affidavit of Support Under Section 213A:

For ALL sponsors:

- ☐ This form, the I-864, completed and signed before a notary public or a Consular or Immigration Officer.
- ☐ Proof of current employment or self employment.
- ☐ Your individual Federal income tax returns for the most recent 3 tax years, or an explanation if fewer are submitted. Your W-2s for any of the most recent 3 tax years for which you filed a joint tax return but are using only your own income to qualify. Forms 1099 or evidence of other reported income if necessary to qualify.

For SOME sponsors:

- ☐ If the immigrant you are sponsoring is bringing a spouse or children, photocopies of the immigrant's affidavit of support and all supporting documentation with original notarized signatures on each photocopy of the affidavit for each spouse and/or child immigrating with the immigrant you are sponsoring.
- ☐ If you are on active duty in the Armed Forces and are sponsoring a spouse or child using the 100 percent of poverty level exception, proof of your active military status.

If you are using the income of persons in your household or dependents to qualify,

- ☐ A separate Form I-864A for each person whose income you will use other than a sponsored immigrant/household member who is not immigrating with a spouse and/or child.
- ☐ Proof of their residency and relationship to you if they are not listed as dependents on your income tax return for the most recent tax year.
- ☐ Proof of their current employment or self-employment.

☐ Copies of their individual Federal income tax returns for the 3 most recent tax years, or an explanation if fewer are submitted.

☐ If you use your assets or the assets of the sponsored immigrant to qualify,

☐ Documentation of assets establishing location, ownership, date of acquisition, and value. Evidence of any liens or liabilities against these assets.

☐ A separate Form I-864A for each household member other than the sponsored immigrant/household member.

☐ If you or a household member or dependent has used any type of means-tested public benefits in the last 3 years,

☐ A list of the programs and dates.

☐ If you are a joint sponsor or the relative of an employment-based immigrant requiring an affidavit of support, proof of your citizenship status.

☐ For U.S. citizens or nationals, a copy of your birth certificate, passport, or certificate of naturalization or citizenship.

☐ For lawful permanent residents, a copy of both sides of your I-551, Alien Registration Receipt Card.

START HERE - Please Type or Print

Part 1. Information on Sponsor (You)

Last Name		First Name		Middle Name	
Mailing Address (Street Number and Name)				Apt/Suite Number	
City				State or Province	
Country				ZIP/Postal Code	Telephone Number ()
Place of Residence if different from above (Street Number and Name)				Apt/Suite Number	
City				State or Province	
Country		ZIP/Postal Code		Telephone Number ()	
Date of Birth (Month, Day, Year)		Place of Birth (City, State, Country)		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number			A-Number (If any)		

Part 2. Basis for Filing Affidavit of Support

I am filing this affidavit of support because (check one):

- a. ☐ I filed/am filing the alien relative petition.
- b. ☐ I filed/am filing an alien worker petition on behalf of the intending immigrant, who is related to me as my _____ (relationship).
- c. ☐ I have ownership interest of at least 5% of _____ (name of entity which filed visa petition) which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____ (relationship).
- d. ☐ I am a joint sponsor willing to accept the legal obligations with any other sponsor(s).

FOR AGENCY USE ONLY

This Affidavit Receipt

☐ Meets

☐ Does not meet

Requirements of
Section 213A

Officer's
Signature

Location

Date

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

Last Name		First Name		Middle Name	
Date of Birth (Month, Day, Year)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security Number (If any)	
Country of Citizenship				A-Number (If any)	
Current Address (Street Number and Name)				Apt/Suite Number	
City				State/Province	
Country		ZIP/Postal Code		Telephone Number ()	

List any spouse and/or children immigrating with the immigrant named above in this Part: (Use additional sheet of paper if necessary.)

Name	Relationship to Sponsored Immigrant			Date of Birth			A-Number (If any)	Social Security Number (If any)
	Spouse	Son	Daughter	Mo.	Day	Yr.		

Part 4. Eligibility to Sponsor

To be a sponsor you must be a U.S. citizen or national or a lawful permanent resident. If you are not the petitioning relative, you must provide proof of status. To prove status, U.S. citizens or nationals must attach a copy of a document proving status, such as a U.S. passport, birth certificate, or certificate of naturalization, and lawful permanent residents must attach a copy of both sides of their Alien Registration Card (Form I-551).

The determination of your eligibility to sponsor an immigrant will be based on an evaluation of your demonstrated ability to maintain an annual income at or above 125 percent of the Federal poverty line (100 percent if you are a petitioner sponsoring your spouse or child and you are on active duty in the U.S. Armed Forces). The assessment of your ability to maintain an adequate income will include your current employment, household size, and household income as shown on the Federal income tax returns for the 3 most recent tax years. Assets that are readily converted to cash and that can be made available for the support of sponsored immigrants if necessary, including any such assets of the immigrant(s) you are sponsoring, may also be considered.

The greatest weight in determining eligibility will be placed on current employment and household income. If a petitioner is unable to demonstrate ability to meet the stated income and asset requirements, a joint sponsor who *can* meet the income and asset requirements is needed. Failure to provide adequate evidence of income and/or assets or an affidavit of support completed by a joint sponsor will result in denial of the immigrant's application for an immigrant visa or adjustment to permanent resident status.

A. Sponsor's Employment

- I am: 1. ☐ Employed by _____ (Provide evidence of employment)
Annual salary \$ _____ or hourly wage \$ _____ (for _____ hours per week)
2. ☐ Self employed _____ (Name of business)
Nature of employment or business _____
3. ☐ Unemployed or retired since _____

B. Use of Benefits

Have you or anyone related to you by birth, marriage, or adoption living in your household or listed as a dependent on your most recent income tax return received any type of means-tested public benefit in the past 3 years?

- ☐ Yes ☐ No (If yes, provide details, including programs and dates, on a separate sheet of paper)

C. Sponsor's Household Size

Number

1. Number of persons (related to you by birth, marriage, or adoption) living in your residence, including yourself. (Do NOT include persons being sponsored in this affidavit.) _____
2. Number of immigrants being sponsored in this affidavit (Include all persons in Part 3.) _____
3. Number of immigrants NOT living in your household whom you are still obligated to support under a previously signed affidavit of support using Form I-864. _____
4. Number of persons who are otherwise dependent on you, as claimed in your tax return for the most recent tax year. _____
5. Total household size. (Add lines 1 through 4.) _____

Total

List persons below who are included in lines 1 or 3 for whom you previously have submitted INS Form I-864, if your support obligation has not terminated.

(If additional space is needed, use additional paper)

Name	A-Number	Date Affidavit of Support Signed	Relationship

D. Sponsor's Annual Household Income

Enter total unadjusted income from your Federal income tax return for the most recent tax year below. If you last filed a joint income tax return but are using only your own income to qualify, list total earnings from your W-2 Forms, or, if necessary to reach the required income for your household size, include income from other sources listed on your tax return. If your individual income does not meet the income requirement for your household size, you may also list total income for anyone related to you by birth, marriage, or adoption currently living with you in your residence if they have lived in your residence for the previous 6 months, or any person shown as a dependent on your Federal income tax return for the most recent tax year, even if not living in the household. For their income to be considered, household members or dependents must be willing to make their income available for support of the sponsored immigrant(s) and to complete and sign Form I-864A, Contract Between Sponsor and Household Member. A sponsored immigrant/household member only need complete Form I-864A if his or her income will be used to determine your ability to support a spouse and/or children immigrating with him or her.

You must attach evidence of current employment and copies of income tax returns as filed with the IRS for the most recent 3 tax years for yourself and all persons whose income is listed below. See "Required Evidence" in Instructions. Income from all 3 years will be considered in determining your ability to support the immigrant(s) you are sponsoring.

- ☐ I filed a single/separate tax return for the most recent tax year.
- ☐ I filed a joint return for the most recent tax year which includes only my own income.
- ☐ I filed a joint return for the most recent tax year which includes income for my spouse and myself.
- ☐ I am submitting documentation of my individual income (Forms W-2 and 1099).
- ☐ I am qualifying using my spouse's income; my spouse is submitting a Form I-864A.

Indicate most recent tax year.

(tax year)

Sponsor's individual income

\$ _____

or

Sponsor and spouse's combined income

\$ _____

(If joint tax return filed; spouse must submit Form I-864A.)

Income of other qualifying persons.

(List names; include spouse if applicable.
Each person must complete Form I-864A.)

\$ _____

\$ _____

\$ _____

Total Household Income

\$ _____

Explain on separate sheet of paper if you or any of the above listed individuals are submitting Federal income tax returns for fewer than 3 years, or if other explanation of income, employment, or evidence is necessary.

E. Determination of Eligibility Based on Income

1. ☐ I am subject to the 125 percent of poverty line requirement for sponsors.
- ☐ I am subject to the 100 percent of poverty line requirement for sponsors on active duty in the U.S. Armed Forces sponsoring their spouse or child.
2. Sponsor's total household size, from Part 4.C., line 5 _____.
3. Minimum income requirement from the Poverty Guidelines chart for the year of _____ is \$ _____ for this household size. (year)

If you are currently employed and your household income for your household size is equal to or greater than the applicable poverty line requirement (from line E.3.), you do not need to list assets (Parts 4.F. and 5) or have a joint sponsor (Part 6) unless you are requested to do so by a Consular or Immigration Officer. You may skip to Part 7, Use of the Affidavit of Support to Overcome Public Charge Ground of Admissibility. Otherwise, you should continue with Part 4.F.

Part 4. Eligibility to Sponsor*(Continued)***F. Sponsor's Assets and Liabilities**

Your assets and those of your qualifying household members and dependents may be used to demonstrate ability to maintain an income at or above 125 percent (or 100 percent, if applicable) of the poverty line *if* they are available for the support of the sponsored immigrant(s) and can readily be converted into cash within 1 year. The household member, other than the immigrant(s) you are sponsoring, must complete and sign Form I-864A, Contract Between Sponsor and Household Member. List the cash value of each asset *after* any debts or liens are subtracted. Supporting evidence must be attached to establish location, ownership, date of acquisition, and value of each asset listed, including any liens and liabilities related to each asset listed. See "Evidence of Assets" in Instructions.

Type of Asset	Cash Value of Assets (Subtract any debts)
Savings deposits	\$
Stocks, bonds, certificates of deposit	\$
Life insurance cash value	\$
Real estate	\$
Other (specify)	\$
Total Cash Value of Assets	\$

Part 5. Immigrant's Assets and Offsetting Liabilities

The sponsored immigrant's assets may also be used in support of your ability to maintain income at or above 125 percent of the poverty line *if* the assets are or will be available in the United States for the support of the sponsored immigrant(s) and can readily be converted into cash within 1 year.

The sponsored immigrant should provide information on his or her assets in a format similar to part 4.F. above. Supporting evidence must be attached to establish location, ownership, and value of each asset listed, including any liens and liabilities for each asset listed. See "Evidence of Assets" in Instructions.

Part 6. Joint Sponsors

If household income and assets do not meet the appropriate poverty line for your household size, a joint sponsor is required. There may be more than one joint sponsor, but each joint sponsor must individually meet the 125 percent of poverty line requirement based on his or her household income and/or assets, including any assets of the sponsored immigrant. By submitting a separate Affidavit of Support under Section 213A of the Act (Form I-864), a joint sponsor accepts joint responsibility with the petitioner for the sponsored immigrant(s) until they become U.S. citizens, can be credited with 40 quarters of work, leave the United States permanently, or die.

Part 7. Use of the Affidavit of Support to Overcome Public Charge Ground of Inadmissibility

Section 212(a)(4)(C) of the Immigration and Nationality Act provides that an alien seeking permanent residence as an immediate relative (including an orphan), as a family-sponsored immigrant, or as an alien who will accompany or follow to join another alien is considered to be likely to become a public charge and is inadmissible to the United States unless a sponsor submits a legally enforceable affidavit of support on behalf of the alien. Section 212(a)(4)(D) imposes the same requirement on an employment-based immigrant, and those aliens who accompany or follow to join the employment-based immigrant, if the employment-based immigrant will be employed by a relative, or by a firm in which a relative owns a significant interest. Separate affidavits of support are required for family members at the time they immigrate if they are not included on this affidavit of support or do not apply for an immigrant visa or adjustment of status within 6 months of the date this affidavit of support is originally signed. The sponsor must provide the sponsored immigrant(s) whatever support is necessary to maintain them at an income that is at least 125 percent of the Federal poverty guidelines.

I submit this affidavit of support in consideration of the sponsored immigrant(s) not being found inadmissible to the United States under section 212(a)(4)(C) (or 212(a)(4)(D) for an employment-based immigrant) and to enable the sponsored immigrant(s) to overcome this ground of inadmissibility. I agree to provide the sponsored immigrant(s) whatever support is necessary to maintain the sponsored immigrant(s) at an income that is at least 125 percent of the Federal poverty guidelines. I understand that my obligation will continue until my death or the sponsored immigrant(s) have become U.S. citizens, can be credited with 40 quarters of work, depart the United States permanently, or die.

Notice of Change of Address.

Sponsors are required to provide written notice of any change of address within 30 days of the change in address until the sponsored immigrant(s) have become U.S. citizens, can be credited with 40 quarters of work, depart the United States permanently, or die. To comply with this requirement, the sponsor must complete INS Form I-865. Failure to give this notice may subject the sponsor to the civil penalty established under section 213A(d)(2) which ranges from \$250 to \$2,000, unless the failure to report occurred with the knowledge that the sponsored immigrant(s) had received means-tested public benefits, in which case the penalty ranges from \$2,000 to \$5,000.

If my address changes for any reason before my obligations under this affidavit of support terminate, I will complete and file INS Form I-865, Sponsor's Notice of Change of Address, within 30 days of the change of address. I understand that failure to give this notice may subject me to civil penalties.

Means-tested Public-Benefit Prohibitions and Exceptions.

Under section 403(a) of Public Law 104-193 (Welfare Reform Act), aliens lawfully admitted for permanent residence in the United States, with certain exceptions, are ineligible for most Federally-funded means-tested public benefits during their first 5 years in the United States. This provision does not apply to public benefits specified in section 403(c) of the Welfare Reform Act or to State-public benefits, including 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; student assistance under the Higher Education Act and the Public Health Service Act; certain forms of foster care or adoption assistance under the Social Security Act; Head Start programs; means-tested programs under the Elementary and Secondary Education Act; and Job Training Partnership Act programs.

Consideration of Sponsor's Income in Determining Eligibility for Benefits.

If a permanent resident alien is no longer statutorily barred from a Federally-funded means-tested public benefit program and applies for such a benefit, the income and resources of the sponsor and the sponsor's spouse will be considered (or deemed) to be the income and resources of the sponsored immigrant in determining the immigrant's eligibility for Federal means-tested public benefits. Any State or local government may also choose to consider (or deem) the income and resources of the sponsor and the sponsor's spouse to be the income and resources of the immigrant for the purposes of determining eligibility for their means-tested public benefits. The attribution of the income and resources of the sponsor and the sponsor's spouse to the immigrant will continue until the immigrant becomes a U.S. citizen or has worked or can be credited with 40 qualifying quarters of work, provided that the immigrant or the worker crediting the quarters to the immigrant has not received any Federal means-tested public benefit during any creditable quarter for any period after December 31, 1996.

I understand that, under section 213A of the Immigration and Nationality Act (the Act), as amended, this affidavit of support constitutes a contract between me and the U.S. Government. This contract is designed to protect the United States Government, and State and local government agencies or private entities that provide means-tested public benefits, from having to pay benefits to or on behalf of the sponsored immigrant(s), for as long as I am obligated to support them under this affidavit of support. I understand that the sponsored immigrants, or any Federal, State, local, or private entity that pays any means-tested benefit to or on behalf of the sponsored immigrant(s), are entitled to sue me if I fail to meet my obligations under this affidavit of support, as defined by section 213A and INS regulations.

Civil Action to Enforce.

If the immigrant on whose behalf this affidavit of support is executed receives any Federal, State, or local means-tested public benefit before this obligation terminates, the Federal, State, or local agency or private entity may request reimbursement from the sponsor who signed this affidavit. If the sponsor fails to honor the request for reimbursement, the agency may sue the sponsor in any U.S. District Court or any State court with jurisdiction of civil actions for breach of contract. INS will provide names, addresses, and Social Security account numbers of sponsors to benefit-providing agencies for this purpose. Sponsors may also be liable for paying the costs of collection, including legal fees.

Part 7. Use of the Affidavit of Support to Overcome Public Charge Grounds (Continued)

I acknowledge that section 213A(a)(1)(B) of the Act grants the sponsored immigrant(s) and any Federal, State, local, or private agency that pays any means-tested public benefit to or on behalf of the sponsored immigrant(s) standing to sue me for failing to meet my obligations under this affidavit of support. I agree to submit to the personal jurisdiction of any court of the United States or of any State, territory, or possession of the United States if the court has subject matter jurisdiction of a civil lawsuit to enforce this affidavit of support. I agree that no lawsuit to enforce this affidavit of support shall be barred by any statute of limitations that might otherwise apply, so long as the plaintiff initiates the civil lawsuit no later than ten (10) years after the date on which a sponsored immigrant last received any means-tested public benefits.

Collection of Judgment.

I acknowledge that a plaintiff may seek specific performance of my support obligation. Furthermore, any money judgment against me based on this affidavit of support may be collected through the use of a judgment lien under 28 U.S.C. 3201, a writ of execution under 28 U.S.C. 3203, a judicial installment payment order under 28 U.S.C. 3204, garnishment under 28 U.S.C. 3205, or through the use of any corresponding remedy under State law. I may also be held liable for costs of collection, including attorney fees.

Concluding Provisions.

I, _____, certify under penalty of perjury under the laws of the United States that:

- (a) I know the contents of this affidavit of support signed by me;
- (b) All the statements in this affidavit of support are true and correct;
- (c) I make this affidavit of support for the consideration stated in Part 7, freely, and without any mental reservation or purpose of evasion;
- (d) Income tax returns submitted in support of this affidavit are true copies of the returns filed with the Internal Revenue Service; and
- (e) Any other evidence submitted is true and correct.

(Sponsor's Signature)

(Date)

Subscribed and sworn to (or affirmed) before me this

_____ day of _____,
(Month) (Year)

at _____

My commission expires on _____

(Signature of Notary Public or Officer Administering Oath)

(Title)

Part 8. If someone other than the sponsor prepared this affidavit of support, that person must complete the following:

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.

Signature	Print Your Name	Date	Daytime Telephone Number ()
Firm Name and Address			

Sponsor's Name (Last, First, Middle)	Social Security Number	A-Number (If any)
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General Filing Instructions:

Form I-864A, Contract Between Sponsor and Household Member, is an attachment to Form I-864, Affidavit of Support Under Section 213A of the Immigration and Nationality Act (the Act). The sponsor enters the information above, completes Part 2 of this form, and signs in Part 5. The household member completes Parts 1 and 3 of this form and signs in Part 6. A household member who is also the sponsored immigrant completes Parts 1 and 4 (Instead of Part 3) of this form and signs in Part 6. The Privacy Act Notice and information on penalties for misrepresentation or fraud are included on the instructions to Form I-864.

The signatures on the I-864A must be notarized by a notary public or signed before an Immigration or Consular Officer. A separate form must be used for each household member whose income and/or assets are being used to qualify. This blank form may be photocopied for that purpose. A sponsored immigrant who qualifies as a household member is only required to complete this form if he or she has one or more family members immigrating with him or her and is making his or her *income* available for their support. Sponsored immigrants who are using their *assets* to qualify are not required to complete this form. This completed form is submitted with Form I-864 by the sponsored immigrant with an application for an immigrant visa or adjustment of status.

Purpose:

This contract is intended to benefit the sponsored immigrant(s) and any agency of the Federal Government, any agency of a State or local government, or any private entity to which the sponsor has an obligation under the affidavit of support to reimburse for benefits granted to the sponsored immigrant, and these parties will have the right to enforce this contract in any court with appropriate jurisdiction. This contract must be completed and signed by the sponsor and any household member, including the sponsor's spouse, whose income is included as household income by a person sponsoring one or more immigrants under Section 213A of Act. The contract must also be completed if a sponsor is relying on the assets of a household member who is not the sponsored immigrant to meet the income requirements. If the sponsored immigrant is a household member immigrating with a spouse or children, and is using his or her income to assist the sponsor in meeting the income requirement, he or she must complete and sign this contract as a "sponsored immigrant/household member."

By signing this form, a household member, who is not a sponsored immigrant, agrees to make his or her income and/or assets available to the sponsor to help support the immigrant(s) for whom the sponsor has filed an affidavit of support and to be responsible, along with the sponsor, to pay any debt incurred by the sponsor under the affidavit of support. A sponsored immigrant/household member who signs this contract agrees to make his or her income available to the sponsor to help support any spouse or children immigrating with him or her and to be responsible, along with the sponsor, to pay any debt incurred by the sponsor under the affidavit of support. The obligations of the household member and the sponsored immigrant/household member under this contract terminate when the obligations of the sponsor under the affidavit of support terminate. For additional information see section 213A of the Act, part 213a of title 8 of the Code of Federal Regulations, and Form I-864, Affidavit of Support Under Section 213A of the Act.

Definitions:

- 1) An "affidavit of support" refers to INS Form I-864, Affidavit of Support Under Section 213A of the Act, which is completed and filed by the sponsor;
- 2) A "sponsor" is a person, either the petitioning relative, the relative with a significant ownership interest in the petitioning entity, or another person accepting joint and several liability with the sponsor, who completes and files the Affidavit of Support under Section 213A of the Act on behalf of a sponsored immigrant;
- 3) A "household member" is any person (a) sharing a residence with the sponsor for at least the last 6 months who is related to the sponsor by birth, marriage, or adoption, or (b) whom the sponsor has lawfully claimed as a dependent on the sponsor's most recent Federal income tax return even if that person does not live at the same residence as the sponsor, and whose income and/or assets will be used to demonstrate the sponsor's ability to maintain the sponsored immigrant(s) at an annual income at the level specified in section 213A(f)(1)(E) or 213A(f)(3) of the Act;
- 4) A "sponsored immigrant" is a person listed on this form on whose behalf an affidavit of support will be completed and filed; and
- 5) A "sponsored immigrant/household member" is a sponsored immigrant who is also a household member.

Part 1. Information on Sponsor's Household Member or Sponsored Immigrant/Household Member

Last Name		First Name		Middle Name	
Date of Birth (Month, Day, Year)		Social Security Number (Mandatory for non-citizens; voluntary for U.S. citizens)		A-Number (If any)	
Address (Street Number and Name)		Apt Number	City	State/Province	ZIP/Postal Code
Telephone Number ()	Relationship to Sponsor: I am: <input type="checkbox"/> The sponsor's household member. (Complete Part 3.) <input type="checkbox"/> The sponsored immigrant/household member. (Complete Part 4.)			Length of residence with sponsor (years, months)	

Part 2. Sponsor's Promise

I, THE SPONSOR, _____, in consideration of the household member's promise to support the
(Print name of sponsor)
sponsored immigrant(s) and to be jointly and severally liable for any obligations I incur under the affidavit of support,
promise to complete and file an affidavit of support on behalf of the following _____ sponsored immigrant(s):
(Indicate number)

Name of Sponsored Immigrant (First, Middle, Last)	Date of Birth (Month, Day, Year)	Social Security Number (If any)	A-Number (If any)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part 3. Household Member's Promise

I, THE HOUSEHOLD MEMBER, _____, in consideration of the sponsor's
(Print name of household member)
promise to complete and file the affidavit of support on behalf of the sponsored immigrant(s):

- 1) Promise to provide any and all financial support necessary to assist the sponsor in maintaining the sponsored immigrant(s) at or above the minimum income provided for in section 213A(a)(1)(A) of the Act (not less than 125 percent of the Federal poverty line) during the period in which the affidavit of support is enforceable;
- 2) Agree to be jointly and severally liable for payment of any and all obligations owed by the sponsor under the affidavit of support to the sponsored immigrant(s), to any agency of the Federal Government, to any agency of a State or local government, or to any private entity;
- 3) Agree to submit to the personal jurisdiction of any court of the United States or of any State, territory, or possession of the United States if the court has subject matter jurisdiction of a civil lawsuit to enforce this contract or the affidavit of support; and
- 4) Certify under penalty of perjury under the laws of the United States that all the information provided on this form is true and correct to the best of my knowledge and belief and that the income tax returns I submitted in support of the sponsor's affidavit are true copies of the returns filed with the Internal Revenue Service.

Part 4. Sponsored Immigrant/Household Member's Promise

I, THE SPONSORED IMMIGRANT/HOUSEHOLD MEMBER,*(Print name of sponsored immigrant)*

in consideration of the sponsor's promise to complete and file the affidavit of support on behalf of the sponsored immigrant(s) accompanying me:

- 1) Promise to provide any and all financial support necessary to assist the sponsor in maintaining any sponsored immigrant(s) immigrating with me at or above the minimum income provided for in section 213A(a)(1)(A) of the Act (not less than 125 percent of the Federal poverty line) during the period in which the affidavit of support is enforceable;
- 2) Agree to be jointly and severally liable for payment of any and all obligations owed by the sponsor under the affidavit of support to any sponsored immigrant(s) immigrating with me, to any agency of the Federal Government, to any agency of a State or local government, or to any private entity;
- 3) Agree to submit to the personal jurisdiction of any court of the United States or of any State, territory, or possession of the United States if the court has subject matter jurisdiction of a civil lawsuit to enforce this contract or the affidavit of support; and
- 4) Certify under penalty of perjury under the laws of the United States that all the information provided on this form is true and correct to the best of my knowledge and belief and that the income tax returns I submitted in support of the sponsor's affidavit of support are true copies of the returns filed with the Internal Revenue Service.

Part 5. Sponsor's Signature

Sponsor's Signature

Subscribed and sworn to (or affirmed) before me this _____ day of _____, _____
(Month) (Year)

at _____ My commission expires on _____

Signature of Notary Public or Officer Administering Oath

Title

Part 6. Household Member's or Sponsored Immigrant/Household Member's Signature

Household Member's or Sponsored Immigrant/Household Member's Signature

Subscribed and sworn to (or affirmed) before me this _____ day of _____, _____
(Month) (Year)

at _____ My commission expires on _____

Signature of Notary Public or Officer Administering Oath

Title

CALL 1-800-375-5283 FOR LIST OF DOCTORS

SUPPLEMENTAL FORM TO I-693 Adjustment of Status Applicant's Documentation of Immunization To be completed by civil surgeon only

1. Applicant Identifying Information

(Family) _____ (Personal) _____ (Middle) _____
 Male Female Passport # _____ Date of Birth _____ (Month, D)
 Country _____

2. Immunization Record

Vaccine History Transferred from a Written Record					Vaccine Given	Completed series or Fully immune (Check if YES or write date of last dose if immune)	Waiver(s) to be Requested if Blanket Not Medically Appropriate		
Vaccine	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date given by Civil Surgeon Mo/Day/Yr		Not appropriate age	Contraindication	Insufficient time interval
DT/DTP									
Td									
Polio (OPV/IPV)									
Meningitis (or MR or MMR)									
Mumps (or MMR)									
Rubella (or MR or MMR)									
Hib									
Hepatitis B									
Varicella									
Pneumococcal									
Influenza									

3. Results

- ☐ Applicant may be eligible for blanket waiver(s) as indicated above.
☐ Applicant will request an individual waiver based on religious or moral convictions.
☐ Vaccine history complete for each vaccine, all requirements met.
☐ Applicant does not meet immunization requirements.

4. Civil Surgeon's Identifying Information

Civil Surgeon's Name _____ (print or type) Date _____
 Civil Surgeon's Signature _____

Instructions To Alien Applying for Adjustment of Status

A medical examination is necessary as part of your application for adjustment of status. Please communicate immediately with one of the physicians on the attached list to arrange for your medical examination, which must be completed before your status can be adjusted. The purpose of the medical examination is to determine if you have certain health conditions which may need further follow-up. The information requested is required in order for a proper evaluation to be made of your health status. The results of your examination will be provided to an Immigration officer and may be shared with health departments and other public health or cooperating medical authorities. All expenses in connection with this examination must be paid by you.

Medical Examination and Health Information

A medical examination is necessary as part of your application for adjustment of status. You should go for your medical examination as soon as possible. You will have to choose a doctor from a list you will be given. The list will have the names of doctors or clinics in your area that have been approved by the Immigration and Naturalization Service for this examination. You must pay for the examination. If you become a temporary legal resident and later apply to become a permanent resident, you may need to have another medical examination at that time.

The purpose of the medical examination is to find out if you have certain health conditions which may need further follow-up. The doctor will examine you for certain physical and mental health conditions. You will have to take off your clothes. If you need more tests because of a condition found during your medical examination, the doctor may send you to your own doctor or to the local public health department. For some conditions, before you can become a temporary or permanent resident, you will have to show that you have followed the doctor's advice to get more tests or take treatment.

If you have any records of immunizations (vaccinations), you should bring them to show to the doctor. This is especially important for pre-school and school-age children. The doctor will tell you if any more immunizations are needed, and where you can get them (usually at your local public health department). It is important for your health that you follow the doctor's advice and go to get any immunizations.

Instructions To Physician Performing the Examination

Please medically examine for adjustment of status the individual presenting this form. The medical examination should be performed according to the U.S. Public Health Service "Guidelines for Medical Examination of Aliens in the United States" and Supplements, which have been provided to you separately.

If the applicant is free of medical defects listed in Section 212(a) of the Immigration and Nationality Act, endorse the form in the space provided. While in your presence, the applicant must also sign the form in the space provided. You should retain one copy for your files and return all other copies in a sealed envelope to the applicant for presentation at the immigration interview.

Instructions To Physician Providing Health Follow-up

The individual presenting this form has been found to have a medical condition(s) requiring resolution before medical clearance for adjustment of status can be granted. Please evaluate the applicant for the condition(s) identified.

The examining physician may refer you to your personal physician or a local public health department and you must comply with some health follow-up or treatment recommendations for certain health conditions before your status will be adjusted.

This form should be presented to the examining physician. You must sign the form in the presence of the examining physician. *The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact or using any false documents in connection with this medical examination. The medical examination must be completed in order for us to process your application.*

One of the conditions you will be tested for is tuberculosis. If you are 15 years of age or older, you will be required to have a chest X-ray examination. **Exception:** If you are pregnant or applying for adjustment of status under the Immigration Reform and Control Act of 1986, you may choose to have either a chest X-ray or a tuberculin skin test. If you choose the skin test you will have to return in 2 - 3 days to have it checked. If you do not have any reaction to the skin test you will not need any more tests for tuberculosis. If you do have any reaction to the skin test, you will also need to have a chest X-ray examination. If the doctor thinks you are infected with tuberculosis, you may have to go to the local health department and more tests may have to be done. The doctor will explain these to you.

If you are 14 years of age or younger, you will not need to have a test for tuberculosis unless a member of your immediate family has chest X-ray findings that may be tuberculosis. If you are in this age group and you do have to be tested for tuberculosis, you may choose either the chest X-ray or the skin test.

You must also have a blood test for syphilis if you are 15 years of age or older.

You will also be tested to see if you have the human immunodeficiency virus (HIV) infection. This virus is the cause of AIDS. If you have this virus, it may damage your body's ability to fight off other disease. The blood test you will take will tell if you have been exposed to this virus.

If the applicant has a health condition which requires follow-up as specified in the "Guidelines for Medical Examination of Aliens in the United States" and Supplements, complete the referral information on the pink copy of the medical examination form, and advise the applicant that appropriate follow-up must be obtained before medical clearance can be granted. Retain the blue copy of the form for your files and return all other copies to the applicant in a sealed envelope. The applicant should return to you when the necessary follow-up has been completed for your final verification and signature. *Do not* sign the form until the applicant has met health follow-up requirements. All medical documents, including chest X-ray films if a chest X-ray examination was performed, should be returned to the applicant upon final medical clearance.

The requirements for clearance are outlined on the reverse of this page. When the individual has completed clearance requirements, please sign the form in the space provided and return the medical examination form to the applicant.

(Please type or print clearly)		3. File number (A number)	
I certify that on the date shown I examined:			
1. Name (Last in CAPS)		4. Sex	
(First)	(Middle Initial)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
2. Address (Street number and name)		5. Date of birth (Month/Day/Year)	
(City)	(State)	(ZIP Code)	
		6. Country of birth	
		7. Date of examination (Month/Day/Year)	

General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed;			
<input type="checkbox"/> No apparent defect, disease, or disability.		<input type="checkbox"/> The conditions listed below were found (check all boxes that apply).	
Class A Conditions			
<input type="checkbox"/> Chancroid	<input type="checkbox"/> Hansen's disease, infectious	<input type="checkbox"/> Mental defect	<input type="checkbox"/> Psychopathic personality
<input type="checkbox"/> Chronic alcoholism	<input type="checkbox"/> HIV infection	<input type="checkbox"/> Mental retardation	<input type="checkbox"/> Sexual deviation
<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Insanity	<input type="checkbox"/> Narcotic drug addiction	<input type="checkbox"/> Syphilis, infectious
<input type="checkbox"/> Granuloma inguinale	<input type="checkbox"/> Lymphogranuloma venereum	<input type="checkbox"/> Previous occurrence of one or more attacks of insanity	<input type="checkbox"/> Tuberculosis, active
Class B Conditions			
<input type="checkbox"/> Hansen's disease, not infectious		<input type="checkbox"/> Tuberculosis, not active	
Examination for Tuberculosis - Tuberculin Skin Test		Examination for Tuberculosis - Chest X-Ray Report	
<input type="checkbox"/> Reaction _____ mm	<input type="checkbox"/> No reaction <input type="checkbox"/> Not done	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Not done
Doctor's name (please print) _____ Date read _____		Doctor's name (please print) _____ Date read _____	
Serologic Test for Syphilis		Serologic Test for HIV Antibody	
<input type="checkbox"/> Reactive Titer (confirmatory test performed)	<input type="checkbox"/> Nonreactive	<input type="checkbox"/> Positive (confirmed by Western blot)	<input type="checkbox"/> Negative
Test Type _____		Test Type _____	
Doctor's name (please print) _____ Date read _____		Doctor's name (please print) _____ Date read _____	

Immunization Determination (DTP, OPV, MMR, Td-Refer to <i>PHS Guidelines</i> for recommendations.)	
<input type="checkbox"/> Applicant is current for recommended age-specific immunizations.	<input type="checkbox"/> Applicant is not current for recommended age-specific immunizations and I have encouraged that appropriate immunizations be obtained.

REMARKS:	

Civil Surgeon Referral for Follow-up of Medical Condition	
<input type="checkbox"/> The alien named above has applied for adjustment of status. A medical examination conducted by me identified the conditions above which require resolution before medical clearance is granted or for which the alien may seek medical advice. Please provide follow-up services or refer the alien to an appropriate health care provider. The actions necessary for medical clearance are detailed on the reverse of this form.	

Follow-up Information:	
The alien named above has complied with the recommended health follow-up.	
Doctor's name and address (please type or print clearly)	Doctor's signature _____ Date _____

Applicant Certification:	
I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed, and the information on this form refers to me.	
Signature _____	Date _____

Civil Surgeon Certification:	
My examination showed the applicant to have met the medical examination and health follow-up requirements for adjustment of status.	
Doctor's name and address (please type or print clearly)	Doctor's signature _____ Date _____

The Immigration and Naturalization Service is authorized to collect this information under the provisions of the Immigration and Nationality Act and the Immigration Reform and Control Act of 1986, Public Law 99-603.

Medical Clearance Requirements for Aliens Seeking Adjustment of Status

Medical Condition	Estimated Time For Clearance	Action Required
*Suspected Mental Conditions	5 - 30 Days	The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.
Tuberculin Skin Test Reaction and Normal Chest X-Ray	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the applicant returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active or Suspected Active/Class A)	10 - 300 Days	The applicant should obtain an appointment with physician or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
Hansen's Disease	30 - 210 Days	Obtain an evaluation from a specialist or Hansen's disease clinic. If the disease is indeterminate or Tuberculous, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromatous or Borderline (dimorphous) and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment, and clinical response before a medical clearance is granted.
**Venereal Diseases	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
Immunizations Incomplete	Immediate	Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations.
HIV Infection	Immediate	Post-test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.
* Mental retardation; insanity; previous attack of insanity; psychopathic personality; sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.		
** Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.		

U.S. Department of Justice
Immigration and Naturalization Service

OMB #1115-0134
Medical Examination of Aliens Seeking Adjustment of Status

(Please type or print clearly)

I certify that on the date shown I examined:

1. Name (Last in CAPS)		3. File number (A number)
(First)	(Middle Initial)	
2. Address (Street number and name)		4. Sex
(City)	(State)	<input type="checkbox"/> Male <input type="checkbox"/> Female
(ZIP Code)	(Apt. number)	5. Date of birth (Month/Day/Year)
		6. Country of birth
		7. Date of examination (Month/Day/Year)

General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed:

☐ No apparent defect, disease, or disability. ☐ The conditions listed below were found (check all boxes that apply).

Class A Conditions

<input type="checkbox"/> Chancroid	<input type="checkbox"/> Hansen's disease, infectious	<input type="checkbox"/> Mental defect	<input type="checkbox"/> Psychopathic personality
<input type="checkbox"/> Chronic alcoholism	<input type="checkbox"/> HIV infection	<input type="checkbox"/> Mental retardation	<input type="checkbox"/> Sexual deviation
<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Insanity	<input type="checkbox"/> Narcotic drug addiction	<input type="checkbox"/> Syphilis, infectious
<input type="checkbox"/> Granuloma inguinale	<input type="checkbox"/> Lymphogranuloma venereum	<input type="checkbox"/> Previous occurrence of one or more attacks of insanity	<input type="checkbox"/> Tuberculosis, active

Class B Conditions

☐ Hansen's disease, not infectious ☐ Tuberculosis, not active

Examination for Tuberculosis - Tuberculin Skin Test

☐ Reaction _____ mm ☐ No reaction ☐ Not done

Doctor's name (please print) _____ Date read _____

Serologic Test for Syphilis

☐ Reactive: Titer (confirmatory test performed) ☐ Nonreactive

Test Type _____

Doctor's name (please print) _____ Date read _____

Examination for Tuberculosis - Chest X-Ray Report

☐ Abnormal ☐ Normal ☐ Not done

Doctor's name (please print) _____ Date read _____

Serologic Test for HIV Antibody

☐ Positive (confirmed by Western blot) ☐ Negative

Test Type _____

Doctor's name (please print) _____ Date read _____

Immunization Determination (DTP, OPV, MMR, Td-Refer to *PHS Guidelines* for recommendations.)

☐ Applicant is current for recommended age-specific immunizations. ☐ Applicant is not current for recommended age-specific immunizations and I have encouraged that appropriate immunizations be obtained.

REMARKS:

Civil Surgeon Referral for Follow-up of Medical Condition

☐ The alien named above has applied for adjustment of status. A medical examination conducted by me identified the conditions above which require resolution before medical clearance is granted or for which the alien may seek medical advice. Please provide follow-up services or refer the alien to an appropriate health care provider. The actions necessary for medical clearance are detailed on the reverse of this form.

Follow-up Information:

The alien named above has complied with the recommended health follow-up.

Doctor's name and address (please type or print clearly)	Doctor's signature	Date
--	--------------------	------

Applicant Certification:

I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed, and the information on this form refers to me.

Signature	Date
-----------	------

Civil Surgeon Certification:

My examination showed the applicant to have met the medical examination and health follow-up requirements for adjustment of status.

Doctor's name and address (please type or print clearly)	Doctor's signature	Date
--	--------------------	------

The Immigration and Naturalization Service is authorized to collect this information under the provisions of the Immigration and Nationality Act and the Immigration Reform and Control Act of 1986, Public Law 99-603.

Medical Clearance Requirements for Aliens Seeking Adjustment of Status

Medical Condition	Estimated Time For Clearance	Action Required
*Suspected Mental Conditions	5 - 30 Days	The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.
Tuberculin Skin Test Reaction and Normal Chest X-Ray	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the applicant returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active or Suspected Active/Class A)	10 - 300 Days	The applicant should obtain an appointment with physician or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
Hansen's Disease	30 - 210 Days	Obtain an evaluation from a specialist or Hansen's disease clinic. If the disease is indeterminate or Tuberculoïd, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromatous or Borderline (dimorphous) and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment, and clinical response before a medical clearance is granted.
**Venereal Diseases	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
Immunizations Incomplete	Immediate	Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations.
HIV Infection	Immediate	Post-test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.
* Mental retardation; insanity; previous attack of insanity; psychopathic personality; sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.		
** Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.		

U.S. Department of Justice
Immigration and Naturalization Service

OMB #1115-0134
Medical Examination of Aliens Seeking Adjustment of Status

(Please type or print clearly)		3. File number (A number)	
I certify that on the date shown I examined:			
1. Name (Last in CAPS)		4. Sex	
(First)	(Middle Initial)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
2. Address (Street number and name)		5. Date of birth (Month/Day/Year)	
(City)	(State)	(ZIP Code)	
		6. Country of birth	
		7. Date of examination (Month/Day/Year)	

General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed:			
<input type="checkbox"/> No apparent defect, disease, or disability.		<input type="checkbox"/> The conditions listed below were found (check all boxes that apply).	
Class A Conditions			
<input type="checkbox"/> Chancroid	<input type="checkbox"/> Hansen's disease, infectious	<input type="checkbox"/> Mental defect	<input type="checkbox"/> Psychopathic personality
<input type="checkbox"/> Chronic alcoholism	<input type="checkbox"/> HIV infection	<input type="checkbox"/> Mental retardation	<input type="checkbox"/> Sexual deviation
<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Insanity	<input type="checkbox"/> Narcotic drug addiction	<input type="checkbox"/> Syphilis, infectious
<input type="checkbox"/> Granuloma inguinale	<input type="checkbox"/> Lymphogranuloma venereum	<input type="checkbox"/> Previous occurrence of one or more attacks of insanity	<input type="checkbox"/> Tuberculosis, active
Class B Conditions		<input type="checkbox"/> Other physical defect, disease or disability (specify below)	
<input type="checkbox"/> Hansen's disease, not infectious		<input type="checkbox"/> Tuberculosis, not active	
Examination for Tuberculosis - Tuberculin Skin Test			
<input type="checkbox"/> Reaction _____ mm.		<input type="checkbox"/> No reaction <input type="checkbox"/> Not done	
Doctor's name (please print)		Date read	
Examination for Tuberculosis - Chest X-Ray Report			
<input type="checkbox"/> Abnormal		<input type="checkbox"/> Normal <input type="checkbox"/> Not done	
Doctor's name (please print)		Date read	
Serologic Test for Syphilis			
<input type="checkbox"/> Reactive Titer (confirmatory test performed)		<input type="checkbox"/> Nonreactive	
Test Type			
Doctor's name (please print)		Date read	
Serologic Test for HIV Antibody			
<input type="checkbox"/> Positive (confirmed by Western blot)		<input type="checkbox"/> Negative	
Test Type			
Doctor's name (please print)		Date read	

Immunization Determination (DTP, OPV, MMR, Td-Refer to <i>PHS Guidelines</i> for recommendations.)	
<input type="checkbox"/> Applicant is current for recommended age-specific immunizations.	<input type="checkbox"/> Applicant is not current for recommended age-specific immunizations and I have encouraged that appropriate immunizations be obtained.

REMARKS:

Civil Surgeon Referral for Follow-up of Medical Condition
<input type="checkbox"/> The alien named above has applied for adjustment of status. A medical examination conducted by me identified the conditions above which require resolution before medical clearance is granted or for which the alien may seek medical advice. Please provide follow-up services or refer the alien to an appropriate health care provider. The actions necessary for medical clearance are detailed on the reverse of this form.

Follow-up Information:		
The alien named above has complied with the recommended health follow-up.		
Doctor's name and address (please type or print clearly)	Doctor's signature	Date

Applicant Certification:	
I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed, and the information on this form refers to me.	
Signature	Date

Civil Surgeon Certification:	
My examination showed the applicant to have met the medical examination and health follow-up requirements for adjustment of status.	
Doctor's name and address (please type or print clearly)	Doctor's signature
	Date

The Immigration and Naturalization Service is authorized to collect this information under the provisions of the Immigration and Nationality Act and the Immigration Reform and Control Act of 1986, Public Law 99-603.

Medical Clearance Requirements for Aliens Seeking Adjustment of Status

Medical Condition	Estimated Time For Clearance	Action Required
*Suspected Mental Conditions	5 - 30 Days	The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.
Tuberculin Skin Test Reaction and Normal Chest X-Ray	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the applicant returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active or Suspected Active/Class A)	10 - 300 Days	The applicant should obtain an appointment with physician or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
Hansen's Disease	30 - 210 Days	Obtain an evaluation from a specialist or Hansen's disease clinic. If the disease is indeterminate or Tuberculous, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromatous or Borderline (dimorphous) and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment, and clinical response before a medical clearance is granted.
**Venereal Diseases	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
Immunizations Incomplete	Immediate	Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations.
HIV Infection	Immediate	Post-test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.
*Mental retardation; insanity; previous attack of insanity; psychopathic personality; sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.		
**Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.		

U.S. Department of Justice
Immigration and Naturalization Service

OMB #1115-0134
Medical Examination of Aliens Seeking Adjustment of Status

(Please type or print clearly)

I certify that on the date shown I examined:

1. Name (Last in CAPS)		3. File number (A number)
(First)	(Middle Initial)	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
2. Address (Street number and name)		5. Date of birth (Month/Day/Year)
(City)	(State) (ZIP Code)	6. Country of birth
		7. Date of examination (Month/Day/Year)

General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed:

☐ No apparent defect, disease, or disability. ☐ The conditions listed below were found (check all boxes that apply).

Class A Conditions <input type="checkbox"/> Chancroid <input type="checkbox"/> Chronic alcoholism <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Granuloma inguinale	<input type="checkbox"/> Hansen's disease, infectious <input type="checkbox"/> HIV infection <input type="checkbox"/> Insanity <input type="checkbox"/> Lymphogranuloma venereum	<input type="checkbox"/> Mental defect <input type="checkbox"/> Mental retardation <input type="checkbox"/> Narcotic drug addiction <input type="checkbox"/> Previous occurrence of one or more attacks of insanity <input type="checkbox"/> Psychopathic personality <input type="checkbox"/> Sexual deviation <input type="checkbox"/> Syphilis, infectious <input type="checkbox"/> Tuberculosis, active
Class B Conditions <input type="checkbox"/> Hansen's disease, not infectious <input type="checkbox"/> Tuberculosis, not active		
Examination for Tuberculosis - Tuberculin Skin Test <input type="checkbox"/> Reaction _____ mm <input type="checkbox"/> No reaction <input type="checkbox"/> Not done		Examination for Tuberculosis - Chest X-Ray Report <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Not done
Doctor's name (please print) _____ Date read _____		Doctor's name (please print) _____ Date read _____
Serologic Test for Syphilis <input type="checkbox"/> Reactive Titer (confirmatory test performed) <input type="checkbox"/> Nonreactive		Serologic Test for HIV Antibody <input type="checkbox"/> Positive (confirmed by Western blot) <input type="checkbox"/> Negative
Test Type _____		Test Type _____
Doctor's name (please print) _____ Date read _____		Doctor's name (please print) _____ Date read _____

Immunization Determination (DTP, OPV, MMR, Td-Refer to PHS Guidelines for recommendations.)

☐ Applicant is current for recommended age-specific immunizations. ☐ Applicant is not current for recommended age-specific immunizations and I have encouraged that appropriate immunizations be obtained.

REMARKS:

Civil Surgeon Referral for Follow-up of Medical Condition

☐ The alien named above has applied for adjustment of status. A medical examination conducted by me identified the conditions above which require resolution before medical clearance is granted or for which the alien may seek medical advice. Please provide follow-up services or refer the alien to an appropriate health care provider. The actions necessary for medical clearance are detailed on the reverse of this form.

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Signature	Date
-----------	------

Civil Surgeon Certification:

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** Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.		



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

PRESENT THIS LETTER AT THE WORTH STREET ENTRANCE

Michael H. SIEMASZKO

File Number: A75995550

373 68th Street, #3

Date: 6/3/2003

Brooklyn, NY 11220

Please come to the office shown below at the time and place indicated in connection with an official matter.

OFFICE LOCATION	26 FEDERAL PLAZA NEW YORK, NY 10278	Room No. 8-800	Floor No. 8TH
DATE AND HOUR		12/2/2003	8:30:00 AM
ASK FOR	IMMIGRATION EXAMINER		
REASON FOR APPOINTMENT	ADJUSTMENT OF STATUS		
BRING WITH YOU	SEE ATTACHMENTS		

IT IS IMPORTANT THAT YOU KEEP THIS APPOINTMENT AND BRING THIS LETTER WITH YOU.
IF YOU ARE UNABLE TO DO SO, STATE YOUR REASON, SIGN BELOW AND RETURN THIS LETTER.

WARNING:

IF YOU CONSIDER DEPARTING FROM THE UNITED STATES TO ANY COUNTRY, INCLUDING CANADA OR MEXICO, BEFORE A DECISION IS MADE ON YOUR APPLICATION, CONSULT WITH THIS OFFICE BEFORE DEPARTURE SINCE A DEPARTURE FROM THE UNITED STATES WILL RESULT IN TERMINATION OF YOUR APPLICATION.

I am unable to keep the appointment because:		
SIGNATURE	DATE	

Attorney Name:

Attorney Address:

Very truly yours,

Mary Ann Gantner
Interim Director
New York District



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

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SIGNATURE	DATE

Attorney Name:

Attorney Address:

Very truly yours,

Mary Ann Gantner
Interim Director
New York District



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

Fingerprint Notification

Michael H. SIEMASZKO

373 68th Street, #3

Brooklyn, NY 11220

Date: 6/3/2003

A Number: A75995550

DOB 2/7/1979

Dear Applicant:

To continue processing your (please circle one of the followings: I-485, _____) application, INS must send your fingerprints to the Federal Bureau of Investigation. If you were between the ages of 14 and 75 at the time of filing, you must have your fingerprints taken at an INS Application Support Center (ASC). You have been scheduled to be fingerprinted at the location listed below:

Address

US Immigration & Naturalization Service
227 Livingston Street
Brooklyn, NY 11201

Hours of Operation

Sunday & Monday Closed
Tuesday - Saturday 8 am - 4 pm
Also Closed On Federal Holidays

Corner of Livingston Street and Elm Street

Subway: Take the D, Q, N, M or R train to DeKalb Ave, then walk about three blocks. Take the number 4 or 5 train to Nevin Street, then walk about three blocks. Take the number 2, 3, A or C train to Hoyt Street, then walk about two blocks.

You are scheduled to be fingerprinted at the address above

on 9/18/2003 **at** 8:00 AM

When you go to have your fingerprints taken, you must bring:

- 1) **This Letter; and**
- 2) **Your Alien Registration Card (ARC).** If you do not have your ARC, you must bring alternative photo identification such as **passport, valid driver's license, national ID, State-issued photo ID, or other INS-issued photo ID.**

Please be reminded that you must bring this letter and proper photo identification mentioned above to have your fingerprints taken, without them the INS ASC will not take your fingerprints. This will delay in the processing of your application.

If you can not go to the INS ASC on your scheduled day, you must request another appointment in writing to the address listed above within 7 days after you have received this letter. You must have your fingerprints taken within 87 days from the date on the upper right hand corner of this notice. **If you do not have your fingerprints taken within that period, your application or petition may be considered abandoned and denied.** Please do not appear before your scheduled date

Sincerely,

Mary Ann Gantner
Interim Director
New York District



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

Fingerprint Notification

Michael H. SIEMASZKO

373 68th Street, #3

Brooklyn, NY 11220

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Sincerely,

Mary Ann Gantner
Interim Director
New York District

INFORMATION OFFICER PROCESSING SHEET

I-130 PETITION FOR ALIEN RELATIVE

PETITIONER:

U.S. CITIZEN ☒

BIRTH ☐

NATZ. ☐

L.P.R. ☐

RELATIONSHIP OF BENEFICIARY:

SPOUSE ☒

CHILD ☐

PARENT ☐

BROTHER/SISTER ☐

DOCUMENTS REQUIRED:

BIRTH CERTIFICATE ☒

MARRIAGE CERTIFICATE ☒

PROOF OF CITIZENSHIP OF LPR STATUS ☒

TERMINATION OF PRIOR MARRIAGE ☒

ADOPTION DECREE ☒

NAME CHANGE ☒

COPY OF APPROVAL NOTICE ☒

TRANSLATION

I-485 ADJUSTMENT OF STATUS

G-325A COMPLETED AND LEGIBLE ☒

ADIT PHOTOS ☒

FINGERPRINT CHARTS ☒

BIRTH CERTIFICATE ☒

COPY OF I-94 OR ADMISSION STAMP ☒

PREFERENCE CATEGORY CR6

VISA AVAILABILITY ☒

I-693 MEDICAL EXAM ☒

RECEIVED — 57
INFORMATION

JAN 18 2002

Immigration and
Naturalization Service
New York, N. Y.

Hum
SIGNATURE OF INFORMATION OFFICER

mm
INITIALS

CALENDAR WINDOW

FEE PAID: I-130 ☒

I-485 ☒

I-485A ☐

I 765 removed

REMARKS:

**UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE**

COVER SHEET

RECORD OF PROCEEDING

This is a permanent record of the Immigration and Naturalization Service. Any part of this record is removed MUST BE RETURNED after it has served its purpose.

INSTRUCTIONS

- 1. Place a separate cover sheet on the top of each Record of Proceeding.**
- 2. Each Record of Proceeding is to be fastened on the inner left side of the file jacket in chronological order.**
- 3. Any person temporarily removing any part of this record must make, date, and sign a notation to this effect which is to be retained in this record, below the cover sheet. The signer is responsible for replacing the removed material as soon as it has served its purpose.**
- 4. See AM 2710 for detailed instructions.**

U.S. Department of Justice
Immigration and Naturalization Service

AUTHORIZATION FOR PAROLE OF AN ALIEN
INTO THE UNITED STATES

Name of Alien: (First) MICHAL	(Middle)	(Last) SIEMASZKO	Date: 06-23-98
			File Number: A75 995 550
Date of Birth: (Month) (Day) (Year) 02 07 79		Place of Birth (City or Town) (State or province) (Country) POLAND	
U.S. Address: (Apt. number and/or in care of) (Number and street) (City or town) (State) (ZIP Code) 520 POWELL STREET STATEN ISLAND, NEW YORK 10312			

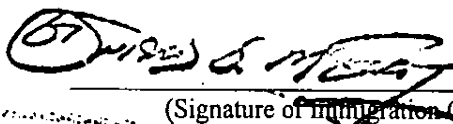
Presentation of the attached duplicate of this document will authorize a transportation line to accept the named bearer on board for travel to the United States without liability under section 273 of the Immigration and Nationality Act for bringing an alien who does not have a visa.

Presentation of the original of this document prior to **JUNE 22, 1999** will authorize an Immigration officer at a point of entry in the United States to permit the named bearer, whose photograph appears hereon, to enter the United States:

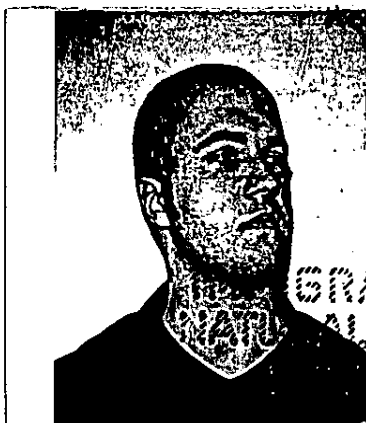
- ☐ as an alien paroled pursuant to section 212(d)(5) of the Immigration and Nationality Act.
☐

AUTHORIZATION: The holder of this authorization is an applicant for adjustment of status under the Immigration and Nationality Act. The holder departed the United States temporarily and intends to return to the United States to resume processing of the adjustment of status application. Contingent upon his or her prima facie eligibility, the holder of this document shall be paroled into the United States pursuant to the authority of **EDWARD J. McELROY, District Director, NYC**. VALID FOR MULTIPLE APPLICATIONS FOR PAROLE INTO THE UNITED STATES.

NOTICE TO APPLICANT: Presentation of this authorization will permit you to resume your application for adjustment of status upon your return to the United States. If your adjustment application is denied, you will be subject to removal proceedings under section 235(b)(1) or 240 of the Act. If, after April 1, 1997, you were unlawfully present in the United States for more than 180 days before applying for adjustment of status, you may be found inadmissible under section 212(a)(9)(B)(i) of the Act when you return to the United States to resume the processing of your application. If you are found inadmissible, you will need to qualify for a waiver of inadmissibility in order for your adjustment of status application to be approved.


(Signature of Immigration Officer)

NYC
(Authorizing Office)/B.C.
JAN 5-200
A.D.J. 075/2
NYC 7-899 144



ARRIVAL STAMP		
PAROLED until July 21, 1999		
Purpose		
A.D.J. OF STATUS		
New 7-22 98 136 5		
(Port)	(Date)	(Officer)

Name of Alien: (First) MICHAL	(Middle)	(Last) SIEMASZKO	Date: 06-23-98
			File Number: A75 995 550
Date of Birth: (Month) (Day) (Year) 02 07 79		Place of Birth (City or Town) (State or province) (Country) POLAND	
U.S. Address: (Apt. number and/or in care of) (Number and street) (City or town) (State) (ZIP Code) 520 POWELL STREET STATEN ISLAND, NEW YORK 10312			

Presentation of the attached duplicate of this document will authorize a transportation line to accept the named bearer on board for travel to the United States without liability under section 273 of the Immigration and Nationality Act for bringing an alien who does not have a visa.

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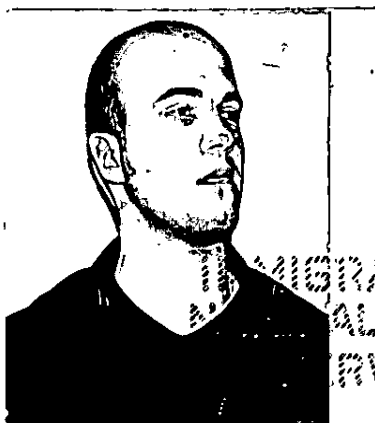
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Handwritten signature

(Signature of Immigration Officer)

NYC

(Authorizing Office)/B.C.



ARRIVAL STAMP

AUTHORIZATION FOR PAROLE OF AN ALIEN
INTO THE UNITED STATES

Name of Alien (First) (Middle) (Last)

MICHAEL SIEMASZKO

Date:

JUN 23 1998

File Number:

75995550

Date of Birth: (Month) (Day) (Year)

2-7-79

Place of Birth (City or Town) (State or province) (Country)

POLAND

U.S. Address

(Apt. number and/or in care of) (Number and street) (City or town) (State) (ZIP Code)

520 Powell St.
S.I. NY 10312

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NYC

(Signature of Immigration Officer)

(Authorizing Office)

PHOTOGRAPH

ARRIVAL STAMP

U.S.I.N.S.
FEE RECEIPT
A CENTURY OF SERVICE

06/03/98 N.Y.C.

0*#
SIEMASZKO, N #
I 131 \$ 70.00
SUBTTL 70.00
TTLANT 70.00
PC 70.00
CHANGE 0.00

1 ITEMS

0092002

13:39

1. REQUESTED BY (Office) <i>RIPES/2</i>		2. (Office or Unit) TO
3. NAME (Last, First, Middle Initial) <i>SIEMASZKO MICHAEL</i>		4. FILE NUMBER <i>75995550</i>
5. DATE OF BIRTH Mo. <i>02</i> Day <i>07</i> Year <i>79</i>	6. DATE OF NATURALIZATION Mo. Day Year	7. DATE OF REQUEST Mo. <i>06</i> Day <i>03</i> Year <i>98</i>
ALL IN ITEMS 8 THRU 12 IF FILE NO. IS NOT SHOWN ABOVE		
8. COUNTRY OF BIRTH <i>POLAND</i>	9. ARRIVAL (Date) (Place)	(Date)
10. PLACE OF NATURALIZATION <i>POLAND</i>		11. CERTIFICATE NO.
12. REMARKS <i>THIR - MIA 05/22/98</i>		13. DATE FORWARDED
13. TRY MARKERS		CHARGE COPY

REQUEST FOR FILE ON LOAN
Form G-100

START HERE - Please Type or Print

Part 1. Information about you.

Family Name	SIEMASZKO	Given Name	Michal	Middle Initial	
Address - C/O					
Street Number and Name				Apt. #	
520 Powell Street					
City		State or Province			
Staten Island		New York			
Country		ZIP/Postal Code			
USA		10312			
Date of Birth (Month/Day/Year)		Country of Birth			
2/7/79		Poland			
Social Security #		A #			
022-70-1811		None 75995550			

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 am applying for a Refugee Travel Document.
- d. ☒ I am applying for an Advance Parole to allow me to return to the U.S. after temporary foreign travel.
- e. ☐ I am outside the U.S. and am applying for an Advance Parole.
- f. ☐ I am applying for an Advance Parole for another person who is outside the U.S. Give the following information about that person:

Family Name	Given Name	Middle Initial
Date of Birth (Month/Day/Year)		Country of Birth
Foreign Address - C/O		
Street Number and Name		Apt. #
City		State or Province
Country		ZIP/Postal Code

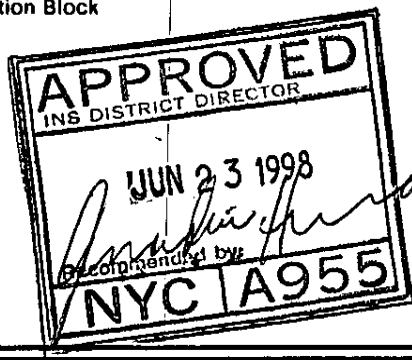
Part 3. Processing Information.

Date of Intended departure (Month/Day/Year)	Expected length of trip.
4/29/98	One week
Are you, or any person included in this application, now in exclusion or deportation proceedings?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, at (give office name)	

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

Have you ever before been issued a Reentry Permit or Refugee Travel Document?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (give the following for the last document issued to you)	
Date Issued	Disposition (attached, lost, etc.)

FOR INS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Applicant Interviewed on	
Document Issued	
<input type="checkbox"/> Reentry Permit	
<input type="checkbox"/> Refugee Travel Document	
<input type="checkbox"/> Single Advance Parole	
<input checked="" type="checkbox"/> Multiple Advance Parole	
Validity to	
6/27/99	
If Reentry Permit or Refugee Travel Document	
<input type="checkbox"/> Mail to Address in Part 2	
<input type="checkbox"/> Mail to American Consulate	
<input type="checkbox"/> Mail to INS overseas office	
AT	
Remarks:	
<input type="checkbox"/> Document Hand Delivered	
On	By
Action Block	
	
To Be Completed by Attorney or Representative, if any	
<input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant	
VOLAG#	
ATTY State License #	

Part 3. Processing Information. (continued)

Where do you want this travel document sent? (check one)

- a. ☐ Address in Part 2, above
b. ☐ American Consulate at (give City and Country, below)
c. ☐ INS overseas office at (give City and Country, below)

City

Country

If you checked b. or c., above, give your overseas address:

Part 4. Information about the 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 (or during the past five years, whichever is less) how much total time have you spent outside the United States?

- ☐ less than 6 months
☐ 6 months to 1 year
☐ 1 to 2 years
☐ 2 to 3 years
☐ 3 to 4 years
☐ more than 4 years

Since you became a Permanent Resident, have you ever filed a federal income tax return as a nonresident, or failed to file a federal 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.

Country from which you are a refugee or asylee:

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

Do you plan to travel to the above-named country?

- ☐ Yes ☐ No

Since you were accorded Refugee/Asylee status, have you ever: returned to the above-named country; applied for an/or obtained a national passport, passport renewal, or entry permit into this country; or applied for an/or received any benefit from such country (for example, health insurance benefits)?

- ☐ Yes ☐ No

Since being accorded Refugee/Asylee status, have you, by any legal procedure or voluntary act, re-acquired the nationality of the above-named country, acquired a new nationality, or been granted refugee or asylee status in any other country?

- ☐ Yes ☐ No

Part 7. Complete only if applying for an Advance Parole.

On a separate sheet of paper, please explain how you qualify for an Advance Parole and what circumstances warrant issuance of Advance Parole. Include copies of any documents you wish considered. (See instructions.) I am: leaving for personal reasons.

For how many trips do you intend to use this document?

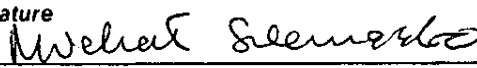
- ☒ 1 trip ☐ More than 1 trip

If outside the U.S., at right give the U.S. Consulate or INS office you wish notified if this application is approved.

Part 8. Signature.

Read the information on penalties in the instructions before completing this section. You must file this application while in the United States if filing for a reentry permit or refugee travel document.

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. I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Signature 


Date
4/16/98

Daytime Telephone #
()

Please 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 will have to be denied.

Part 9. Signature of person preparing form if other than above. (sign below)

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

Signature 

Print Your Name
Juels E. Coven, Esq.

Date
4/16/98

Firm Name and Address
LEBENKOFF & COVEN 505 Fifth Avenue, New York, NY 10017

Daytime Telephone #
(212) 687-3541

NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE

In re: SIEMASZKO, Michal	DATE 4/16/98 FILE No.
--	---

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

NAME SIEMASZKO, Michal	<input type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary	<input checked="" type="checkbox"/> Applicant <input type="checkbox"/>	
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code) 520 Powell Street, Staten Island, NY 10312			

NAME	<input type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Applicant <input type="checkbox"/>	
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code)			

Check Applicable Item(s) below:

<input checked="" type="checkbox"/>	I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia <u>New York</u> <u>New York</u> and am not under a <i>(Name of Court)</i> court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.
<input type="checkbox"/>	2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
<input type="checkbox"/>	3. I am associated with _____ the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)
<input type="checkbox"/>	4. Others (Explain fully.)

SIGNATURE 	COMPLETE ADDRESS 505 Fifth Avenue New York, N. Y. 10017
NAME (Type or Print) LEBENKOFF & COVEN	TELEPHONE NUMBER (212) 687-3541

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: <u>LEBENKOFF & COVEN</u> <i>(Name of Attorney or Representative)</i>		
THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER: All matters with INS		
NAME OF PERSON CONSENTING SIEMASZKO, Michal	SIGNATURE OF PERSON CONSENTING 	DATE 4/16/98

(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION & NATURALIZATION SERVICE
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

MICHAŁ SIEMASZKO
520 POWER ST
STATEN ISLAND, NY 10312

FILE NUMBER:

DATE: 4/3/98

Please come to the office shown below at the time and place indicated in connection with an official matter.

OFFICE LOCATION IMMIGRATION & NATURALIZATION SERVICE
26 FEDERAL PLAZA, 11TH FLOOR, ROOM 1132
NY, NY 10278 (WORTH STREET ENTRANCE)

DATE & HOUR MAY 21, 1998 @ 12:30 PM

ASK FOR EAD PICK-UP

REASON FOR APPOINTMENT FOR PROCESSING EMPLOYMENT
AUTHORIZATION DOCUMENT

BRING WITH YOU THIS LETTER, ORIGINAL I-94 IF NOT ALREADY
SUBMITTED, RECEIPTS WAS ISSUED, YOUR PASSPORT.
BRING YOUR PRESENT EAD DOCUMENT !!

IT IS IMPORTANT THAT YOU KEEP THIS APPOINTMENT. AND BRING THIS
LETTER WITH YOU. IF YOU ARE UNABLE TO DO SO, STATE YOUR REASON,
SIGN BELOW AND RETURN THIS LETTER TO THIS OFFICE AT ONCE.

NOTE: THIS NOTICE IS EVIDENCE THAT YOU HAVE FILED AN APPLICATION
FOR EMPLOYMENT AUTHORIZATION.

I AM UNABLE TO KEEP THIS APPOINTMENT BECAUSE:

Very truly yours,

SIGNATURE

DATE

EDWARD J. McELROY
DISTRICT DIRECTOR
NEW YORK CITY DISTRICT

PLEASE DO NOT APPEAR EARLIER THAN 15 MINUTES BEFORE YOUR
APPOINTMENT.

IF YOU NEED TO APPLY FOR AN ORIGINAL SOCIAL SECURITY NUMBER,
PLEASE PRESENT YOUR IMMIGRATION DOCUMENTS AND ORIGINAL BIRTH
CERTIFICATE AT YOUR LOCAL SOCIAL SECURITY OFFICE.

JULES E. COVEN
ATTORNEY AT LAW
505 FIFTH AVENUE
NEW YORK CITY, N.Y. 10017


IN PAYMENT FOR
SIEMASZKO, Zbigniew, Petr.
SIEMASZKO, Michal, Benef.
485 & I-130

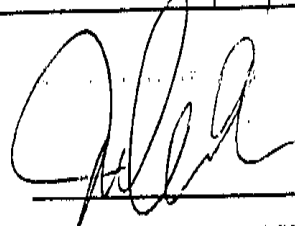
60-448/21

329

PAY *Two hundred & ten* ⁰⁰/₁₀₀ DOLLARS

TO THE ORDER OF	DATE	DESCRIPTION	CHECK NO.	CHECK AMOUNT
<i>In h service</i>	<i>12/11/97</i>	<i>Adjustment of Status</i>	<i>329</i>	<i>210</i> / ₁₀₀

 56 EAST 42nd STREET
NEW YORK, NY 10017



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⑈0000021000⑈

4-24

RECEIVED
FBI
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COMMUNICATIONS SECTION
FBI
WASHINGTON, D.C.

FOR DEFO...

FEDERAL RESERVE BOARD

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10313-0500-14

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USINS
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DEPT. OF JUSTICE
BURLINGTON, VT. 05403

PC

0044 005

12/19/97 13:30

218-08

140

LEBENKOFF & COVEN
COUNSELORS AT LAW

505 FIFTH AVENUE
NEW YORK, N. Y. 10017

JULES E. COVEN

(212) 687-3541-2
FAX: (212) 697-8717

JEFFREY E. BARON

April 28, 1998

BY CERTIFIED MAIL

Immigration and Naturalization Service
Advance Parole Unit
26 Federal Plaza
New York, New York 10278

RE: SIEMASZKO, Michal
FORM I-131

Dear Sir/Madam:

We are the attorneys for the above-mentioned individual.

Mr. Michal Siemaszko has an adjustment of status application pending with the Immigration and Naturalization Service, but he has to go back to Poland for some personal reasons. Enclosed please find the following documents:

1. Form I-131;
2. Form G-28;
3. Copy of Mr. Siemaszko's Employment Authorization Document appointment letter;
4. Two photos; and
5. A check for \$70.00.

Should have any questions, please contact this office at any time. Thank you for your attention to this matter.

Very truly yours,

LEBENKOFF & COVEN

Jules E. Coven

JEC/sw
encls.

LEBENKOFF & COVEN

505 FIFTH AVENUE

NEW YORK, N.Y. 10017

Fold at line over top of envelope to
the right of the return address

CERTIFIED

Z 361 968 691

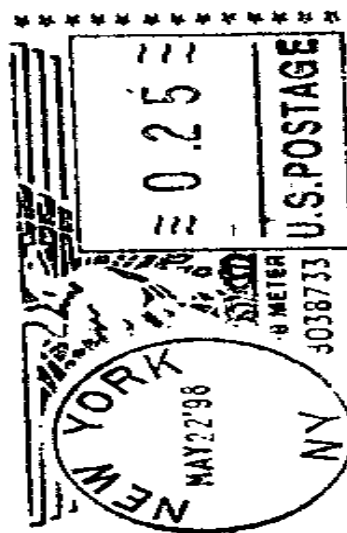
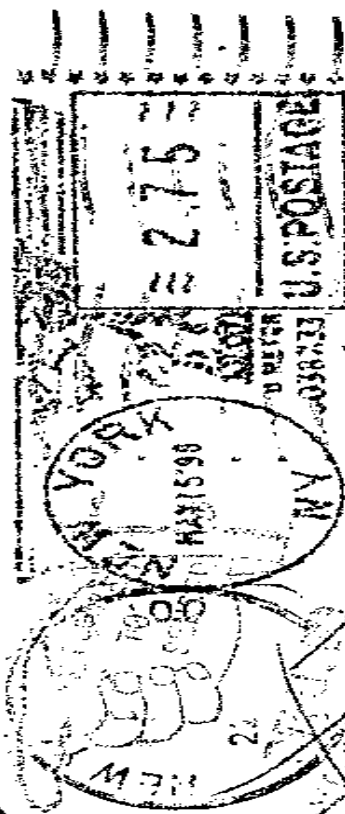
MAIL

142

1027A-0004 03

Immigration and Naturalization Service
Advance Parole Unit
26 Federal Plaza
New York, NY 10278

~~RETURNED FOR ADDITIONAL POSTAGE~~



CIMSIN IMMIGRATION AND NATURALIZATION SERVICE
COMMAND: CENTRAL INDEX SYSTEM - DETAILED SEARCH DISPLAY

06/16/98
08:39:49

A#: 075995550 NAME: SIEMASZKO ,MICHAL

DOB: 020779

LAST: SIEMASZKO
FIRST: MICHAL
MIDDLE: HUBERT
ALIASES:

NATZ DATE:
COURT:
LOCATION:

SEX: M POE: COB: POLAN DOE: 010397
FCO: ESC COA: B2 COC:
PFCO: SFCO: DFO: 051898 BIN:

FATHER: ZBIGNIEW BENEDYKT
MOTHER: ZOFIA MARIA

SSN: 022701811

CONSOLIDATED A-NOS

--OTHER INFORMATION--

I-94 ADM #: 96107770005

PASSPORT #:

FBI #:

DRIVER LIC:

FINGER CD#:

CLEAR EXIT PF4 RETURN PF5 HELP PF6 CIS MAIN MENU
PF7 NEXT SEARCH PF8 VIEW HISTORY PF9 VIEW EAD PF10 NAILS
PF10 REQUIRES A SPECIAL SECURITY CLASS.

CIMFTD
COMMAND:

IMMIGRATION AND NATURALIZATION SERVICE
CIS - FILE TRANSFER DISPLAY (FTD)

05/20/98
13:43:07

A#: 075995550 NAME: SIEMASZKO

,MICHAL

DOB: 020779

PREVIOUS FCO:

CURRENT FCO: ESC

REQUEST FCO:

FCO CREATING SUB-FILE:

SUB-FILE CREATION IND:

FILE LOCATED IND:

DATE FTR: 000000 (MMDDYY)

DATE FTI: 000000

DATE FTC: 000000

ACCESSION NUMBER: 0000

INS BOX NUMBER:

REQUEST NUMBER:

2ND REQUEST DATE:

3RD REQUEST DATE:

PERSON/ACTION:

YOU MAY REQUEST A DISPLAY OF ANOTHER A-FILE BY KEYING A DIFFERENT A-NUMBER.

CLEAR EXIT PF3 REFRESH PF4 FTS MENU PF5 HELP PF6 CIS MAIN MENU

REFUND REQUEST

ATTN: K. Murchison, SIO

A refund is requested for the following case(s) due to:

☐ 1. Immigrant Visa not available. We are currently working with _____. Applicant's priority date is _____.

☒ 2. Approval notice attached. Form I-130 submitted and paid for but not needed.

☐ 3. Applicant has no evidence of eligibility to Register Permanent Residence or Adjust Status.

☐ 4. Application previously submitted and paid for. Duplicate not necessary with new fee.

☒ 5. Other:

APPROX LPR CHILD UNDER 21 YRS OF AGE
FOLLOWING TO ADJUT. I-130 NOT NEEDED.

SIEMASZKO M R:

I 485	4 130.00
I 765	4 70.00
I 130	4 80.00
SUBTTL	280.00
TTLAMT	280.00
PC	210.00
PC	70.00
CHANGE	0.00

3 ITEMS

SIEMASZKO,
Michael

FBI FP-100C 91418M



SIEMASZKO,
Michael

FBI FP-100C 91418M



START HERE - Please Type or Print

Part 1. Information about you.

Family Name SIEMASZKO	Given Name Michal	Middle Initial
Address - C/O		
Street Number and Name 520 Powell St,		Apt. #
City Staten Island		
State N.Y.	Zip Code 10312	
Date of Birth (month/day/year) Feb. 7, 1979	Country of Birth Poland	
Social Security # 022 70 1811	A # (if any) A 75 995 550	
Date of Last Arrival (month/day/year) Jan. 3, 1997	I-94 # 961077700 05	
Current INS Status B-2	Expires on (month/day/year) 12/25/97	

Part 2. Application Type. (check one) *FEO: ESC 5/20/98/MC*

I am applying for adjustment to permanent resident status because:

- a. ☒ an immigrant petition giving me an immediately available immigrant visa number has been approved (attach a copy of the approval notice), or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application will give me an immediately available visa number if approved.
- b. ☐ My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category which allows derivative status for spouses and children.
- c. ☐ I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e) (attach a copy of the fiancé(e) petition approval notice and the marriage certificate).
- d. ☐ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. ☐ I am a native or citizen of Cuba admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
- f. ☐ I am the husband, wife, or minor unmarried child of a Cuban described in (e) and am residing with that person, and was admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
- g. ☐ I have continuously resided in the U.S. since before January 1, 1972.
- h. ☐ Other-explain _____

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the U.S. as a nonimmigrant or parolee, or as of May 2, 1964, whichever is later, and: (Check one)

- i. ☐ I am a native or citizen of Cuba and meet the description in (e), above.
- j. ☐ I am the husband, wife or minor unmarried child of a Cuban, and meet the description in (f), above.

FOR INS USE ONLY	
Returned	Receipt
JAN 02 1998	
USINS SECTION 245	
Resubmitted	NEW YORK
Reloc Sent	97 DEC 15 PM 3:33
Reloc Rec'd	RECEIVED MAIL ROOM
<input type="checkbox"/> Applicant Interviewed	
Section of Law	
<input type="checkbox"/> Sec. 209(b), INA <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> Sec. 245, INA <input type="checkbox"/> Sec. 249, INA <input type="checkbox"/> Sec. 1 Act of 11/2/66 <input type="checkbox"/> Sec. 2 Act of 11/2/66 <input type="checkbox"/> Other _____	
Country Chargeable	
Eligibility Under Sec. 245	
<input type="checkbox"/> Approved Visa Petition <input type="checkbox"/> Dependent of Principal Alien <input type="checkbox"/> Special Immigrant <input type="checkbox"/> Other _____	
Preference	
Action Block	
To Be Completed by Attorney or Representative, if any	
<input checked="" type="checkbox"/> Fill in box if G-28 is attached to represent the applicant	
VOLAG#	
ATTY State License #	

Part 3. Processing Information.

A. City/Town/Village of birth Krakow		Current occupation Student - not employed	
Your mother's first name Zofia		Your father's first name Zbigniew	
Give your name exactly how it appears on your Arrival /Departure Record (Form I-94). Siemaszko, Michal			
Place of last entry into the U.S. (City/State) New York, N.Y.		In what status did you last enter? (Visitor, Student, exchange alien, crewman, temporary worker, without inspection, etc.) B-2	
Were you inspected by a U.S. Immigration Officer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Nonimmigrant Visa Number 08793877		Consulate where Visa was issued Krakow	
Date visa was issued (month/day/year) May 7, 1996		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
		Marital Status: <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

Have you ever before applied for permanent resident status in the U.S? ☒ No ☐ Yes (give date and place of filing and final disposition):

B. List your present husband/wife, all of your sons and daughters (if you have none, write "none". If additional space is needed, use separate paper).

Family Name None	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

C. List your present and past membership in or affiliation with every political organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other place since your 16th birthday. Include any foreign military service in this part. If none, write "none". Include the name of organization, location, dates of membership from and to, and the nature of the organization. If additional space is needed, use separate paper.

None

Part 3. Processing Information. (Continued)

Please answer the following questions. (If your answer is "Yes" on any one of these questions, explain on a separate piece of paper. Answering "Yes" does not necessarily mean that you are not entitled to register for permanent residence or adjust status).

1. Have you ever, in or outside the U. S.:
 - a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested?
 - b. been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations?
 - c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action?
 - d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the U. S.?

☐ Yes ☒ No
2. Have you received public assistance in the U.S. 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?
 - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?
 - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally?
 - 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
5. Do you intend to engage in the U.S. in:
 - a. espionage?
 - 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?
 - 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 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 engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion?

☐ Yes ☒ No
9. Have you ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings?

☐ Yes ☒ No
10. Are you under a final order of civil penalty for violating section 274C of the Immigration 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 U.S., or any other immigration benefit?

☐ Yes ☒ No
11. Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces?

☐ Yes ☒ No
12. Have you ever been a J nonimmigrant exchange visitor who was subject to the 2 year foreign residence requirement and not yet complied with that requirement or obtained a waiver?

☐ Yes ☒ No
13. Are you now withholding custody of a U.S. Citizen child outside the U.S. from a person granted custody of the child?

☐ Yes ☒ No
14. Do you plan to practice polygamy in the U.S.?

☐ Yes ☒ No

Part 4. Signature. (Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)

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

Signature	Print Your Name	Date	Daytime Phone Number
<i>Michal Slemaszko</i>	Michal SLEMASZKO	12/08/97	718-317-6591

Please 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 5. Signature of person preparing form if other than above. (Sign Below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have ^{been supplied.} knowledge.

Signature	Print Your Name	Date	Day time Phone Number
<i>Jules E. Coven</i>	Jules E. COVEN		212-687-3541

Firm Name and Address: LEBENKOFF & COVEN, Esqs. 505 Fifth Ave. New York, N.Y. 10017