

1979

LOCATION:	DN2784 NRC NRCDN2784 FILE ROOM NUMBER 2 ULN ROW DN SHELF 2784 - DN2784	A075 995 550
SEND TO:	NYC	NYCRC9991
ALIEN NAME:	SIEMASZKO	
PRIORITY:		
P/A:	SEC*245	
REQ-DATE:	05/20/2002	
PRINT DATE:	05/21/2002	
		MICHAL
		1 OF 1
		NYC

INS 1-130 \$ 110

INS 1-435 A \$ 220

INS NONE

A75995550

Nr	FCO	Date	Initial	Vert.	Date	Initial
1	Esc	5-18-98	VT4138	✓	5-18-98	Moyle
CI	FCO	Date	Initial	Vert.	Date	Initial
CI	FCO	Date	Initial	Vert.	Date	Initial
CI	FCO	Date	Initial	Vert.	Date	Initial
CI	FCO	Date	Initial	Vert.	Date	Initial
FI	By FCO	To FCO	Date	Initial		
FTC	By FCO	Charged FCO	Date	Initial		
FI	By FCO	To FCO	Date	Initial		
FTC	By FCO	Charged FCO	Date	Initial		
FI	By FCO	To FCO	Date	Initial		
FTC	By FCO	Charged FCO	Date	Initial		
CONSA	Into A	At FCO				
Date	Initial					

Comandante ATTORRECCI 53222

Consolidated

EAC 98086 52276

5-18-98

VT4138

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 that 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.



Department of Homeland Security

Citizenship and Immigration Services

26 Federal Plaza
New York, NY 10278

December 8, 2003

Michal Siemaszko
373 68th Street, Apt. 3
Brooklyn, NY 11220
Alien Number: 075 995 550

DECISION

Dear Mr. Siemaszko:

You filed an Application to Register Permanent Residence or Adjust Status (Form I-485) with the Immigration and Naturalization Service (renamed the Citizenship and Immigration Services) on December 7, 2001.

Section 245 of the Immigration and Nationality Act ("the Act") provides, in part, that:

(a) The status of an alien who was inspected and admitted or paroled into the United States may be adjusted by the Attorney General, in his discretion and under such regulations as he may prescribe, to that of an alien lawfully admitted for permanent residence if

- (1) the alien makes an application for such adjustment,
- (2) the alien is eligible to receive an immigrant visa and is admissible to the United States for permanent residence, and
- (3) an immigrant visa is immediately available to him at the time his application is filed.

Section 201 of the Act enumerates those aliens eligible to be issued immigrant visas or who may otherwise acquire the status of an alien lawfully admitted to the United States for permanent residence. You filed your I-485 as the spouse of an American citizen.

The Petition for Alien Relative (Form I-130), filed on your behalf by Urszula Siemaszko, was denied. You failed to appear for your scheduled Adjustment of Status interview, and you declined to notify the Service in advance that you were unable to attend this appointment. Absent any other indication that you are entitled to a status outlined in Section 201(a) or 201(b) of the Act, you are ineligible for the benefits of Section 245 of the Act. Therefore, your application is denied.

If you believe that the law was inappropriately applied or that the analysis used in reaching this decision was inconsistent with either the information provided or precedent decisions, you may file a Motion to Reconsider. If you have new or additional information that you wish to be considered, you may file a Motion to Reopen. Either motion must be filed with this office within 30 days of this decision's date. The Service may exercise its discretion to hear a motion filed after this period if the petitioner or beneficiary demonstrates that the delay was beyond the control of the person filing the motion. Title 8, Code of Federal Regulations 103.5

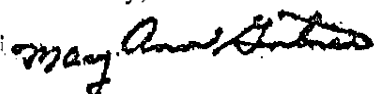
Any motion should be hand-delivered to this office, Room 8-800.

You may be eligible to receive a grant of Voluntary Departure from the United States. If you wish to request Voluntary Departure, you must take this notice and go to your local Citizenship and Immigration Services office to make that request.

A request for Voluntary Departure must be made in writing and must be accompanied by your original passport or other travel documentation sufficient to assure your lawful entry into the country to which you intend to depart. If that request is approved, you must also agree to all terms and conditions of the Voluntary Departure. If that request is approved and you fail to meet the terms and conditions set forth, you will become subject to a civil penalty of not less than \$1,000 and not more than \$5,000. Failure to meet the terms and conditions will also result in your being ineligible for any further relief from removal from the United States.

If your request for Voluntary Departure is denied, you may be subject to removal from the United States. You may renew your Application to Register Permanent Residence or Adjust Status during removal proceedings.

Sincerely,



Mary Ann Gantner
Interim District Director
Citizenship and Immigration Services
New York
Certified Mail
CTM

cc: Lebenkoff & Coven
505 Fifth Avenue
New York, NY 10017



Department of Homeland Security

Citizenship and Immigration Services

26 Federal Plaza
New York, NY 10278

December 8, 2003

Urszula Siemaszko
373 68th Street, Apt. 3
Brooklyn, NY 11220

DECISION

Dear Ms. Siemaszko:

You filed a Petition for Alien Relative (Form I-130) with the Immigration and Naturalization Service (renamed the Citizenship and Immigration Services) on December 7, 2001.

Your beneficiary, Michal Siemaszko (075 995 550), and you were scheduled to appear for his Adjustment of Status interview on December 2, 2003. You failed to appear for this scheduled appointment, and you declined to notify the Service in advance that you were unable to attend this appointment.

Title 8, Code of Federal Regulations, Section 103.2(b)(13) states in part:

Except as provided in [section] 335.6 of this chapter, if a person requested to appear for an interview does not appear, the Service does not receive his or her request for rescheduling by the date of the interview, or the applicant or petitioner has not withdrawn the application or petition, the application or petition shall be considered abandoned and, accordingly, shall be denied.

Therefore, your Petition for Alien Relative is denied.

If you believe that the law was inappropriately applied or that the analysis used in reaching this decision was inconsistent with the information provided or with precedent decisions, you may file a Motion to Reconsider. If you have new or additional information for the Service's consideration, you may file a Motion to Reopen. Either motion must be filed with this office within 30 days of this decision. Any motion should be hand delivered to this office (Room 8-800). Refer to the enclosed booklet, "Your Appeal or Motion."

Sincerely,

A handwritten signature in cursive script, appearing to read "Mary Ann Gantner".

Mary Ann Gantner
Interim District Director
Citizenship and Immigration Services
New York District
Certified Mail
CTM

cc: Lebenkoff & Coven
505 Fifth Avenue
New York, NY 10017

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-left: 20px;">MICHAL SIEMASZKO 373 68TH STREET APT. 3 BROOKLYN, NY 11220</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-P-4081

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-left: 20px;">URSZULA SIEMASZKO 373 68TH STREET APT. 3 BROOKLYN, NY 11220</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-P-4081

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-left: 20px;">LEBENKOFF & COVEN 505 FIFTH AVENUE NEW YORK, NY 10017</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-P-4081

CIMFTD
COMMAND:

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

05/20/02
15:42:31

A#: 075995550 NAME: SIEMASZKO

,MICHAL

DOB: 02071979

PREVIOUS FCO: HBG
CURRENT FCO: NRC
REQUEST FCO: NYC

FCO CREATING SUB-FILE:
SUB-FILE CREATION IND:

FILE LOCATED IND: R (FILE REQUESTED)

DATE FTR: 05202002 (MMDDYYYY)
DATE FTI: 08241998
DATE FTC: 06252001

ACCESSION NUMBER: 0000
INS BOX NUMBER:

PERSON/ACTION: SEC*245

REQUEST NUMBER:
2ND REQUEST DATE:
3RD REQUEST DATE:

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

U.S.I.N.S.

FEE RECEIPT

A CENTURY OF SERVICE

12/07/01

N.Y.C.

0*#

SIEMASZKO.M #

FR PRINT \$ 25.00

I 485 \$ 220.00

I 765 \$ 100.00

I 130 \$ 110.00

SUBTTL 455.00

TTLANT \$ 455.00

MO 245.00

MO 110.00

MO 100.00

CHANGE 0.00

• 4 ITEMS

0079004

11:07

U.S. Department of Justice
Immigration and Naturalization Service

Form I-485, Application to Register
Permanent Resident or Adjust Status

START HERE - Please Type or Print

Part 1. Information About You.

Family Name Siemaszko	Given Name Michal	Middle Initial H
Address - C/O		
Street Number and Name 373 68th Street		Apt. # 3
City Brooklyn		
State NY	Zip Code 11220	
Date of Birth (month/day/year) 02/07/1979	Country of Birth Poland	
Social Security # 022-70-1811	A # (if any) 75 995 550	
Date of Last Arrival (month/day/year) 01/05/1999	I-94 # 62714569606	
Current INS Status B1/B2	Expires on (month/day/year) 01/05/2000	

Part 2. Application Type. (check one) FCO: NRC 5/20/02

I am applying for an 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 that will give you 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 that 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 one 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 one year.
- g. ☐ I have continuously resided in the U.S. since before January 1, 1972.
- h. ☐ Other basis of eligibility. Explain. (If additional space is needed, use a separate piece of paper)

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 date 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.

Continued on back

FOR INS USE ONLY

Returned	Receipt
RECEIVED - 57 INFORMATION	
Resubmitted	JAN 8 2002
Immigration and Naturalization Service New York, N.Y.	
Reloc Sent	SECTION 245
Reloc Rec'd	RECEIVED - 5 PM 2:35 MAIL ROOM JAN 8 2002 NEW YORK, N.Y. 10278
Applicant Interviewed	

Section of Law

- ☐ Sec. 209(b), INA
☐ Sec. 13, Act of 9/11/57
☐ Sec. 245, INA
☐ Sec. 249, INA
☐ Sec. 2 Act of 11/2/66
☐ Sec. 2 Act of 11/2/66
☐ Other

Country Chargeable

Eligibility Under Sec. 245

Approved Visa Petition
Dependent of Principal Alien
Special Immigrant
Other

Preference

Action Block DENIED
8 CFR 103.2(b)(13)
CTM 12/8/03

To be Completed by Attorney or Representative, if any

☐ 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 Programmer
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, NY	In what status did you last enter? (Visitor, student, exchange alien, crewman, temporary worker, without inspection, etc.) B1/B2
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) 05/07/1996	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
	Marital Status <input checked="" type="checkbox"/> Married <input 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 If you checked "Yes," give date and place of filing and final disposition.

12/08/1997, New York, NY; Father (sponsor) passed away suddenly in May 1999;

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

Family Name Siemaszko	Given Name Urszula	Middle Initial B	Date of Birth (month/day/year) 03/31/1979
Country of Birth Poland	Relationship Wife	A # US CITIZEN	Applying with You? <input type="checkbox"/> Yes <input checked="" 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 other places since your 16th birthday. Include any foreign military service in this part. If none, write "none." Include the name(s) of the organization(s), location(s), dates of membership from and to, and the nature of the organization (s). If additional space is needed, use a separate piece of paper.

NONE

Part 3. Processing Information. (Continued)

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

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? ☐ Yes ☒ No
 - b. been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? ☐ Yes ☒ No
 - c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? ☐ Yes ☒ No
 - d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the 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 ten years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? ☐ Yes ☒ No
 - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? ☐ Yes ☒ No
 - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally? ☐ Yes ☒ No
 - d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance? ☐ Yes ☒ No
4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to, any person or organization that has ever engaged or conspired to engage, in sabotage, kidnapping, political assassination, hijacking or any other form of terrorist activity? ☐ Yes ☒ No
5. Do you intend to engage in the U.S. in:
 - a. espionage? ☐ Yes ☒ No
 - b. any activity a purpose of which is opposition to, or the control or overthrow of, the government of the United States, by force, violence or other unlawful means? ☐ Yes ☒ No
 - c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? ☐ Yes ☒ No
6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? ☐ Yes ☒ No
7. Did you, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion? ☐ Yes ☒ No
8. Have you ever 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 and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the U.S. or any 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 two-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

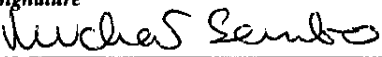
Continued on back

Form I-485 (Rev. 02/07/00)N Page 3

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 INS needs to determine eligibility for the benefit I am seeking.

Selective Service Registration. The following applies to you if you are a man at least 18 years old, but not yet 26 years old, who is required to register with the Selective Service System: I understand that my filing this adjustment of status application with the Immigration and Naturalization Service authorizes the INS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon INS acceptance of my application, I authorize INS to transmit to the Selective Service System my name, current address, Social Security number, date of birth and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, the INS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached age 26.

<i>Signature</i>	<i>Print Your Name</i>	<i>Date</i>	<i>Daytime Phone Number</i>
	Michal Siemaszko	12/04/2001	718-921-4693

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 benefit 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 knowledge.

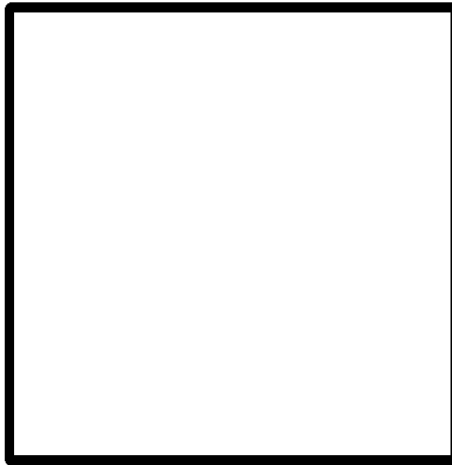
<i>Signature</i>	<i>Print Your Name</i>	<i>Date</i>	<i>Daytime Phone Number</i>
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*Firm Name
and Address*

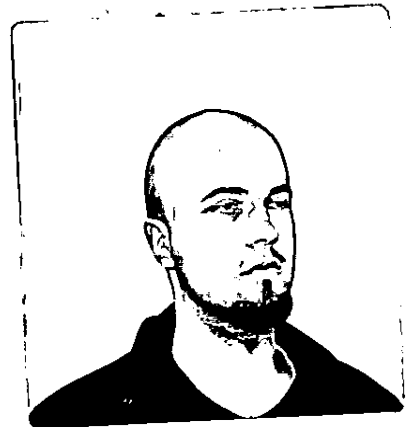
2)

(b)(6)

URSZULA SIEMASZKO




MICHAL SIEMASZKO



MICHAL SIEMASZKO



(Family name) Siemaszko		(First name) Michal	(Middle name) Hubert	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) 02-07-79	NATIONALITY Polish	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages) NONE				CITY AND COUNTRY OF BIRTH Krakow, Poland		SOCIAL SECURITY NO. (If any) 022-70-1811	
FATHER Siemaszko		FIRST NAME Zbigniew	DATE, CITY AND COUNTRY OF BIRTH (If known) 07-26-57, Pila, Poland		CITY AND COUNTRY OF RESIDENCE DECEASED		
MOTHER (Maiden name) Tomczyk		FIRST NAME Zofia	DATE, CITY AND COUNTRY OF BIRTH 03-05-56, Krakow, Poland		CITY AND COUNTRY OF RESIDENCE Krakow, Poland		
HUSBAND (If none, so state) OR WIFE Wife	FAMILY NAME (For wife, give maiden name) Szpak	FIRST NAME Urszula	BIRTHDATE 03-31-79	CITY & COUNTRY OF BIRTH Debica, Poland	DATE OF MARRIAGE 07-08-00	PLACE OF MARRIAGE Flushing, NY	
FORMER HUSBANDS OR WIVES (If none, so state)							
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE		DATE AND PLACE OF TERMINATION OF MARRIAGE		
NONE							
APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST							
STREET AND NUMBER		CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR		TO MONTH YEAR
373 68th Street, Apt.3		Brooklyn	New York	US	03 1999		PRESENT TIME
520 Powell Street		Staten Is	New York	US	11 1996		03 1999
18 Gregory Lane		Staten Is	New York	US	06 1996		11 1996
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR							
STREET AND NUMBER		CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR		TO MONTH YEAR
Baltycka 26, Apt.49		Krakow	-	Poland	10 1990		06 1996
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST							
FULL NAME AND ADDRESS OF EMPLOYER				OCCUPATION (SPECIFY)	FROM MONTH YEAR		TO MONTH YEAR
Self-employed				Programmer	09 2000		PRESENT TIME
Yo.com; New York, NY				Programmer	06 2000		09 2000
Addison; New York, NY				Programmer	06 1999		06 2000
IngressNet; New York, NY				Webmaster	02 1998		02 1999
Show below last occupation abroad if not shown above. (Include all information requested above.)							
NONE							
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):				SIGNATURE OF APPLICANT 		DATE 12/04/2001	
Submit all four pages of this form.				If your native alphabet is other than roman letters, write your name in your native alphabet here:			

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
Siemaszko	Michal	Hubert	

(Family name) Siemaszko	(First name) Michal	(Middle name) Hubert	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) 02-07-79	NATIONALITY Polish	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages) NONE			CITY AND COUNTRY OF BIRTH Krakow, Poland		SOCIAL SECURITY NO. (If any) 022-70-1811	
FATHER Siemaszko		FIRST NAME Zbigniew	DATE, CITY AND COUNTRY OF BIRTH (If known) 07-26-57, Pila, Poland		CITY AND COUNTRY OF RESIDENCE DECEASED	
MOTHER (Maiden name) Tomczyk		FIRST NAME Zofia	DATE, CITY AND COUNTRY OF BIRTH 03-05-56, Krakow, Poland		CITY AND COUNTRY OF RESIDENCE Krakow, Poland	
HUSBAND (If none, so state) OR WIFE Wife		FAMILY NAME (For wife, give maiden name) Szpak	FIRST NAME Urszula	BIRTHDATE 03-31-79	CITY & COUNTRY OF BIRTH Debica, Poland	DATE OF MARRIAGE 07-08-00
FORMER HUSBANDS OR WIVES (If none, so state) FAMILY NAME (For wife, give maiden name) NONE		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
373 68th Street, Apt.3	Brooklyn	New York	US	03	1999	PRESENT TIME	
520 Powell Street	Staten Is	New York	US	11	1996	03	1999
18 Gregory Lane	Staten Is	New York	US	06	1996	11	1996

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
Baltycka 26, Apt.49	Krakow	-	Poland	10	1990	06	1996

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST				FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER			OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR
Self-employed			Programmer	09	2000	PRESENT TIME	
Yo.com; New York, NY			Programmer	06	2000	09	2000
Addison; New York, NY			Programmer	06	1999	06	2000
IngressNet; New York, NY			Webmaster	02	1998	02	1999

Show below last occupation abroad if not shown above. (Include all information requested above.)							
NONE							
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:			SIGNATURE OF APPLICANT		DATE		
<input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHER (SPECIFY):			<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT <i>Michal Siemaszko</i>		12/04/2001		
Submit all four pages of this form.			If your native alphabet is other than roman letters, write your name in your native alphabet here:				

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

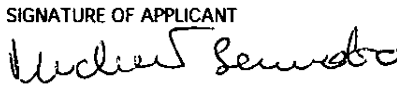
COMPLETE THIS BOX (Family name) Siemaszko	(Given name) Michal	(Middle name) Hubert	(Alien registration number)
(OTHER AGENCY USE)			INS USE (Office of Origin)
			OFFICE CODE:
			TYPE OF CASE:
			DATE:

(Family name) Siemaszko	(First name) Michal	(Middle name) Hubert	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) 02-07-79	NATIONALITY Polish	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages) NONE			CITY AND COUNTRY OF BIRTH Krakow, Poland		SOCIAL SECURITY NO. (If any) 022-70-1811	
FATHER Siemaszko		FIRST NAME Zbigniew	DATE, CITY AND COUNTRY OF BIRTH (If known) 07-26-57, Pila, Poland		CITY AND COUNTRY OF RESIDENCE DECEASED	
MOTHER (Maiden name) Tomczyk		FIRST NAME Zofia	DATE, CITY AND COUNTRY OF BIRTH (If known) 03-05-56, Krakow, Poland		CITY AND COUNTRY OF RESIDENCE Krakow, Poland	
HUSBAND (If none, so state) OR WIFE Wife	FAMILY NAME (For wife, give maiden name) Szpak	FIRST NAME Urszula	BIRTHDATE 03-31-79	CITY & COUNTRY OF BIRTH Debica, Poland	DATE OF MARRIAGE 07-08-00	PLACE OF MARRIAGE Flushing, NY
FORMER HUSBANDS OR WIVES (If none, so state)						
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE		DATE AND PLACE OF TERMINATION OF MARRIAGE	
NONE						

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
373 68th Street, Apt.3	Brooklyn	New York	US	03	1999	PRESENT TIME	
520 Powell Street	Staten Is	New York	US	11	1996	03	1999
18 Gregory Lane	Staten Is	New York	US	06	1996	11	1996

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
Baltycka 26, Apt.49	Krakow	-	Poland	10	1990	06	1996

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST			FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR	
Self-employed	Programmer	09	2000	PRESENT TIME		
Yo.com; New York, NY	Programmer	06	2000	09	2000	
Addison; New York, NY	Programmer	06	1999	06	2000	
IngressNet; New York, NY	Webmaster	02	1998	02	1999	

Show below last occupation abroad if not shown above. (Include all information requested above.)						
NONE						
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:			SIGNATURE OF APPLICANT		DATE	
<input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):					12/01/2001	
Submit all four pages of this form.			If your native alphabet is other than roman letters, write your name in your native alphabet here:			

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name) Siemaszko	(Given name) Michal	(Middle name) Hubert	(Alien registration number)
(OTHER AGENCY USE)			INS USE (Office of Origin)
			OFFICE CODE:
			TYPE OF CASE:
			DATE:

(Family name) Siemaszko	(First name) Michal	(Middle name) Hubert	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) 02-07-79	NATIONALITY Polish	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages) NONE			CITY AND COUNTRY OF BIRTH Krakow, Poland		SOCIAL SECURITY NO. (If any) 022-70-1811	
FATHER Siemaszko		FIRST NAME Zbigniew	DATE, CITY AND COUNTRY OF BIRTH (If known) 07-26-57, Pila, Poland		CITY AND COUNTRY OF RESIDENCE DECEASED	
MOTHER (Maiden name) Tomczyk		FIRST NAME Zofia	DATE, CITY AND COUNTRY OF BIRTH 03-05-56, Krakow, Poland		CITY AND COUNTRY OF RESIDENCE Krakow, Poland	
HUSBAND (If none, so state) OR WIFE Wife	FAMILY NAME (For wife, give maiden name) Szpak	FIRST NAME Urszula	BIRTHDATE 03-31-79	CITY & COUNTRY OF BIRTH Debica, Poland	DATE OF MARRIAGE 07-08-00	PLACE OF MARRIAGE Flushing, NY
FORMER HUSBANDS OR WIVES (If none, so state) FAMILY NAME (For wife, give maiden name) FIRST NAME BIRTHDATE DATE & PLACE OF MARRIAGE DATE AND PLACE OF TERMINATION OF MARRIAGE						
NONE						

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
373 68th Street, Apt.3	Brooklyn	New York	US	03	1999	PRESENT TIME	
520 Powell Street	Staten Is	New York	US	11	1996	03	1999
18 Gregory Lane	Staten Is	New York	US	06	1996	11	1996

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
Baltycka 26, Apt.49	Krakow	-	Poland	10	1990	06	1996

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST			FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR	
Self-employed	Programmer	09	2000	PRESENT TIME		
Yo.com; New York, NY	Programmer	06	2000	09	2000	
Addison; New York, NY	Programmer	06	1999	06	2000	
IngressNet; New York, NY	Webmaster	02	1998	02	1999	

Show below last occupation abroad if not shown above. (Include all information requested above.)					
NONE					
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:		SIGNATURE OF APPLICANT		DATE	
<input type="checkbox"/> NATURALIZATION	<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT	<i>Michael Siemaszko</i>		12/04/2001	
<input type="checkbox"/> OTHER (SPECIFY):		If your native alphabet is other than roman letters, write your name in your native alphabet here:			
Submit all four pages of this form.					

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name) Siemaszko	(Given name) Michal	(Middle name) Hubert	(Alien registration number)
(OTHER AGENCY USE)			INS USE (Office of Origin) OFFICE CODE: TYPE OF CASE: DATE:

G.E.S. TRANSLATION SERVICES

836 MANHATTAN AVENUE, BROOKLYN, NEW YORK 11222 • 718.389.8453

CERTIFICATE OF ACCURACY

STATE OF NEW YORK,)

COUNTY OF KINGS)
SS.:

On this day personally appeared before me Bozena Brzozowski, who, after being duly sworn, deposes and says:

That she is thoroughly conversant with the Polish and English languages;

That she has carefully made the attached translation Number 1124 97F 1.2JM from Polish into English; and

That the attached translation is a true and correct version of such original, to the best of her knowledge and belief.

Bozena Brzozowski

Bozena Brzozowski

Subscribed and sworn to before me
this 9th day of OCTOBER, 2001

[Signature]

Notary Public

IGNATIUS R. RZEZNIK
Notary Public, State of New York
NO. 24-4872271
Qualified in Kings County
Commission Expires Oct. 20, 2002

[STATE EMBLEM OF THE POLISH PEOPLE'S REPUBLIC]

THE POLISH PEOPLE'S REPUBLIC

Province of

[stamp:] **OFFICE OF VITAL RECORDS
for the Cracow - Krowdrza Borough**

OFFICE OF VITAL RECORD in

-4-

Abridged Transcript of a Birth Certificate

1. Last name - **Siemaszko**
2. First (middle) name(s) - **Michal Hubert**
3. Date of birth - **the seventh day of February, nineteen-hundred-seventy-nine (2/7/79)**
4. Place of birth - **CRACOW**
5. Last name and first name of father - **Siemaszko [,] Zbigniew Benedykt**
occupation - **[blank]**
6. Father's family name - **[blank]**
7. First and maiden name of mother - **Tomczyk [,] Zofia Maria**
occupation - **[blank]**

It is hereby certified that the above transcript accurately
represents the contents of birth certificate No. 775/79

CRACOW, Dated: February 14, 1979

[Treasury stamp fee in the amount of **50** zlotys canceled with a seal containing the state emblem of the Polish
People's Republic and the inscription:] **OFFICE OF VITAL RECORDS FOR THE CRACOW -
KROWODRZA BOROUGH**

s[pace for] s[ea]l
[Seal containing the state emblem of the Polish People's Republic and the inscription:]
OFFICE OF VITAL RECORDS FOR THE CRACOW - KROWODRZA BOROUGH

[fine print re type of form and form publishing data]

MANAGER of the
Office of Vital Records
[stamp:] **Senior Clerk**
Krystyna Szczepanik
[illegible signature]



POLSKA RZECZPOSPOLITA LUDOWA

URZĄD STANU CYWILNEGO

Województwo Dzielniczy Kraków - hrowedna

URZĄD STANU CYWILNEGO w

Odpis skrócony aktu urodzenia

1. Nazwisko **Siemaszko**
2. Imię (imiona) **Michał Hubert**
3. Data urodzenia **siódmego lutego**
tysiąc dziewięćset siedemdziesiąty dziewięć **/7.2.1979/**
4. Miejsce urodzenia **Kraków**
5. Nazwisko i imię **Siemaszko Zbigniew Benedykt**
(ojca) _____ zawód _____
6. Nazwisko rodowe (ojca) _____
7. Imię i nazwisko rodowe **Tomczyk Zofia Maria**
(matki) _____ zawód _____

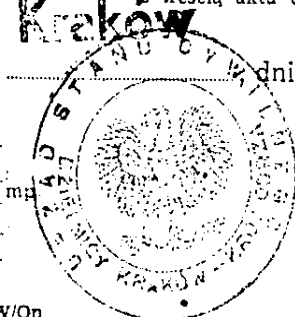
Poświadczam się zgodność powyższego odpisu
treścią aktu urodzenia Nr **715/79**

Kraków

14 lutego

9

197... r.



KIEROWNIK
Urzędu Stanu Cywilnego

St. Referent

Krystyna Szczepanik

JAN 03 1997

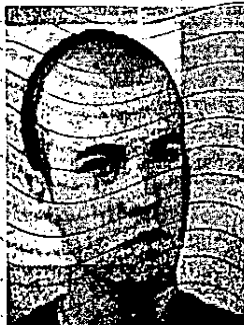
ADMITTED _____
UNTIL _____ (CLASS)

ADMITTED
UNTIL

JUN 08 1996
27

U. S. DEPARTMENT OF JUSTICE
NEW YORK, N. Y. 10001

PICTUS SYSTIA AZOR



**UNITED STATES
OF AMERICA**



Annotation

Nationalist
POL

Expiry Date
07MAY2006

08793877

VNPOLSIEMASZKO<<MICHAL<<<<<<<<<<<<<<<<<<<

AA03108996P0L7902077M9605073B320E44889FDBD27

Departure Number

627145696 06

Immigration and
Naturalization Service

I-94
Departure Record

JAN-5-2000
ADJ OF STARS
#K-1-698-2945

14. Family Name

S I E M A S Z W O

15. First (Given) Name


M I C H A E L

16. Birth Date (Day/Mo/Yr)

070279

17. Country of Citizenship

P O L A N D

EMPLOYMENT AUTHORIZATION	
U.S. DEPARTMENT OF JUSTICE	
Name	SEENASZEL, MICHAEL H.
NO75995560	Signature
	<i>Michael H. Seenaszel</i>
	Valid from
	06/18/1999 06/23/2000 02/07/1979
	Provision of Law
	214A.12(C)(9)
	Terms & Conditions
	NONE
	ISSUED: 06/24/1999

FORM I-688B JAN 89

U.S. DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

DATE: 06/24/1999
TIME: 12:50

**** RECEIPT NO: NYC-E-99-267-0113

**** ALIEN NO: A075995550

THE ABOVE RECEIPT AND ALIEN NUMBER MUST ACCOMPANY ALL INQUIRIES!

RECEIVED 100.00 IN THE FORM OF C

FROM:

MICHAL

HUBERT SIEMASZKO

APPLICANT:

MICHAL

HUBERT SIEMASZKO

FORM: I765

REF NO:

G-711-EDP-1

INITIAL ISSUE

U.S.I.N.S.

FEE RECEIPT
A CENTURY OF SERVICE

04/20/99 N Y C

75995550*H

SIEMASZKO #

I-765 \$ 100.00

SUBTTL 100.00

TTLAMT **100.00**

PER CK 100.00

CHANGE 0.00

1 #ITEMS

0071004 5 10:31

THE UNITED STATES OF AMERICA

RECEIPT NUMBER EAC-98-086-52276		CASE TYPE: I130 IMMIGRANT PETITION FOR RELATIVE, FIANCE(E), OR ORPHAN	
RECEIPT DATE January 29, 1998	PRIORITY DATE January 14, 1998	PETITIONER SIEMASZKO, ZBIGNEW B. (b)(6)	
NOTICE DATE May 11, 1998	PAGE 1 of 1	BENEFICIARY SIEMASZKO, MICHAL	
ZBIGNEW B. SIEMASZKO 520 POWELL ST STATEN ISLAND NY 10312		Notice Type: Approval Notice Section: Unmarried child under 21 of permanent resident. 203(a)(2)(A) INA	
<p>Courtesy Copy: Original sent to: No representative</p> <p>This courtesy notice is to advise you of action taken on this case. The official notice has been mailed to the attorney or representative indicated above. Any relevant documentation included in the notice was also mailed as part of the official notice.</p> <p>The above petition has been approved. The petition indicates that the person for whom you are petitioning is in the United States and will apply for adjustment of status. The information submitted with the petition shows that the person for whom you are petitioning is not eligible to file an adjustment of status application at this time.</p> <p>Additional information about eligibility for adjustment of status may be obtained from the local INS office serving the area where the person for whom you are petitioning lives.</p> <p>Until the person for whom you are petitioning files an adjustment application, or applies for an immigrant visa, this approved petition will be stored in this office. If the person for whom you are petitioning becomes eligible to adjust status based on this petition, he or she should submit a copy of this notice with Form I-485, Application for Permanent Residence. Form I-485 may be obtained at the local INS office.</p> <p>If the person for whom you are petitioning decides to apply for an immigrant visa outside the United States based on this petition, the petitioner should file Form I-824, Application for Action on an Approved Application or Petition, with this office to request that we send the petition to the Department of State National Visa Center (NVC).</p> <p>The NVC processes all approved immigrant visa petitions that require consular action. The NVC also determines which consular post is the appropriate consulate to complete visa processing. It will then forward the approved petition to that consulate.</p> <p>This courtesy copy may not be used in lieu of official notification to demonstrate the filing or processing action taken on this case.</p> <p>THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.</p>			

Please see the additional information on the back. You will be notified separately about any other cases you filed.

IMMIGRATION & NATURALIZATION SERVICE
VERMONT SERVICE CENTER
75 LOWER WELDEN STREET
SAINT ALBANS VT 05479-0001
Customer Service Telephone: (802) 527-3160



DO NOT WRITE IN THIS BLOCK - FOR EXAMINING OFFICE ONLY			
Case ID# A# G-28 or Volag # Section of Law: <input type="checkbox"/> 201 (b) spouse <input type="checkbox"/> 203 (a)(1) <input type="checkbox"/> 201 (b) child <input type="checkbox"/> 203 (a)(2) <input type="checkbox"/> 201 (b) parent <input type="checkbox"/> 203 (a)(4) <input type="checkbox"/> 203 (a)(5) AM CON: _____	Action Stamp <div style="text-align: center; font-size: 1.2em;"> TERMINATED CTM 1 DENIED 8 CFR 103.2(b)(23) CTM 12/8/01 RECEIVED JAN 18 2002 SECTION 245 </div>	Fee Stamp <div style="text-align: center; font-size: 1.2em;"> RECEIVED - 5 INFORMATION JAN 18 2002 NEW YORK, N.Y. </div>	Petition was filed on _____ <input type="checkbox"/> Personal Interview <input type="checkbox"/> Previously Forwarded <input type="checkbox"/> Pet. <input type="checkbox"/> Ben. <input type="checkbox"/> A File Reviewed <input type="checkbox"/> Stateside Criteria <input type="checkbox"/> Field Investigations <input type="checkbox"/> I-485 Simultaneously <input type="checkbox"/> 204 (a)(2)(A) Resolved <input type="checkbox"/> 204 (h) Resolved
Remarks:			

A. Relationship

(b)(6)

1. The alien relative is my

☒ Husband/Wife ☐ Parent ☐ Brother/Sister ☐ Child

B. Information about you

C. Information about your alien relative

1. Name (Family name in CAPS) (First) (Middle)
SIEMASZKO Urszula Balbina

2. Address (Number and Street) (Apartment Number)
373 68th Street 3

(Town or City) (State/Country) (ZIP/Postal Code)
Brooklyn NY 11220

3. Place of Birth (Town or City) (State/Country)
Debica Poland

4. Date of Birth (Mo/Day/Yr) 5. Sex 6. Marital Status
03-31-79 ☐ Male ☒ Married ☐ Single
☒ Female ☐ Widowed ☐ Divorced

1. Name (Family name in CAPS) (First) (Middle)
SIEMASZKO Michal Hubert

2. Address (Number and Street) (Apartment Number)
373 68th Street 3

(Town or City) (State/Country) (ZIP/Postal Code)
Brooklyn NY 11220

3. Place of Birth (Town or City) (State/Country)
Krakow Poland

4. Date of Birth (Mo/Day/Yr) 5. Sex 6. Marital Status
02-07-79 ☒ Male ☒ Married ☐ Single
☐ Female ☐ Widowed ☐ Divorced

8. Date and Place of Present Marriage (if married)
07-08-2000 Flushing, NY

(b)(6)

7. Other Names Used (including maiden name)
NONE

8. Date and Place of Present Marriage (if married)
07-08-2000 Flushing, NY

9. Social Security Number 10. Alien Registration Number (if any)
022-70-1811

11. Names of Prior Husbands/Wives 12. Date(s) Marriages(s) Ended
NONE

13. Has your relative ever been in the U.S.?

☒ Yes ☐ No

14. If your relative is currently in the U.S., complete the following: He or she last arrived as a (visitor, student, stowaway, without inspection, etc.)

B1/B2

Arrival/Departure Record (I-94) Number Date arrived (Month/Day/Year)
62714569606 01/05/1999

Date authorized stay expired, or will expire, as shown on Form I-94 or I-95
01/05/2000

15. Name and address of present employer (if any)
Self-employed

Date this employment began (Month/Day/Year)
09/01/2000

16. Has your relative ever been under immigration proceedings?

☐ Yes ☒ No Where _____ When _____
☐ Exclusion ☐ Deportation ☐ Recission ☐ Judicial Proceedings

INITIAL RECEIPT

RESUBMITTED

RELOCATED

COMPLETED

Rec'd	Sent	Approved	Denied	Returned

C. (continued) Information about your alien relative

16. List husband/wife and all children of your relative (if your relative is your husband/wife, list only his or her children).

(Name)	(Relationship)	(Date of Birth)	(Country of Birth)
NONE			

17. Address in the United States where your relative intends to live

(Number and Street)	(Town or City)	(State)
373 68th Street, Apt. 3	Brooklyn	NY

18. Your relative's address abroad

(Number and Street)	(Town or City)	(Province)	(Country)	(Phone Number)
Baltycka 26, Apt. 49	Krakow	-	Poland	01148124152971

19. If your relative's native alphabet is other than Roman letters, write his or her name and address abroad in the native alphabet:

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

20. If filing for your husband/wife, give last address at which you both lived together:

(Name)	(Number and Street)	(Town or City)	(Province)	(Country)	From (Month)	(Year)	To (Month)	(Year)
373 68th Street, Apt. 3	Brooklyn	NY	US		03	1999	PRESENT	

21. Check the appropriate box below and give the information required for the box you checked:

☐ Your relative will apply for a visa abroad at the American Consulate in _____ (City) _____ (Country)

☒ Your relative is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at New York NY. If your relative is not eligible for adjustment of status, he or she will

apply for a visa abroad at the American Consulate in Krakow Poland
(City) (State) (City) (Country)

(Designation of a consulate outside the country of your relative's last residence does not guarantee acceptance for processing by that consulate. Acceptance is at the discretion of the designated consulate.)

D. Other Information

1. If separate petitions are also being submitted for other relatives, give names of each and relationship.

2. Have you ever filed a petition for this or any other alien before? ☐ Yes ☒ No
If "Yes," give name, place and date of filing, and result.

Warning: The INS investigates claimed relationships and verifies the validity of documents. The INS seeks criminal prosecutions when family relationships are falsified to obtain visas.

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

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit that I am seeking.

Signature Annela Siemeco Date 12/04/01 Phone Number [Redacted] (b)(6)

Signature of Person Preparing Form if Other than Above

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

Print Name _____ (Address) _____ (Signature) _____ (Date) _____

G-28 ID Number _____

Volag Number _____

NOTICE TO PERSONS FILING FOR SPOUSES IF MARRIED LESS THAN TWO YEARS

Pursuant to section 216 of the Immigration and Nationality Act, your alien spouse may be granted conditional permanent resident status in the United States as of the date he or she is admitted or adjusted to conditional status by an officer of the Immigration and Naturalization Service. Both you and your conditional permanent resident spouse are required to file a petition, Form I-751, Joint Petition to Remove Conditional Basis of Alien's Permanent Resident Status, during the ninety day period immediately before the second anniversary of the date your alien spouse was granted conditional permanent residence.

Otherwise, the rights, privileges, responsibilities and duties which apply to all other permanent residents apply equally to a conditional permanent resident. A conditional permanent resident is not limited to the right to apply for naturalization, to file petitions in behalf of qualifying relatives, or to reside permanently in the United States as an immigrant in accordance with the immigration laws.

Failure to file Form I-751, Joint Petition to Remove the Conditional Basis of Alien's Permanent Resident Status, will result in termination of permanent residence status and initiation of deportation proceedings.

NOTE: You must complete Items 1 through 6 to assure that petition approval is recorded. Do not write in the section below item 6.

1. Name of relative (Family name in CAPS)	(First)	(Middle)
SIEMASZKO	Michal	Hubert
2. Other names used by relative (Including maiden name)		
NONE		
3. Country of relative's birth	4. Date of relative's birth (Month/Day/Year)	
Poland	02/07/1979	
5. Your name (Last name in CAPS) (First)	(Middle)	6. Your phone number
SIEMASZKO	Urszula Balbina	[REDACTED]
Action Stamp	SECTION	DATE PETITION FILED
	<input type="checkbox"/> 201 (b)(spouse)	(b)(6)
	<input type="checkbox"/> 201 (b)(child)	
	<input type="checkbox"/> 201 (b)(parent)	
	<input type="checkbox"/> 203 (a)(1)	<input type="checkbox"/> STATESIDE
	<input type="checkbox"/> 203 (a)(2)	CRITERIA GRANTED
	<input type="checkbox"/> 203 (a)(4)	
	<input type="checkbox"/> 203 (a)(5)	SENT TO CONSUL AT;

CHECKLIST

Have you answered each question?

Have you signed the petition?

Have you enclosed:

- ☒ The filing fee for each petition?
- ☒ Proof of your citizenship or lawful permanent residence?
- ☒ All required supporting documents for each petition?

If you are filing for your husband or wife have you included:

- ☒ Your picture?
- ☒ His or her picture?
- ☒ Your G-325A?
- ☒ His or her G-325A?

(Family name) Siemaszko	(First name) Urszula	(Middle name) Balbina	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) 03-31-79	NATIONALITY US	FILE NUMBER A- US CITIZEN
			CITY AND COUNTRY OF BIRTH Debica, Poland			

HUSBAND (If none, so state) OR WIFE Husband	FAMILY NAME (For wife, give maiden name) Siemaszko	FIRST NAME Michal	BIRTHDATE 02-07-79	CITY & COUNTRY OF BIRTH Krakow, Poland	DATE OF MARRIAGE 07-08-2000	PLACE OF MARRIAGE Flushing, NY
--	--	----------------------	-----------------------	---	--------------------------------	-----------------------------------

FORMER HUSBANDS OR WIVES (If none, so state)						
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE		

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST					
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH	TO MONTH YEAR
373 68th Street, Apt.3	Brooklyn	New York	US	03	1999 PRESENT TIME

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):	SIGNATURE OF APPLICANT <i>Urszula Siemaszko</i>	DATE 12/04/01
Submit all four pages of this form.	If your native alphabet is other than roman letters, write your name in your native alphabet here:	

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
Siemaszko	Urszula	Balbina	US CITIZEN

(b)(6)

(Family name) Siemaszko	(First name) Urszula	(Middle name) Balbina	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) 03-31-79	NATIONALITY US	FILE NUMBER A-US CITIZEN
CITY AND COUNTRY OF BIRTH Debica, Poland						

HUSBAND (If none, so state) OR WIFE Husband	FAMILY NAME (For wife, give maiden name) Siemaszko	FIRST NAME Michal	BIRTHDATE 02-07-79	CITY & COUNTRY OF BIRTH Krakow, Poland	DATE OF MARRIAGE 07-08-2000	PLACE OF MARRIAGE Flushing, NY
FORMER HUSBANDS OR WIVES (If none, so state)						
FAMILY NAME (For wife, give maiden name) FIRST NAME BIRTHDATE DATE & PLACE OF MARRIAGE DATE AND PLACE OF TERMINATION OF MARRIAGE						

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
373 68th Street, Apt.3	Brooklyn	New York	US	03	1999	PRESENT TIME	

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):	SIGNATURE OF APPLICANT <i>Urszula Siemaszko</i>	DATE 12/04/01
Submit all four pages of this form.		
If your native alphabet is other than roman letters, write your name in your native alphabet here:		

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name) Siemaszko	(Given name) Urszula	(Middle name) Balbina	(Alien registration number) US CITIZEN
(OTHER AGENCY USE) (b)(6)			INS USE (Office of Origin) OFFICE CODE: TYPE OF CASE: DATE:

(Family name) Siemaszko	(First name) Urszula	(Middle name) Balbina	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) 03-31-79	NATIONALITY US	FILE NUMBER A-US CITIZEN
CITY AND COUNTRY OF BIRTH Debica, Poland						

HUSBAND (If none, so state) OR WIFE Husband	FAMILY NAME (For wife, give maiden name) Siemaszko	FIRST NAME Michal	BIRTHDATE 02-07-79	CITY & COUNTRY OF BIRTH Krakow, Poland	DATE OF MARRIAGE 07-08-2000	PLACE OF MARRIAGE Flushing, NY
FORMER HUSBANDS OR WIVES (If none, so state)						
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE		

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST					FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR	
373 68th Street, Apt. 3	Brooklyn	New York	US	03	1999	PRESENT TIME		

--	--	--	--	--	--	--	--

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):	SIGNATURE OF APPLICANT <i>Urszula Siemaszko</i>	DATE 12/04/01
Submit all four pages of this form.		
If your native alphabet is other than roman letters, write your name in your native alphabet here:		

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name) Siemaszko	(Given name) Urszula	(Middle name) Balbina	(Alien registration number) US CITIZEN
(OTHER AGENCY USE) (b)(6)			INS USE (Office of Origin) OFFICE CODE: TYPE OF CASE: DATE:

BIOGRAPHIC INFORMATION

(Family name) Siemaszko	(First name) Urszula	(Middle name) Balbina	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) 03-31-79	NATIONALITY US	FILE NUMBER A-US CITIZEN
CITY AND COUNTRY OF BIRTH Debica, Poland						

HUSBAND (If none, so state) OR WIFE Husband	FAMILY NAME (For wife, give maiden name) Siemaszko	FIRST NAME Michal	BIRTHDATE 02-07-79	CITY & COUNTRY OF BIRTH Krakow, Poland	DATE OF MARRIAGE 07-08-2000	PLACE OF MARRIAGE Flushing, NY
FORMER HUSBANDS OR WIVES (If none, so state)						
FAMILY NAME (For wife, give maiden name) : FIRST NAME BIRTHDATE DATE & PLACE OF MARRIAGE DATE AND PLACE OF TERMINATION OF MARRIAGE						

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
373 68th Street, Apt. 3	Brooklyn	New York	US	03	1999	PRESENT TIME	

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):	SIGNATURE OF APPLICANT <i>Urszula Siemaszko</i>	DATE 12/04/01
Submit all four pages of this form.		
If your native alphabet is other than roman letters, write your name in your native alphabet here:		

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name) Siemaszko	(Given name) Urszula	(Middle name) Balbina	(Alien registration number) US CITIZEN
(OTHER AGENCY USE) (b)(6)			INS USE (Office of Origin) OFFICE CODE: TYPE OF CASE: DATE:

(b)(6)

B-2000-4-002246

THE CITY OF NEW YORK
OFFICE OF THE CITY CLERK
MARRIAGE LICENSE BUREAU

License Number

B20003083

Certificate of Marriage Registration

This Is To Certify That **MICHAL H. SIEMASZKO**
residing at **373 68TH STREET, Apt. 3, BROOKLYN, NY, 11220**
born on **02/07/1979** at **KRAKOW, , Poland**

and **URSZULA B. SZPAK**
New Surname: **SZPAK-SIEMASZKO**
residing at **373 68TH STREET, Apt. 3, BROOKLYN, NY, 11220**
born on **03/31/1979** at **DEBICA, , Poland**

Were Married

on **07/08/2000** at **RECEPTION HOUSE**
167 STREET NORTHERN BLVD.
FLUSHING, NY

as shown by the duly registered license and certificate of marriage of said persons on file in this office.

CERTIFIED THIS DATE AT THE CITY CLERK'S OFFICE

Brooklyn


N.Y.

July 12,

2000

PLEASE NOTE: Facsimile Signature
and seal are printed pursuant
to Section 11-A, Domestic
Relations Law of New York.




Carlos Cuevas
City Clerk of the City of New York

CET-F

B 04648

Michal Siemaszko
373 68th Street, Apt.3
Brooklyn, NY 11220
(718) 921-4693

December 4, 2001

U.S. Immigration and Naturalization Service
26 Federal Plaza
New York, NY 10278

To Whom It May Concern:

RE: ADJUSTMENT OF STATUS APPLICATION

I am enclosing herewith the following documents in support of the I-485 Adjustment of Status application for myself:

Form I-485; money order in the sum of \$245 for filing and fingerprinting fee;

Form I-130; money order in the sum of \$110 for filing fee;

Form G-325A, 2 sets – one for myself, one for my Wife;

Form I-765; money order in the sum of \$100 for filing fee;

My Wife's original Certificate of Naturalization;

Copy of my Birth Certificate, with translation of same;

Copy of my I-94 and Passport Visa Page;

Copy of our Marriage Certificate;

Copy of my last EAD;

5 photographs of myself, 1 of my Wife;

I thank you for your kind and prompt attention to this Adjustment of Status application.

Sincerely,

Michal Siemaszko

MICHAL SIEMASZKO
373 68TH Street Apt.#3
Brooklyn, NY 11220

Adjustment of Status Application
USINS New York District Office
Attention: Section 245
26 Federal Plaza
New York, NY 10278

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

COVER SHEET

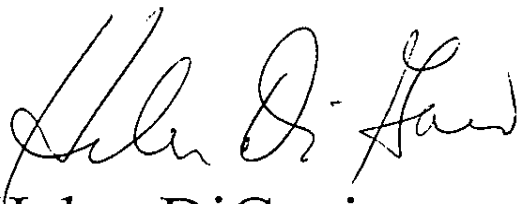
RECORD OF PROCEEDING

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.**

The Information Unit has determined that the enclosed application does not meet the criteria to obtain immigration benefits. Per DADD/EXAMS MacPherson instructions, a file needs to be created before an G-266 (Refund) can be processed.


Helen DiGenio
COTR

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.

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- 4. See AM 2710 for detailed instructions.**

NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE

245

In re: SIEMASZKO, Zbigniew B., Petitioner SIEMASZKO, Michal Beneficiary	DATE 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, Zbigniew B.	<input checked="" type="checkbox"/> Petitioner <input type="checkbox"/> Applicant <input type="checkbox"/> Beneficiary <input type="checkbox"/>
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code) 89 Powell St. Staten Island N.Y. 10312	
NAME SIEMASZKO, Michal	<input type="checkbox"/> Petitioner <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Beneficiary <input type="checkbox"/>
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code) 520 Powell St. Staten Island, N.Y. 10312	

Check Applicable Item(s) below:

<input checked="" type="checkbox"/> 1	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 <small>(Name of Court)</small> 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


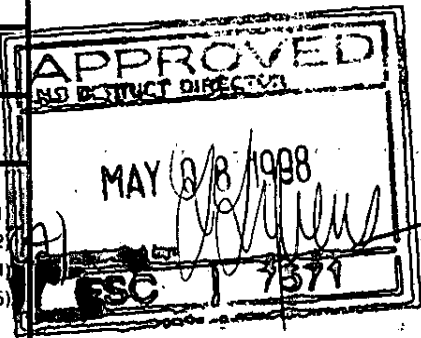
PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: <u>LEBENKOFF & COVEN</u> <small>(Name of Attorney or Representative)</small>		
THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER:		
NAME OF PERSON CONSENTING SIEMASZKO, Zbigniew B.	SIGNATURE OF PERSON CONSENTING 	DATE <input checked="" type="checkbox"/> 1/12/98
(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.)		

APPEARANCES - An appearance shall be filed on Form G-28 by the attorney or representative appearing in each case. Thereafter, substitution may be permitted upon the written withdrawal of the attorney or representative of record or upon notification of the new attorney or representative. When an appearance is made by a person acting in a representative capacity, his personal appearance or signature shall constitute a representation that under the provisions of this chapter he is authorized and qualified to represent. Further proof of authority to act in a representative capacity may be required.

AVAILABILITY OF RECORDS - During the time a case is pending, and except as otherwise provided in 8 CFR 103.2(b), a party to a proceeding or his attorney or representative shall be permitted to examine the record of proceeding in a Service office. He may, in conformity with 8 CFR 103.10, obtain copies of evidence records or information therefrom and copies of documents or transcripts of evidence furnished by him. Upon request, he may, in addition, be loaned a copy of the testimony and exhibits contained in the record of proceeding upon giving his receipt for such copies and pledging that it will be surrendered upon final disposition of the case or upon demand. If extra copies of exhibits do not exist, they shall not be furnished free on loan; however, they shall be made available for copying or purchase of copies as provided in 8 CFR 103.10.

"THIS FORM MAY NOT BE USED TO REQUEST RECORDS UNDER THE FREEDOM OF INFORMATION ACT OR THE PRIVACY ACT. THE MANNER OF REQUESTING SUCH RECORDS IS CONTAINED IN 8 CFR 103.10 AND 103.20 ET. SEQ."

DO NOT WRITE IN THIS BLOCK - FOR EXAMINING OFFICE ONLY

Case ID#	Action Stamp	 01/29/98 EAC-98-086-52276 EACJL601
A#		
G-28 or Volag #		
Section of Law: <input checked="" type="checkbox"/> (b) spouse <input type="checkbox"/> 203 (a)(1) <input checked="" type="checkbox"/> (b) child <input type="checkbox"/> 203 (a)(2) <input type="checkbox"/> 201 (b) parent <input type="checkbox"/> 203 (a)(4) <input type="checkbox"/> 203 (a)(5)		Petition was filed on: 1/14/98 (priority date) <input type="checkbox"/> Personal Interview <input type="checkbox"/> Previously Forwarded <input type="checkbox"/> Pot. <input type="checkbox"/> Ben. "A" File Reviewed <input type="checkbox"/> Stateside Criteria <input type="checkbox"/> Field Investigations <input type="checkbox"/> I-485 Simultaneously <input type="checkbox"/> 204 (a)(2)(A) Resolved <input type="checkbox"/> 204 (h) Resolved
AM CON: <i>AYS</i>	Remarks: <i>ATTACHED F22</i>	NR cis 5-18-98 VT0438

A. Relationship

(b)(6)

1. The alien relative is my:
- ☐ Husband/Wife ☐ Parent ☐ Brother/Sister ☒ Child

B. Information about you

1. Name (Family name in CAPS) (First) (Middle)
SIEMASZKO Zbignew B.
2. Address (Number and Street) (Apartment Number)
520 Powell St.
(Town or City) (State/Country) (ZIP/Postal Code)
Staten Island N.Y. 10312
3. Place of Birth (Town or City) (State/Country) (b)(6)
Pila Poland
4. Date of Birth (Mo/Day/Yr) 5. Sex
7/26/57 ☒ Male ☐ Female

C. Information about your alien relative

1. Name (Family name in CAPS) (First) (Middle)
SIEMASZKO, Michal
2. Address (Number and Street) (Apartment Number)
520 Powell St.
(Town or City) (State/Country) (ZIP/Postal Code)
Staten Island N.Y. 10312
3. Place of Birth (Town or City) (State/Country)
Krakow Poland
4. Date of Birth (Mo/Day/Yr) 5. Sex 6. Marital Status
Feb. 7, 1979 ☒ Male ☐ Married ☒ Single
☐ Female ☐ Widowed ☐ Divorced
7. Other Names Used (including maiden name)
NONE
8. Date and Place of Present Marriage (if married)
9. Social Security Number 10. Alien Registration Number (if any)
022 70 1811 A# 15995550
11. Names of Prior Husbands/Wives 12. Date(s) Marriage(s) Ended
13. Has your relative ever been in the U.S.?
☒ Yes ☐ No
14. If your relative is currently in the U.S. complete the following: He or she last arrived as a (visitor, student, stowaway, without inspection, etc.)
B-2
- Arrival/Departure Record (I-94) Number Date arrived (Month/Day/Year)
961 077701015 Jan. 3, 1997
- Date authorized stay expired, or will expire, as shown on Form I-94 or I-95
12/25/97
15. Name and address of present employer (if any)
not employed
Date this employment began (Month/Day/Year)
16. Has your relative ever been under immigration proceedings?
☐ Yes ☒ No Where When
☐ Exclusion ☐ Deportation ☐ Recission ☐ Judicial Proceedings

INITIAL RECEIPT

RESUBMITTED

RELOCATED

COMPLETED

Rec'd	Sent	Approved	Denied	Returned
-------	------	----------	--------	----------

C. (continued) Information about your alien relative**16. List husband/wife and all children of your relative (if your relative is your husband/wife, list only his or her children).**

(Name) (Relationship) (Date of Birth) (Country of Birth)

None

17. Address in the United States where your relative intends to live

(Number and Street) (Town or City) (State)

520 Plwell St. Staten Island N.Y.

18. Your relative's address abroad

(Number and Street) (Town or City) (Province) (Country) (Phone Number)

26-44 Baltycka Krakow Poland

19. If your relative's native alphabet is other than Roman letters, write his or her name and address abroad in the native alphabet:

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

20. If filing for your husband/wife, give last address at which you both lived together:

(Name) (Number and Street) (Town or City) (Province) (Country) From (Month) (Year) To (Month) (Year)

21. Check the appropriate box below and give the information required for the box you checked:☐ Your relative will apply for a visa abroad at the American Consulate in _____

(City) (Country)

☒ Your relative is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at _____

(City) (State)

If your relative is not eligible for adjustment of status, he or she will

apply for a visa abroad at the American Consulate in _____

(City) (Country)

(Designation of a consulate outside the country of your relative's last residence does not guarantee acceptance for processing by that consulate.

Acceptance is at the discretion of the designated consulate.)

D. Other Information**1. If separate petitions are also being submitted for other relatives, give names of each and relationship.****2. Have you ever filed a petition for this or any other alien before?**☐ Yes☒ No

If "Yes," give name, place and date of filing, and result.

Warning: The INS investigates claimed relationships and verifies the validity of documents. The INS seeks criminal prosecutions when family relationships are falsified to obtain visas.**Penalties: You may, by law be imprisoned for not more than five years, or fined \$250,000, or both, for entering into a marriage contract for the purpose of evading any provision of the immigration laws and you may be fined up to \$10,000 or imprisoned up to five years or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.****Your Certification: I certify under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit that I am seeking.**

Signature: _____

Date: 1/12/98

Phone Number: _____

(b)(6)

Signature of Person Preparing Form if Other than Above

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

LEBENKOFF & COVEN, Esqs.

Print Name

(Address)

505 Fifth Ave. New York, N.Y. 10017

(Signature)

Lebenkoff & Coven

(Date)

been supplied

1/13/98

G-28 ID Number _____

Volag Number _____