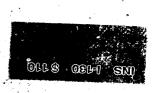
1979

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MICHAL

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Copsolidated Eac 98086 52276 5-18-98 VTC438

#### UNITED STATES DEPARTMENT OF JUSTICE

**IMMIGRATION AND NATURALIZATION SERVICE** 

# COVER SHEET

# RECORD OF PROCEEDING

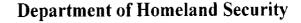
This is a permanent record of the Immigration and Naturalization Service. Any part of this record that is removed MUST BE RETURNED after it has served its purpose.

#### 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.

M-175 (Rev. 10-20-69)

\*U.S. Government Printing Office: 2002 -- 778-889/50063





### Citizenship and Immigration Services

1

26 Federal Plaza New York, NY 10278

December 8, 2003

Michal Siemaszko 373 68<sup>th</sup> 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 68<sup>th</sup> Strret, 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,.

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 I	DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	
= Fint your name and address on the reverse	<u> </u> ×	☐ Agent
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.	B. Received by ( Printed Name)	C. Date of Deliver
Article Addressed to:	D. Is delivery address different from	item 1?  Yes
MICHAL STEMASZKO	if YES, enter delivery address b	elow: 🗆 No
373 68# STREET	11	
APT.3	2 Society 7	
BROOKLYN, NY	3. Service Type Certified Mail  Express	————— Maîi
11220	Registered Return R	eceipt for Merchandise
	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee)	<del></del>
2. Article Number	(EXITE Fee)	☐ Yes
(Transfer from service label)		
PS Form 3811, August 2001 Domestic Re	eturn Receipt	2ACPRI-03-P-4081
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE	ELIVERY
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item 4 if Restricted Delivery is desired.	X	☐ Agent
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Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from i	
URSEULA SIEMASEKO	if YES, enter delivery address be	low: 🗆 No
• •	11	
373 68TH STREET		
APT. 3		
• •	3. Sepvice Type  ☑ Certified Mail ☐ Express M	
BROOKLYN, NY	Aegistered 🗆 Return Re	eceipt for Merchandise
· /		
<i>1</i>	/ Insured Mail C.O.D.	
11550	4. Restricted Delivery? (Extra Fee)	☐ Yes
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2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Transfer from service label)		☐ Yes 2ACPRI-03-P-4081
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2. Article Number (Transter from service label) PS Form 3811, August 2001 Domestic Re  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	4. Restricted Delivery? (Extra Fee) etum Receipt  . COMPLETE THIS SECTION OF	2ACPRI-03-P-4081  V DELIVERY  ☐ Agent
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2. Article Number (Transter from service label) PS Form 3811, August 2001 Domestic Re  SENDER: COMPLETE THIS SECTION  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.	4. Restricted Delivery? (Extra Fee)  etum Receipt  COMPLETE THIS SECTION OF A. Signature  X  B. Received by (Printed Name)  D. Is delivery address different from the second of the seco	Agent Addres C. Date of Delivern 1? Yes.
2. Article Number (Transter from service label) PS Form 3811, August 2001 Domestic Re  SENDER: COMPLETE THIS SECTION  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.	4. Restricted Delivery? (Extra Fee)  etum Receipt  COMPLETE THIS SECTION OF A. Signature  X  B. Received by (Printed Name)  D. Is delivery address different from the second of the seco	Agent Addres C. Date of Delivern 1? Yes.
2. Article Number (Transter from service label) PS Form 3811, August 2001 Domestic Re  SENDER: COMPLETE THIS SECTION  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.	4. Restricted Delivery? (Extra Fee)  etum Receipt  COMPLETE THIS SECTION OF A. Signature  X  B. Received by (Printed Name)  D. Is delivery address different from the second of the seco	Agent Addres C. Date of Delivern 1? Yes.
2. Article Number (Transler from service label)  PS Form 3811, August 2001  Domestic Re  SENDER: COMPLETE THIS SECTION  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.  1. Article Addressed to:  LEBENZOFF COMPLETE THIS SECTION  OVERNORS.	A. Signature  B. Received by (Printed Name)  D. Is delivery address different to if YES, enter delivery address.	Agent Addres C. Date of Delivern 1? Yes.
2. Article Number (Transler from service label)  PS Form 3811, August 2001  Domestic Re  SENDER: COMPLETE THIS SECTION  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.  1. Article Addressed to:  LEBENZOFF COMPLETE THIS SECTION  OVERNORS.	4. Restricted Delivery? (Extra Fee)  etum Receipt  COMPLETE THIS SECTION Of A. Signature  X  B. Received by (Printed Name)  D. Is delivery address different for if YES, enter delivery address  3. Service Type	2ACPRI-03-P-4081  N DELIVERY  Agent Addres C. Date of Deliverom item 1? Yes, is below:
2. Article Number (Transter from service label) PS Form 3811, August 2001 Domestic Re  SENDER: COMPLETE THIS SECTION  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.  1. Article Addressed to:  LEBENKOFF & OVEN  NEW YORK, NY	4. Restricted Delivery? (Extra Fee)  etum Receipt  COMPLETE THIS SECTION OF A. Signature  X  B. Received by (Printed Name)  D. Is delivery address different in the second of the secon	2ACPRI-03-P-4081  N DELIVERY  Agent Addres C. Date of Deliverom item 1? Yes. Is below: No
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2. Article Number (Transfer from service label) PS Form 3811, August 2001  Domestic Re  SENDER: COMPLETE THIS SECTION  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.  1. Article Addressed to:  LEBENKOFF & OVEN  NEW YORK, NY	4. Restricted Delivery? (Extra Fee)  etum Receipt  COMPLETE THIS SECTION OF A. Signature  X  B. Received by (Printed Name)  D. Is delivery address different in the second of the secon	Agent Addres C. Date of Deliverorn item 1? Yes. Is below: No

# CIMFTD IMMIGRATION AND NATURALIZATION SERVICES - FILE TRANSFER DISPLAY (FTD)

05/20/02 15:42:31

A#: 075995550 NAME: SIEMASZKO DOB: 02071979 , MICHAL

> PREVIOUS FCO: HBG FCO CREATING SUB-FILE: CURRENT FCO: NRC SUB-FILE CREATION IND:

REQUEST FCO: NYC

FILE LOCATED IND: R (FILE REQUESTED)

DATE FTR: 05202002 (MMDDYYYY) ACCESSION NUMBER: 0000

DATE FTI: 08241998 INS BOX NUMBER:

DATE FTC: 06252001

REQUEST NUMBER: PERSON/ACTION: SEC\*245 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

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U.S.I.N.S.
FEE RECEIPT /
A CENTURY OF SERVICE
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     SIEMASZKO.M #
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### U.S. Department of Justice Immigration and Naturalization Service

START HERE - Please Type or Pr	int		FOR INS USE ONLY			
Part 1. Information About You			Receipt 7			
Family Name Siemaszko	Middle Initial H	INFORMATION				
Address - C/O		<u></u>				
Street Number and Name 373 68th Street		Apt. # 3	Resubmitted JANO 8 2002			
City Brooklyn			Naturalization Revice			
State NY	Zip Code 11220		Reloc Sent			
Date of Birth (month/day/year) 02/07/1979	Country of Birth Poland	<del></del>	245			
Social Security# 022-70-1811	A#(if any) 75 995	5 550	Reloc Rec'd			
Date of Last Arrival (month/day/year) 01/05/1999	I-94# 62714569606		72 5			
Current FNS Status B1/B2	Expires on (month/day/year) 01/05/	2000	PA 2:			
Part 2. Application Type. (check	one) FCD'. NRC	5/20/02	Applicant D. C. J.			
b. I my spouse or parent applied for adjust in an immigrant visa category that alloc.  I entered as a K-1 fiance(e) of a U.S. ci K-2 child of such a fiance(e). [Attach	ws derivative status for spouses and child	dren. entry, or I am the	□ Sec. 249, INA □ Sec. 2 Act of 11/2/66 □ Sec. 2 Act of 11/2/66 □ Other  Country Chargeable			
marriage certificate.]  d.	n status as the spouse or child of a personal tited or paroled into the U.S. after James the U.S. for at least one year.  arried child of a Cuban described in (e) aroled into the U.S. after January 1, 19	on granted asylum  uary 1, 1959, and  and am residing	Eligibility Under Sec. 245  Approved Visa Petition Dependent of Principal Alien Special Immigrant Other  Preference  Action Block DENIED  8 CER 103.2(b)(1			
g. I have continuously resided in the U.S. si	nce before January 1, 1972.		CTM 12/8/03			
h. Other basis of eligibility. Explain. (If additional space is needed, use a separate piece of papers)						
I am already a permanent resident and am appresidence adjusted to the date I originally arri of May 2,1964, whichever date is later, and: (Cai. I am a native or citizen of Cuba and mee j. I am the husband, wife or minor unmarri	wed in the U.S. as a nonimmigrant neck one) t the description in (e), above.	t or parolee, or as	To be Completed by Altorney or Representative, if any  Fill index if G-28 is attached to represent the applicant  VOLAG# St.  ATTY State Ficense #			
	Continued on back	(	All Y Stateicense #  Form I-485 (Rev. 02/07/00)N Page 1			

14

Part 3. Processing Information	n.	1					
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 An SIEMASZKO MICHAL	rrival /Departure Record (Form 1-	<u> </u>	-				
Place of Last Entry Into the U.S. (City/State) New York, NY			•	(Visitor, student, exchange er, without inspection, etc.)			
Were you inspected by a U.S. Immigration Officer	? Yes 🔲 No	B1/B2	2				
Nonimmigrant Visa Number 08793877	· · · · · · · · · · · · · · · · · · ·	Consulate	Where Visa Was Issue	d Krakow			
Date Visa Was Issued (month/day/year) 05/07/1996	Sex: Male Female	Marital Stat	tus Married (	Single Divorced Widowed			
Have you ever before applied for permanent reside 12/08/1997, New York, NY; Fat							
B. List your present husband/wife and all your sons and							
Family Name Siemaszko	Given Name Urszula		nitial B Middle	Date of Birth (month/day/year) 03/31/1979			
Country of Birth Poland	Relationship Wife		A # US CITIZEN	Applying with You?  ☐ Yes ☑ No			
Family Name	Given Name		Middle nitial	Date of Birth (month/day/year)			
Country of Birth	Relationship		<b>A</b> #	Applying with You? ☐ Yes ☐ No			
Family . Name	Given Name		Middle Initial	Date of Birth (month/day/year)			
Country of Birth	Relationship	A #		Applying with You?  ☐ Yes ☐ No			
Family Name	Given Name		Middle Initial	Date of Birth (month/day/year)			
Country of Birth	Relationship		A #	Applying with You?  ☐ Yes ☐ No			
Family Name	Given Name		Middle Initial	Date of Birth (month/day/year)			
Country of Birth	Relationship		A #	Applying with You?  ☐ Yes ☐ No			
C. List your present and past membership in or at group in the United States or in other places sind name(s) of the organization(s), location(s), date separate piece of paper.  NONE	e your 16th birthday. Include an	y foreign m	nilitary service in this p	art. If none, write "none." Include the			

Form I-485 (Rev. 02/07/00)N Page 2

### 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.: Yes No 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 Yes No c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of elemency or similar action? Yes No Yes No d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the U. S.? 2. Have you received public assistance in the U.S. from any source, including the U.S. government or any state, county, city or Yes No municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? 3. Have you ever: a. within the past ten years been a prostitute or procured anyone for prostitution, or intend to engage in such Yes Z No b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Tyes Z 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 ☐ Yes ☑ No controlled substance? 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 Yes No terrorist activity? 5. Do you intend to engage in the U.S. in: **☑** No Yes a. espionage? b. any activity a purpose of which is opposition to, or the control or overthrow of, the government of the United States, **∠**No Yes 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 ☐ Yes No 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 Yes No otherwise participate in the persecution of any person because of race, religion, national origin or political opinion? 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, ☐ Yes No or are you now in exclusion or deportation proceedings? 10. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fradulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other Yes ✓ No 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? 12. Have you ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not Yes No 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

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

14. Do you plan to practice polygamy in the U.S.?

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.

Signature	~ o •	Print Your Name	Date	Daytime Phone Number
hind	es Sembo	Michal Siemaszko	12/04/2001	718-921-4693
Please Note:	If you do not completely fill out the requested benefit and this ap	•	documents listed in the instructi	ons, you may not be found eligible for
Part 5.	Signature of Person	Preparing Form, If Oth	ner Than Above. (Sign	Below)
I declare that	l prepared this application at th	e request of the above person and it	is based on all information of whi	ch I have knowledge.
Signature		Print Your Name	Date	Daytime Phone Number
Firm Name		·		
r irm Name				

and Address

URSZULA SIEMASZKO







MICHAL SIEMASZKO



(Family name) (First name	ie)	(1	Middle nam	œ)	<b>✓</b> MALI	BIF	THD.	ATE (MoDa	y-Yr.) N	IATIONALIT	7 1	FILE NUMBER	₹
Siemaszko Michal	l Hubert			FEMA	ALE 0	2-07-79 Polish				h A-			
ALL OTHER NAMES USED (Including names by previous marriages)					CITY A	CITY AND COUNTRY OF BIRTH SOCIAL SECURITY NO.							
NONE					Krakow, Poland (if any)022-70-1811								
FAMILY NAME		FIRST N	IAME	DATE	CITY A	ND CO	UNTR	Y OF BIRTI	l (If knov	vn) CITY AI	ND COU	NTRY OF RES	SIDENCE.
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Form G-325A (Rev. 09/11/00) Y

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Form G-325A (Rev. 09/11/00) Y Page 3

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Wife Szpak FORMER HUSBANDS OR WIVES (if none, so state)			Urszul	La I	03-31-79	De	ebica, P	?oland	07-08	-00	Flushir	ng, NY
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### G.E.S. TRANSLATION SERVICES=

836 MANHATTAN AVENUE, BROOKLYN, NEW YORK 11222 • 718.389.8453

### CERTIFICATE OF ACCURACY

STATE OF NEW YORK,) ss.: COUNTY OF KINGS )
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 9771.2711 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.
Brown Proposition
Bozena Brzozowski
Subscribed and sworn to before me this 91h day of 0000 12, 201
Notary Public

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

#### Translation No. 112497F1.2JM

## [STATE EMBLEM OF THE POLISH PEOPLE'S REPUBLIC] THE POLISH PEOPLE'S REPUBLIC

Province of

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

OFFICE OF VITAL RECORD in

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

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

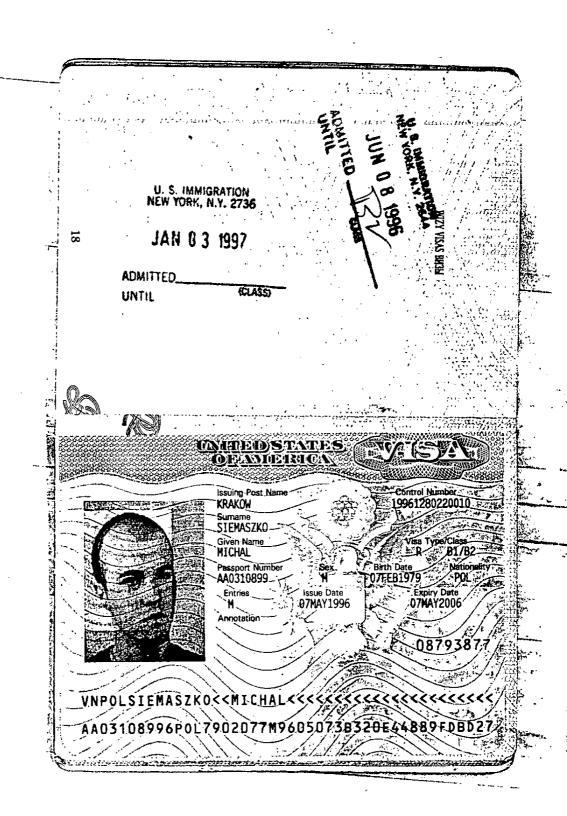
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Województwo Brielnicy Kraków-hrowedrza
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2. Imię (imiona)
-3 Data urodzenia siedemdziesiąty daowiąty /7:2:1979/
4-Miejsce urodzenia Kiaków
5. Nazwisko i imię Siemaszko Zbigniew Benedykt
zawód
6. Nazwisko-rodowe (ojca)  7. Imie i nazwisko rodowe  7. Imie i nazwisko rodowe
(matki)
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SKARBOVA KIEROWNIK
Urzędu Stanu Cywilnego
St. Referent

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Immigration and
Naturalization Service

1-94
Departure Record

14. Family Name

S. E. M. A. S. Z. W.O.

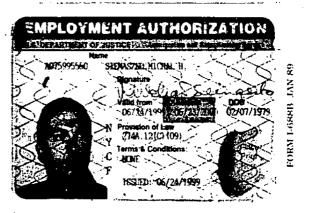
15. First (Given) Name

16. Birth Date (Day/Mo/Yr)

17. Country of Citizenship

17. Country of Citizenship

Departure Number



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: 1765

REF NO:

G-711-EDP-1

INITIAL ISSUE

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

04/20/99

NYC

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SIEMASZKO #

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# JUILE UNITED STATUES OF ANTERICA

DECEMENT AND ADDRESS	
RECEIPT NUMBER	CASE TYPE 1130 / IMMIGRANT PETITION FOR RELATIVE.
<u> </u>	FIANCE (E), OR ORPHAN
January 29, 1998 January 14, 1998	SIEMASZKO, ZBIGNEW B. (b)(6)
May 11, 1998 Y of 1	STEMASZKO 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

Courtesy Copy: Original sent to: No representative

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.

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 addjustment of status application at this time

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.

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 Yocal INS office.

It 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 fire 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).

The DVC 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 the topsculate.

This courtesy copy may not be used in lieu of official notification to demonstrate the filing or processing action taken on this case

THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA

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



32

Immigration and Naturalization Service (INS)		P	etition	r Alier	ı Relati	ive	B#1115-0054
DO NOT	WRITE IN THIS BLO	CK - FOR EXAMI	ING OFFIC	E ONLY	燕	200	
Case ID# Action S  A# CT  DC  G-28 or Volag # 8	TERMI M-1- ENIED CFBF103:	2(6)(13		1182	10 N 10 N 10 N	EC -5 PM	RECEIVED
Section of Law:  201 (b) spouse 203 (a)(1) 201 (b) child 203 (a)(2) 201 (b) parent 203 (a)(4) 203 (a)(5)  AM CON:	12/8/6 JAN 1821	02	en was filed environments of the constitution of the constitution of the constitutions of the constitutions of the constitution of the constitutio	THE NEW CO	and Services	priority date Previously Stateside Co 1-485 Simu 204 (h) Res	ltaneously
Remarks:	SECTION	24 <b>5</b>					
A. Relationship			(b)(6)				
1. The alien relative is my  Husband/Wife Parent Brothe	er/Sister						
B. Information about you		C. Inform	nation ab	out yo	ur aliei	n relati	ve
Name (Family name in CAPS) (First)     SIEMASZKO Urszu      Address (Number and Street)	(Apartment Number		ZKO umber and Stree	Mi	First) .chal		t nt Number)
373 68th Street (Town or City) (State/Country) Brooklyn NY	3 (ZIP/Postal Code) 11220	(Town or C Brookl	/n	(State/Count NY	try)	3 (ZIP/Post 11220	
3. Place of Birth (Town or City) Debica	(State/Country) Poland	3. Place of Bir Krakow	III (TOWN OF CIL			(State/Cor Polan	• •
4. Date of Birth (Mo/Day/Yr)	Married Single  Midowed Divorced	4. Date of Bin (Mo/Day/Y 02-07- 7. Other Nam NONE	)	5. Sex Male Female ng maiden n		ried 🔲	Single Divorced
8. Date and Place of Present Marriage (if marr 07-08-2000 Flushing, NY	ied) (b)(6)	8. Date and P	ace of Present!				
	Registration Number (if any)	9. Social Secu 022-70		10.	Alien Regist	ration Num	ber (if any)
		11. Names of P NONE	ior Husbands/\	Wives 12.	Date(s) Mar	riages(s) En	ded
		13. Has your r	elative ever bee	n in the U.S	.?		
		14. If your reshelast ar B1/B2	lative is current ived as a (visito				
			4 5 6 9	606	01/0	rived (Mont) 5/1999	
		01/05/200	0				
		Date this e	nployed	an (Month/I	Day/Year)		
		09/01/ 16. Has your	elative ever ber		migration p	roceedings?	
		Yes Exclus	☑ No Woon ☐ Deport		W Recission	hen Judicial Pro	occedings
	INITIAL RECEIPT	STRESUBMITTED.	<b>——</b>	CATED	(	COMPLETED	)
Form I-130 (Rev. 10/13/98)N			Rec'd	Sent	Approved	Denied	Returned

(Name)	hildren of your relative (i (Relations	•	s your husband/wi (Date of	•	children).	(Country of Birth)
NONE						
		,		· · · · · · · · · · · · · · · · · · ·		
Address in the United State (Number and Street)	s where your relative into	ends to live	(Town or City)			(State)
373 68th Street,	Apt.3		Brooklyn			NY
You'r relative's address abr		···	<del> </del>			
(Number and Street)	(Town or City)		(Province)	(Country)		(Phone Number)
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If your relative's native alp (Name)	habet is other than Roma (Number and Street		his or her name Town or City)	and address abroad (Province)	in the nativ	re alphabet: (Country)
If filing for your husband/w				From (Month)	Year)	To (Month) (Year)
(Name) (Number and Street,	, , , , , , , , , , , , , , , , , , , ,	(Province) NY	(Country) US	, ,	1999	PRESENT
Check the appropriate box						- KEOSHI
	or a visa abroad at the Am		in			
[7]			(City)	•	Country)	
Your relative is in the Unit Naturalization Service at New	ted States and will apply for York	adjustment of sta NY				of the Immigration and of status, he or she will
	(City)	(State)	<del></del> - •	ū	-	
apply for a visa abroad at the	he American Consulate in	Krakow		Poland		,
		(City)		(Country)	_	
(Designation of a consulate ou Acceptance is at the discretion of		lative's last reside	nce does not guar	intee acceptance for pr	ocessing by	that consulate.
·						
. Other Information						
1. If separate petitions are al	so being submitted for of	her relatives, gi	ve names of each	and relationship.		
2. Have you ever filed a petit	ion for this or any other s	ilian hafara?	Yes	☑ No		
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Form I-130 (Rev. 10/13/98)N

#### 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 SIEMASZKO	) (First) Michal	(Middle) Hubert
2.	Other names used by relative (Including NONE	g maiden name)	
3.	Country of relative's birth 4. Poland	Date of relative 02/07/197	's birth (Month/Day/Year)
5.	Your name (Last name in CAPS) (First) SIEMASZKO Ursz	(Middle) ula Balbina	6 Venn share number
Act	cion Stamp S	ECTION  201 (b)(spouse)  201 (b)(child)  201 (b)(parent)  203 (a)(1)  203 (a)(2)  203 (a)(4)  203 (a)(5)	DATE PETITION FILED  (b)(6)  STATESIDE CRITERIA GRANTED  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?

Relative Petition Card Form I-130 (Rev. 10/13/98)N

(Family name)	(First name)	(Middle nam	e) MALE	BIRTHD	ATE (MoDay	-Yr.) NA	TIONALITY	F	ILE NUMBER
Siemaszko	Urszula	Balbin	а. 🔽 гема	<sub>LE</sub> 03-33	1-79	US		A	- US CITIZEN
				ND COUNTR					
		_	Debi	ca, Pol	and			4	_
HUSBAND (If none, so state OR WIFE	) FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY	& COUNTRY	OF BIRTH	DATE OF MA	ARRIAGE	PLACE OF MARRIAGE
Husband	Siemaszko	Michal	L 02-07-	79 Kr	akow, F	oland	07-08-	2000	Flushing, NY
FORMER HUSBANDS OR W			1						
FAMILY NAME (For wife	, give maiden name)   FIRST	NAME   BIRTHD	ATE  DATE &	PLACE OF I	MARRIAGE	DATE AND	PLACE OF	TERMIN	IATION OF MARRIAGE
APPLICANT'S RESIDENCE	CE LAST FIVE YEARS. LIS						FROM	_	ТО
	ND NUMBER	спу	PROVINCE O	R STATE	COUN	TRY	MONTH	YEAR	MONTH YEAR
373 68th Stre	et, Apt.3	Brooklyn	New York		US		03	1999	PRESENT TIME
THIS FORM IS SUBMITTED I	IN CONNECTION WITH APPLICATION STATUS AS PERMANEN	SIGN	ATURE OF APPL			,			iTE
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APPLIC	ANT. BES	RE PROVIDED BY LAW							

### APPLICANT: BE SURE TO PUT TOUR NAME THE BOX OUTLINED BY HEA

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)

Form G-325A (Rev. 09/11/00) Y

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٦	b	/۱	6)

(Family name)	(First name)	<b>/f</b> )	/liddle nam	e)	AALE B	IRTHDA	ATE (MoDay-Yr.)	NA	TIONALITY	F	LE NUMBER	₹
Siemaszko	Urszula	1	Balbin	a 😥 r	EMALE	03-33	1-79	US		A	-US CII	IZEN
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HUSBAND (If none, so state	) FAMILY NAME		FIRST NAME	BIRTHE	ATE	CITY	& COUNTRY OF B	RTH	DATE OF M	ARRIAGE	PLACE OF MA	RRIAGE
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Husband	Siemaszko		Michal	L 02-	07-79	Kr	akow, Pola	and	07-08	-200C	Flushi	ng, NY
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Submit all four pa	ages of this form.											
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### THE BOX OUTLINED BY HEAVY BORDER BELOW.

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

Form G-325A (Rev. 09/11/00) Y  $\,$  Page 2

(Family name) Siemaszko	(First name) Urszula	(Middle nan Balbir	·	1	DATE (MoDay-) 31-79	r.) NA US	TIONALITY		ILE NUMBER - US CITIZEN
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Husband	Siemaszko	Micha	1 02-07	-79 K	rakow, Po	oland	07-08-	·2000	Flushing, NY
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373 68th Stree	et. Apt.3	Brooklyn	New York		US		03	1999	PRESENT TIME
THIS FORM IS SUBMITTED IN			NATURE OF APP					DA	
NATURALIZATION OTHER (SPECIFY):	STATUS AS PERMANEN		hule		Siem				104/01
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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	e)	(Middle	name) (A	lien regis	tration numb	oer)	
Siemaszko		Urszula		Balbina	a t	JS CIT	TIZEN		
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Form G-325A (Rev. 09/11/00) Y Page 3

TYPE OF CASE: DATE:

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(Family name) Siemaszko	(First name) Urszula	(Middle nam Balbin	·	BIRTHD.		ATIONALITY	FILE NUMBER A-US CITIZEN
					RY OF BIRTH and		
WIFE	wife, give maiden name)	FIRST NAME			& COUNTRY OF BIRTH	1	RRIAGE PLACE OF MARRIAGE
Husband Si FORMER HUSBANDS OR WIVES (N	emaszko f none, so state)	Michal	1		akow, Poland		2000 Flushing, NY
FAMILY NAME (For wife, give n	naiden name) 1 FIRST	NAME   BIRTHD	ATE DATE & PL	ACE OF I	MARRIAGE DATE AN	D PLACE OF	TERMINATION OF MARRIAGE
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THIS FORM IS SUBMITTED IN CON	NECTION WITH APPLICA	ITION FOR:   SIGN	ATURE OF APPLICA	ΔΝΤ			DATE
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OTHER (SPECIFY):			<u>.</u>				, ,
Submit all four pages							your native alphabet here:
PENALTIES	: SEVERE PENALTIES AR	E PROVIDED BY LAW	FOR KNOWINGLY AND	WILLFUL	LY FALSIFYING OR CONC	EALING A MATI	ERIAL 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)	(Allen registration number)
Siemaszko	Urszula	Balbina	US CITIZEN
(ОТНЕ	R AGENCY USE) (l	o)(6)	INS USE (Office of Origin) OFFICE CODE: TYPE OF CASE: DATE:

Form G-325A (Rev. 09/11/00) Y Page 4

PAGE WITHHELD PURSUANT TO

(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 af

373 68TH STREET, Apt. 3, BROOKLYN, NY, 11220

born on

02/07/1979

ेश

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

#### Mere Married

on :

**0**7/0**8**/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 1;

30

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 68<sup>th</sup> 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.

M-175 (Rev. 10-20-69)

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



#### **COVER SHEET**

## RECORD OF PROCEEDING

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- 4. See AM 2710 for detailed instructions.

M-175 (Rev. 10-20-69)

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In re:	MASZKO ,	Zbigniew	В.,	Petiti	oner	DATE			
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I hereby enter my named person(s):	appearance as	attorney for (o	r represer	ntative o	n), and of th	eupel ei	st of, the	following	
NAME SIEMASZKO	), Zbignie	w B.		1	A Petitioner Beneficier	_	Applicant	:	
ADDRESS (Apt. No	.) (1	Number & Street) Well St.	Sta	(City) aten Is	land	(State)	Y. 103	( <b>239 C</b>	( <b>ab</b> e)
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ADDRESS (Apt. No.	.) (2	fumber & Street)		(CI ty)		(State)	) ) )	(ZIP C	ode)
Check Applicat	520 Powe	···	Stat	tan Isl	and, N.	Υ. Ι(	)312	· · ·	<del>,,</del>
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Form G-28 (Rev. 10-25-79)N

(OVER)

UNITED STATES DEPARTMENT OF JUSTICE Immigration and Naturalization Service

APPEARANCES — An appearance shall be filed on Form G-28 by the attorney or representative appearing in each case. Thereafter, substitution may be permitted appearance in each case. Thereafter, when an appearance is made a solification of the new attorney or representative. When an appearance is made by a person ecting in a representative capacity, his personal appearance or signature abail constitute a representative capacity, his personal appearance or signature abail constitute a representative capacity in a presentative 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 Service furnished by him. Upon request, he mey, in addition, he lossed a copy of the testimates or information therefore the record of proceeding upon giving his receipt the such copies and pledging that it will be surrendered upon final disposition of the case or upon demend. If extra copies of exhibits do not exist, they shall not the funished free on losn; however, they shall be made available for copying or parchase of copies as provided in 8 CFR 103.10.

"THIS FORM MAY NOT BE USED TO REQUEST RECORDS UNDER THE FRREEDOM OF INFORMATION ACT OR THE PRIVACY ACT. THE MANNER OF REQUESTING SUCH RECORDS IS CONTAINED IN 8 CPR 103,10 AND 103,20 ET. SEQ."

For alle by the Superintendent of Decembers, U.S. Government Printing Office. Fredering, D.G. stein We said by the Superintendent of December (SP-030-030-030-03).

Form I-130 (Rev. 4/11/91) Y

J.S. Department of Justice mmigration and Naturalization Service	(INS)	OMB #1115-0054 Petition for Alien Relative
PARTIE TO THE SEASON OF THE PROPERTY AND A SEASON OF THE PARTIES AND A SEASON OF THE P	era di Separat di Limpina dalah diserat perdapat dan di	
Case ID# Action Sta		K - FOR EXAMINING OFFICE ONLY
ACTION Sta	тр	
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G-28 or Volag	CT DIRECTURE	200 200 200 200 200 200 200 200 200 200
	win to hoos	The same of the sa
Section of Law: MA		Petition was filed on: (priority date)
11 (b) child c 203 (a)(2)	- Y V Y Y Y	Personal Interview Previously Forwarded Pot Ben. "A" File Reviewed Stateside Criteria
201 (b) peront 203 (a)(4) 203 (a)(5)	7574	Field Investigations   1-485 Simultaneously
AM CON: (14)	2000 -8-11-11	204 (a)(2)(A) Resolved 204 (h) Resolved
Remarks: Att All All Falls	- · · · · · · · · · · · · · · · · · · ·	NR cis 5-18-98 VT0438
A. Relationship		(b)(6)
The alien relative is my     Husband/Wife    Parent    Brother/	. ⊸ Sister ☑ Chile	
B. Information about you		C. Information about your alien relative
1. Name (Family name in CAPS) (First)	(Middle)	1. Name (Family name in CAPS) (First) (Middle)
S1EMASZKO Zbign  2. Address (Number and Street)	Apartment Number)	S1FMASZKO, Michal  2. Address (Number and Street) (Apartment Number)
520 Powell St.		520 Powell St.
(Town or City) (State/Country) Staten Island N.Y.	~ (ZIP/Postal Code) 10312	(Town or City) (State/Country) (ZIP/Postal Code) Staten Island N.Y. 10312
3. Place of Birth (Town or City)	(State/Country) (b)(	6) 3. Place of Birth (Town or City) (State/Country)
Pila Poland	(5)(	Krakow Poland  4. Date of Birth 5. Sex 6. Marital Status
4. Date of Birth 5. Sex (Mo/Day/Yr). ☑ Male		(Mo/Day/Yr) ⊠ Male ☐ Married ⊠ Single
7/26/57		Feb. 7, 1979  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 PAH \$ 995 550
		11. Names of Prior Husbands/Wives 12. (Date(s) Marriages(s) Ended
		23 05 P
		70 I MIN
		13. Has your relative ever been in the U.S.?
		.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.)
		Arrival/Departure Record (I-94) Number Date arrived (Month/Day/Year)
		9 6 1 30 7 7 7 0 0 0 5 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 you relative ever been under immigration proceedings?
		Yes 🔯 No Where When
		☐ Exclusion ☐ Deportation ☐ Recission ☐ Judicial Proceedings
	INITIAL RECEIPT	RESUBMITTED RELOCATED COMPLETED

<u>v.</u>	(condinued): informatio	n about your allen	relative		
16.	List husband/wife and all children	•	•		
	(Name)	(Relationship)	(Date of B	irth) .	(Country of Birth)
	None			•	
		<del> </del>			•
17.	Address in the United States who	re your relative intends to liv	/e		
	(Number and Street) 520 Plwell	Ct Ctoton :	(Town or City)	N7 N7	(State)
		St. Staten 1	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				e native alphabet:
	(Name)	(Number and Street)	(Town or City)	(Province) .	(Country)
20.	If filing for your husband/wife, giv	e last address at which you	both lived together:	From	To
_,_,	(Name) (Number and Street)	(Town or City) (Province		(Month) (Year)	(Month) (Year)
	· · · · · · · · · · · · · · · · · · ·				
21.		•	•	u checked:	
•	Your relative will apply for a visa	abroad at the American Consult	ate in(City)	(Country)	
	Your relative is in the United Stat	es and will apply for adjustment	, ,,	•	e office of the Immigration and
	Naturalization Service atN				stment of status, he or she will
	(City)	(State)	. 👻 🖈		
	apply for a visa abroad at the Ameri		Krakow Polan		
	(Decimation of a consulate systems to	· (City)		(Country)	anian bu shas an an hasa
	(Designation of a consulate outside the Acceptance is at the discretion of the		residence does not gua	arantee acceptance for proce	ssing by that consulate.
	Association to at the discretion of the				
D.	Other Information				•
1.	If separate petitions are also being	ig submitted for other relativ	es, give names of ea	ch and relationship.	
		Abla as assumble setting by design	-0 53 4		
2.	Have you ever filed a petition for If "Yes," give name, place and date	·	e? 🗌 Yes	<b>∑</b> No	•
	Too, give harre, place and date	or ming, and room.			
	rning: The INS investigates				. The INS seeks
crir	minal prosecutions when far	mily relationships are fa	alsified to obtain	visas.	•
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ımr	nigration and Naturalization	service needs to deter			m seeking.
./	Signature:	media.	Dato 1	/12/98 · Phone Nu	umbar
·	///	***A 11 3 150H	Date		
Sig	nature of Person Preparing	Form if Other than Abo	ve	(b)	(6) beem süpplied
	declare that i prepared this docum	ent at the request of the person		pased on all information of v	which I have any knowledge.
LE	BENKOFF & COVEN, ESQS.	505 Fifth Ave	10017	to from land	Ilas Ira
	Print Name	(Address) New-York-N	(Signature)		(Date) // <u>) / / / / / / / / / / / / / / / / </u>
				C-20 ID Number	
				G-28 ID Number	
				· Volag Number	

PAGE WITHHELD PURSUANT TO

(b)(6)

## The Greenpoint English School, Inc.

TRANSLATION SERVICE

#### CERTIFICATE OF ACCURACY

STATE OF NEW YORK	) )ss
COUNTY OF KINGS	)

On this day personally appeared before me Jolanta Mikolajczyk, 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 112497F1.2 TM from Polish to English; and

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

Jolanta Mikolajczyk

Subscribed and sworn to before me this 24th day of November 1997

Notary Public

IGNATIUS R. RZEZNIK
Notary Public, State of New York
No. 24-4872271
Qualified in Kings County
mission Expires Oct. 20, 1995

=836 manhattan avenue • Brooklyn, n.y. 11222 • (718) 389-4225 🗏

#### [STATE EMBLEM OF THE POLISH PEOPLE'S REPUBLIC] POLISH PEOPLE'S REPUBLIC

Province of

[stamp:] OFFICE OF VITAL STATISTICS for the Borough of Cracow - Krowodrza

OFFICE OF VITAL STATISTICS in -4-

#### ABRIDGED TRANSCRIPT OF A BIRTH CERTIFICATE

1. Last name - Siemaszko

CONTRACTOR OF

- 2. First name (names) Michal Hubert
- 3. Date of birth the seventh of February, nineteen seventy nine (02/07/1979)
- 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 conforms to the contents of birth certificate No. - 775/79

#### CRACOW, Dated: February 14, 1979

[Treasury payment stamp(s) in the amount of 50 zlotys canceled with a round stamp containing the State 3.2 Emblem of the Polish People's Republic and the inscription:] Office of Vital Statistics for the Borough 11.0 of Cracow - Krowodrza

[Round stamp containing the State Emblem of the Polish People's Republic and the inscription:] Office of Vital Statistics for the Borough of Cracow - Krowodrza

Manager of the Office of Vital Statistics [rubber stamp:] Sen[ior] Clerk, Krystyna Szczepanik

[signature:] [illegible]

	POLSKA RZECZPOSPOLITA LUDOWA
	Województwo / Bielsto frakon frances
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	4. Miejsce urodzenia Kraków Dhiomus
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	dnia 1886=01-03 r.  KIEROWNIK
	Urzędu Stanu Cywilnego
	Pu-M-8 2am. nr. 200W/ON

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Qualified in Kings County
mission Expires Oct. 20, 1990

≡836 MANHATTAN AVENUE : BROOKLYN, N.Y. 11222 : [718] 389-4225 :

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TO: UNIT/FCO:	UNIT SUPER	VISOR:	DAT	F. 12-06 -03				
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Unit/Initials: Unit/Initials:								
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ROUTING UNIT: Mailroom	DATE -12	-08 03	SIGNATURE F.DAVIS					

General Inquiry For A075995550								
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EMM. & HATZ, SVC.

2004 JAN -6 AM II:





#### Citizenship and Immigration Services

26 Federal Plaza

New York, NY 10278

December 8, 2003

'Urszula Siemaszko 373 68th Strret, 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,

Way Charles

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



You must file your appeal at the office.

You must file your appeal at the office which made the unfavorable decision. If you mail your appeal, you must mail it **EARLY ENOUGH** to reach that office within the time stated in the instructions. The time for you to submit an appeal **CANNOT** be extended.

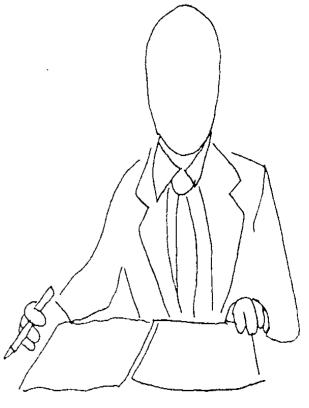
#### How Do You File a Motion?

There is no form for a motion, but it must be in writing. You must address it to the official who made the last decision in your case. Also, you must submit it to the office which has the record upon which the unfavorable decision was based.

Including the original motion, there must be three copies of any motion you address to the Board and two copies of any motion you address to an immigration judge. However, just the original motion is enough if you address it to the Director of the Administrative Appeals Unit or another Service officer.

## What Else Do You Need to Know About Motions?

Any motion to reopen you file must state new facts to be proved and be supported by affidavits or other evidence. Any motion to reconsider you file must state the reasons for reconsideration and be supported by any relating precedent decisions. If you are an alien, a motion to reopen or reconsider a decision in a deportation proceeding may not be made after you have departed from the United States.



#### What Happens When You File a Motion?

You will receive a decision on any properly filed motion you submit. The filing of a motion, however, with certain exceptions, does not serve to stay the execution of any decision made in your case or to extend a previously set departure date.

## Can You Ask for Oral Argument?

You may, with certain exceptions, request oral argument in a proceeding before the Board or the Administrative Appeals Unit, but your request may be denied. The government does not furnish interpreters for your oral argument.

## Do You Need to Submit a Brief?

No. You do not need to submit a brief in support of your appeal or motion, but you may submit one. Or you may submit a simple statement instead. You may, with certain exceptions, file motions to reopen or reconsider decisions made in your case. You may make a motion with respect to the first decision, whether or not you may appeal that decision. You may also make a motion with respect to a decision on an appeal.

V

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Incidentally, a Service officer may treat your appeal as a motion to reopen or reconsider instead of forwarding it to the Board or to the Administrative Appeals Unit. However, this is done only if the officer plans to make a favorable decision.

# How Can You Tell If Your First Decision May Be Appealed?

At the time of an unfavorable decision about your application, petition, or other proceeding, you are told whether or not the decision may be appealed.

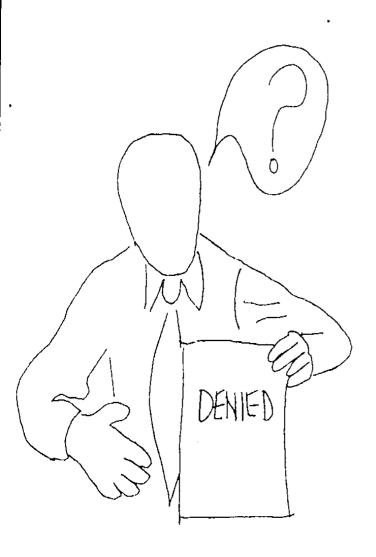
## How Do You Submit an Appeal?

When you are notified about an unfavorable decision which may be appealed, you are also given the necessary appeal form. If you want to file an appeal, you must follow the instructions on the form.

## Can You Do Anything About Unfavorable Decisions?

Yes. You can appeal many of these decisions either to the Board of Immigration Appeals or to the Service's Administrative Appeals Unit. Whether the appeal is to the Board or to the Administrative Appeals Unit depends on the type of case.

Some types of denied applications may be renewed before an immigration judge during exclusion or deportation proceedings. If this applies in your case, you will be told.





## Are You Allowed to Have an Attorney or Representative?

You may, if you wish, be represented, at no expense to the government, by an attorney or other duly authorized representative. A form that your attorney or representative must fill out is available at Service offices.

#### Do You Have to Pay a Filing Fee?

In most cases, you must pay a filing fee of \$110 for an appeal or a motion. This filing fee will not be refunded regardless of the action taken in your case. (The filing fee is \$110 as of the revision date of this pamphlet, but is subject to change.)

#### Your Appeal

#### 0r

Vi

1

#### Motion

## How Can the Immigration and Nationality Act Affect You?

You may file an application or petition under the Immigration and Nationality Act if:

- o You are an alien and you are seeking a benefit for yourself, or
- o You are seeking a benefit for someone else.

If you are an alien, you may be in proceedings to decide whether or not you should be excluded or deported from the United States.

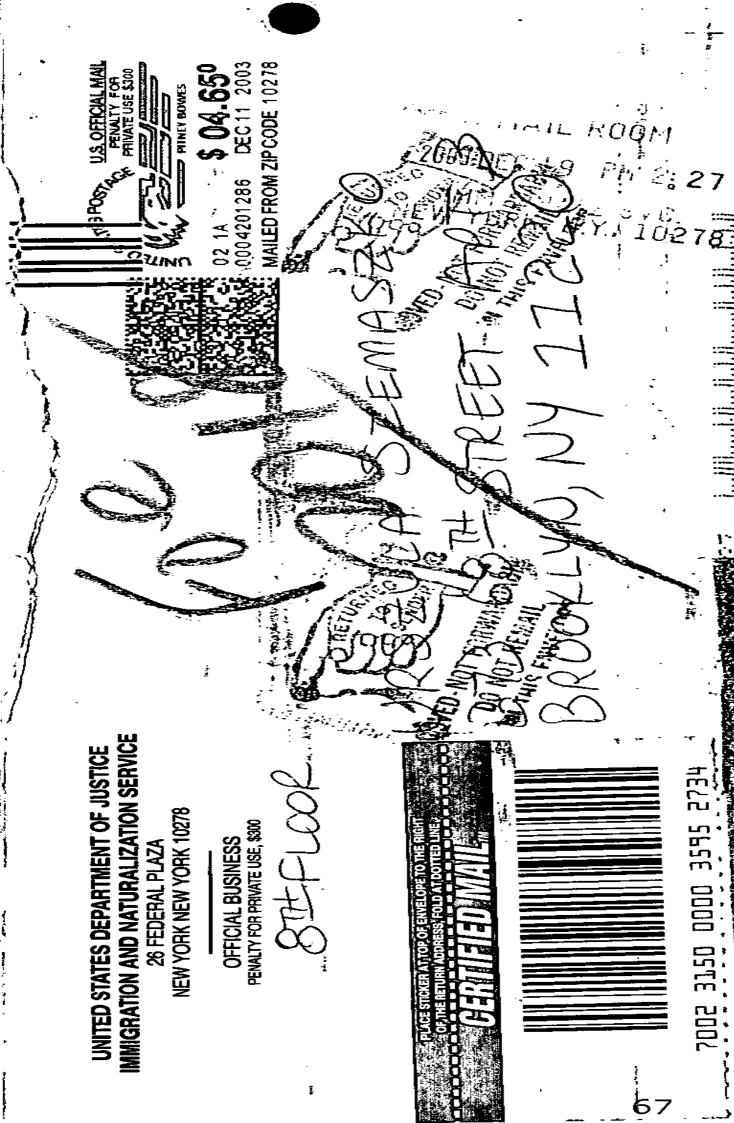
#### Who Makes the First Decision in Your Case?

Immigration and Naturalization Service officials make the first decisions about applications and petitions. Immigration judges make the first decisions about exclusion or deportation proceedings.

# Your Appeal Or Motion

A Review of Your Unfavorable Decision

Form M-188 (Rev. 3-8-1993)



- 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.

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PS Form 3811, August 2001

Domestic Return Receipt

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X NON ACTION ACTION NEEDS TO BE TAKEN						
PLEASE CHECK THE APPROPRIATE BOX CORRESPONDING TO THE ATTACHED MATERIAL:						
x PLEASE INTERFILE ATTACHED MATERIAL INTO THE CORRESPONDING A-FILE, WHICH IS LOCATED IN YOUR UNIT.						
A FILE IS LOCATED IN YOUR SECTION. APPLICANT RESIDES IN ANOTHER JURISDICTION, PLEASE PULL & FORWARD FILE & CORRESPONDENCE TO THE INDEX UNIT, TO BE TRANSFERRED OUT TO FCO						
ACTION REQUIRED.(File is located in your unit, after action is completed please indicate below)						
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INQUIRY LETTER (ex: Case Inquiry, Complaint letter regarding undocumented aliens, etc)						
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General Inquiry For A075995550					
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any motion you address to an immigration judge. However, just the original motion is enough if you address it to the Director of the Administrative Appeals Unit or another Service officer.

#### What Else Do You Need to Know About Motions?

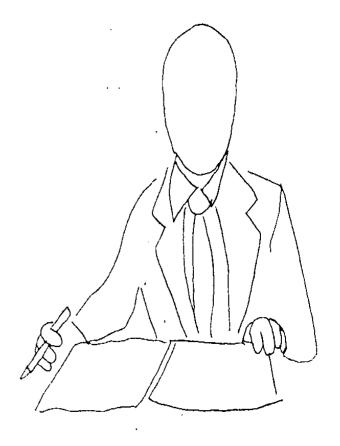
Any motion to reopen you file must state new facts to be proved and be supported by affidavits or other evidence. Any motion to reconsider you file must state the reasons for reconsideration and be supported by any relating precedent decisions. If you are an alien, a motion to reopen or reconsider a decision in a deportation proceeding may not be made after you have departed from the United States.

You must file your appeal at the office which made the unfavorable decision. If you mail your appeal, you must mail it **EARLY ENOUGH** to reach that office within the time stated in the instructions. The time for you to submit an appeal **CANNOT** be extended.

#### How Do You File a Motion?

There is no form for a motion, but it must be in writing. You must address it to the official who made the last decision in your case. Also, you must submit it to the office which has the record upon which the unfavorable decision was based.

Including the original motion, there must be three copies of any motion you address to the Board and two copies of



## What Happens When You File a Motion?

You will receive a decision on any properly filed motion you submit. The filing of a motion, however, with certain exceptions, does not serve to stay the execution of any decision made in your case or to extend a previously set departure date.

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## Can You Ask for Oral Argument?

You may, with certain exceptions, request oral argument in a proceeding before the Board or the Administrative Appeals Unit, but your request may be denied. The government does not furnish interpreters for your oral argument.

## Do You Need to Submit a Brief?

No. You do not need to submit a brief in support of your appeal or motion, but you may submit one. Or you may submit a simple statement instead. You may, with certain exceptions, file motions to reopen or reconsider decisions made in your case. You may make a motion with respect to the first decision, whether or not you may appeal that decision. You may also make a motion with respect to a decision on an appeal.

Incidentally, a Service officer may treat your appeal as a motion to reopen or reconsider instead of forwarding it to the Board or to the Administrative Appeals Unit. However, this is done only if the officer plans to make a favorable decision.

# How Can You Tell If Your First Decision May Be Appealed?

At the time of an unfavorable decision about your application, petition, or other proceeding, you are told whether or not the decision may be appealed.

## How Do You Submit an Appeal?

When you are notified about an unfavorable decision which may be appealed, you are also given the necessary appeal form. If you want to file an appeal, you must follow the instructions on the form.

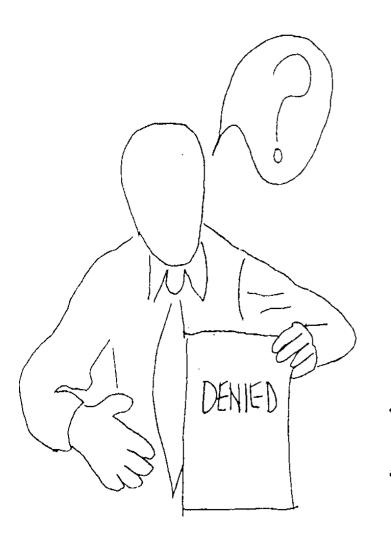
# Can You Do Anything About Unfavorable Decisions?

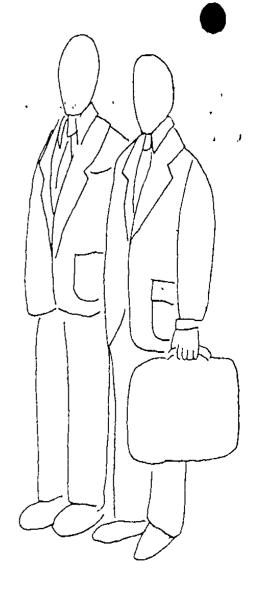
Yes." You can appeal many of these decisions either to the Board of Immigration Appeals or to the Service's Administrative Appeals Unit. Whether the appeal is to the Board or to the Administrative Appeals Unit depends on the type of case.

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Some types of denied applications may be renewed before an immigration judge during exclusion or deportation proceedings. If this applies in your case, you will be told.





# Are You Allowed to Have an Attorney or Representative?

You may, if you wish, be represented, at no expense to the government, by an attorney or other duly authorized representative. A form that your attorney or representative must fill out is available at Service offices.

# Do You Have to Pay a Filing Fee?

In most cases, you must pay a filing fee of \$110 for an appeal or a motion. This filing fee will not be refunded regardless of the action taken in your case. (The filing fee is \$110 as of the revision date of this pamphlet, but is subject to change.)

## Your Appeal

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## Motion

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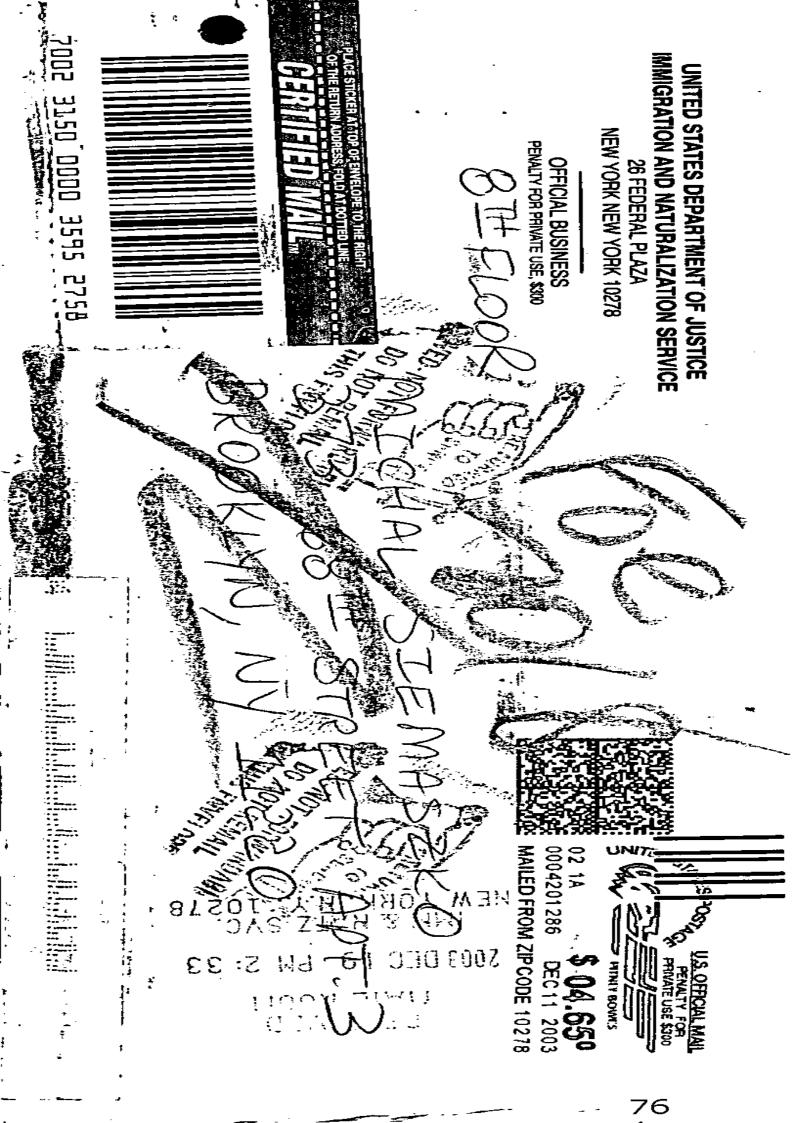




# Your Appeal Or Motion

A Review of Your Unfavorable Decision

Form M-188 (Rev. 3-8-1993)



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#### **Department of Homeland Security**

#### Citizenship and Immigration Services

26 Federal Plaza New York, NY 10278

December 8, 2003

Urszula Siemaszko 373 68th Strret, 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,

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





Citizenship and Immigration Services

26 Federal Plaza New York, NY 10278

December 8, 2003

Michal Siemaszko 373 68<sup>th</sup> 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

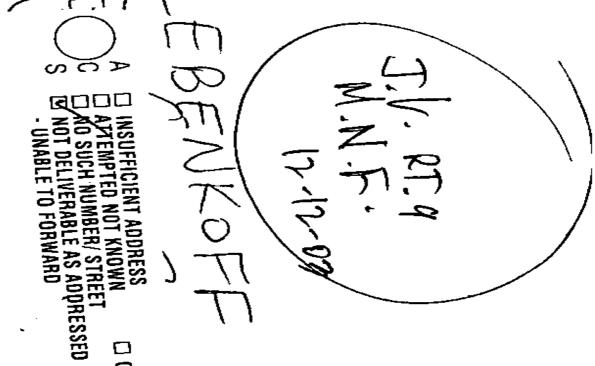
**CTM** 

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

UNITED STATES DEPARTMENT OF JUSTICE IMMIGRATION AND NATURALIZATION SERVICE 26 FEDERAL PLAZA

26 FEDERAL PLAZA NEW YORK NEW YORK 10278

OFFICIAL BUSINESS PENALTY FOR PRIVATE USE, \$300



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A. Signature

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

☐ Addressee

☐ Agent

C. Date of Delivery

B. Received by (Printed Name)

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Pending Cases

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Case Transferred IN

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## U.S. Department of Justice Immigration and Naturalization Service

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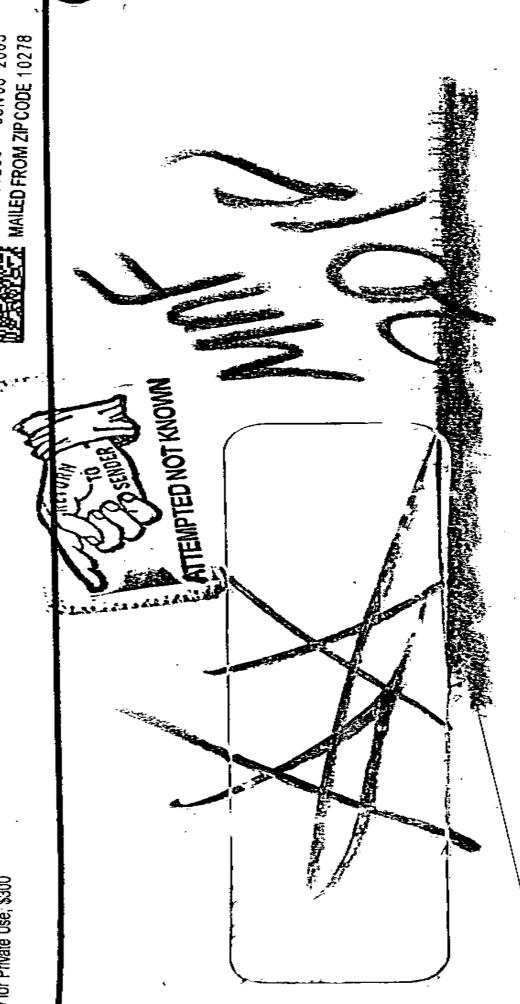
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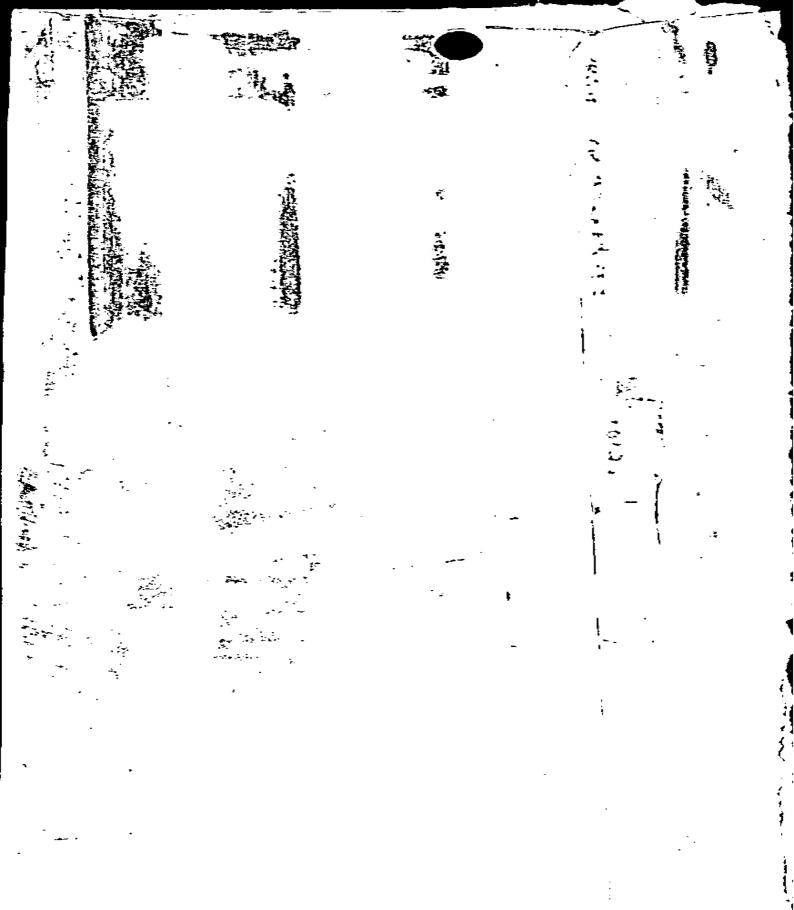
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## U. S. Department of Homeland Security Bureau of Citizenship and Immigration Services

## PRESENT THIS LETTER AT THE WORTH STREET ENTRANCE

Michael H. SIEMASZKO		File Number:	A75005550
373 68th Street, #3		rile Number:	A75995500
Brooklyn, NY 11220		Date:	6/3/2003
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New York District



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

### **Fingerprint Notification**

Michael H.	. SIEMASZKO	•	Date:	6/3/2003
373 68th S	Street, #3		A Number:	A75995550
Brooklyn, I	NY 11220		DOB	2/7/1979
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			Sincerely,	
			Mary Ann Gan Interim Directo	or

#### REQUIRED DOCUMENTATION FOR SECTION 245 ADJUSTMENT OF STATUS INTERVIEW APPOINTMENT

Note: It is required for spouse cases that both the petitioner and the beneficiary appear for the interview.

#### FAILURE TO SUBMIT THE FOLLOWING DOCUMENTATION AT THE TIME OF THE INTERVIEW WILL RESULT IN YOUR CASE BEING DENIED!

1. Photo identification of the petitioner. Examples of proper identification are: U.S. Passport or State issued Driver's license. Stores bought I.D. cards are not considered proper identification.

- 2. Beneficiary's passport and I-94 (Arrivals/Departure Record).
- 3. Birth Certificates for ALL of the petitioner's and ALL of the beneficiary's children.
- 4. Marriage registration from civil authorities. ALL divorce decrees and/or death certificates from ALL previous marriages.
- 5. Employment letters from both petitioner's and beneficiary's employers. Employment letters must be on company letterhead. The letter must state date employment began, salary, marital status, dependents claimed and whom to notify in case of emergency. An official of the firm/company must sign the letter with a contact phone number. The latest two pay stubs/statements must also be submitted.
- 6. Federal, state and local income tax returns for the last 3 years. Submit the signed and dated returns and proof of filing with IRS.
- 7. ANY/ALL evidence that you and your spouse have a bone fide marital relationship! Such evidence may consist of, but not limited to, bank letters, bank statements, lease agreements. rent receipts, mortgage agreements, health insurance policies, life insurance policies, utility bills, tax returns and photographs.
- 8. Two 2" by 2" head shot photographs of the petitioner and the beneficiary. (Two photos are required although it is recommended that four be submitted.)
- 9. An updated Form I-864 Affidavit of Support for sponsor based cases. The I-864 must be signed and notarized for the beneficiary of the Immigrant Visa Application. I-864's must contain up to date information and supporting documentation must be current to be accepted. If the applicant was originally required to submit form I-134, then this form must be updated at the time of interview.
- 10. An I-693 Medical Examination Form and Supplement "A", Immunization Record (only needed if an I-693 & supplement was previously submitted and 15 months has lapsed.)

Originals AND PHOTOCOPIES OF ALL DOCUMENTS ARE TO BE SUBMITTED during the interview. Photocopies must include passports and I.D. cards. Please note: the Service will retain, for the record, any original document submitted as evidence unless a photocopy is made. (8CFR 103.2(b)(4))

#### 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

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

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

In order to complete this form you must submit the following Evidence of Income

evidence of income:

Forms 1099. of other income reported on your tax returns, such as if necessary to meet the income requirement, evidence your W-2s for each of the most recent 3 tax years, and income to qualify, you must also submit copies of joint income tax return and are using only your own years, you must provide an explanation. If you filed a to file a tax return in any of the most recent 3 tax the most recent 3 tax years, If you were not required as filed with the Internal Revenue Service, for each of A copy of your complete Federal income tax return,

Household Member. Form I-864A, Contract Between Sponsor and years. These persons must each complete and sign a Federal income tax returns for the most recent 3 tax minimum income requirement, copies of their household or dependents in order to reach the If you rely on income of any members of your

provide evidence of current employment for any performed, and salary or wages paid. You must also beginning date of employment, type of work your employer on business stationery, showing such as a recent pay statement, or a statement from Evidence of current employment or self-employment,

person whose income is used to qualify.

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

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

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

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

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

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

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

- 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:

		form, the I-864, completed and signed before a public or a Consular or Immigration Officer.
	Proof	of current employment or self employment.
	recent submi years only	individual Federal income tax returns for the most a 3 tax years, or an explanation if fewer are atted. Your W-2s for any of the most recent 3 tax for which you filed a joint tax return but are using your own income to qualify. Forms 1099 or note of other reported income if necessary to qualify.
For S	OME sp	onsors:
	childre suppor notari for e	immigrant you are sponsoring is bringing a spouse or en, photocopies of the immigrant's affidavit of rt and all supporting documentation with original zed signatures on each photocopy of the affidavit ach spouse and/or child immigrating with the grant you are sponsoring.
	sponse	are on active duty in the Armed Forces and are oring a spouse or child using the 100 percent of y level exception, proof of your active military
		are using the income of persons in your household or lents 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.

Card.
sides of your I-551, Alien Registration Receipt
For lawful permanent residents, a copy of both
naturalization or citizenship
birth certificate, passport, or certificate of
For U.S. citizens or nationals, a copy of your
support, proof of your citizenship status.
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no to suitabas sat 10 rosnogs inioi a su noy il
and to puttoling odt, so accompany thirty is one them the
A list of the programs and dates.
, sansy
If you or a household member or dependent has used to you or the last 3
immigrant/household member.
member other than the sponsored
A separate Form I-864A for each household
<b>-</b>
assets,
Evidence of any liens or liabilities against these
ownership, date of acquisition, and value.
Documentation of assets establishing location,
enmigrant to qualify,
If you use your assets or the assets of the sponsored
explanation if fewer are submitted.
returns for the 3 most recent tax years, or an
Copies of their individual rederal income tax

START HERE - Please Type	or Print									
Part 1. Information of	n Sponso	r (You	)						-	<del></del>
Last Name	F	irst Name				.**	Mi	ddle Na	ime	
Mailing Address (Street Number an	nd Name)	:					Ap	t/Suite	Number	<del></del>
City		•	_				Su	ate or P	rovince	
Country				1.1			ZI	P/Postal	Code	Telephone Number ( )
Place of Residence if different from	above (Street	Number	and Name)	Apt/Su	ite Num	ber -			FOR AGE	NCY USE ONLY
City	- n - n			State o	r Provin	ice			This Affidavit	Receipt -
Country	ZIP/Postal (	Code		Teleph	one Nui	mber			Does not meet	
Date of Birth (Month, Day, Year)	Place of Bir	th(City, S	iate, Count		re you a Yes D		itizen?	R	meet Requirements of Section 213A	*
Social Security Number		A-Nı	ımber (If a	<del></del>			<del>, , , , , , , , , , , , , , , , , , , </del>		British wiers	
Part 2. Basis for Filing	- Affiday	it of S	unnort		•			•		* * * *
I am filing this affidavit of suppo	<del></del>				, :		•		Officer's lignature	
immigrant, who is related.  I have ownership intere which filed an alien wo immigrant, who is related.  I am a joint sponsor will	st of at least rker petition ed to me as	5% of _ n on beh my	(name of alf of the	entity whi intendir	ich filed v ng ip)		·	,	Date	
Part 3. Information or	the Imn	nigran	t(s) You	Are S	Spons	oring				<u> </u>
Last Name		First h						Middl	le Name	
Date of Birth (Month, Day, Year)		Sex:	☐ Mai	le 🗆	Fema	le		Social	l Security Numbe	er (If any)
Country of Citizenship				A-Number (If any)				<del>I</del>		
Current Address (Street Number a	ind Name)			Apt/S	uite Nu	mbér		City	-	· · · · · · · · · · · · · · · · · · ·
State/Province	Count	ry		ZIP/Postal Code			Telephone Number			
List any spouse and/or children i	immigrating	with the	e immigra	nt name	ed abov	e in th	is Part	(Use	additional sheet	of paper if necessary.)
Name	· • • · · ·	Relatio	onship to Spo Immigrant	onsored	. Da	ite of Bi	rth		A-Number	Social Security Number
		Spowe	Son	Daughter	Mo.	Day	Yr,	Yr. (If any)		(If any)
		J	'							
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#### 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. Sp	onsor's	s Employment			
I am:	1. □ 2. □	Employed by Annual salary \$o Self employed		(Na	me of business)
	,	Nature of employment or busing	ness		· · · · · · · · · · · · · · · · · · ·
	3. 🗆	Unemployed or retired since _			<u> </u>
B. Us	e of Be	enefits	·		•
your n	ost rece	nyone related to you by birth, nent income tax return received an No ( If yes, provide details, inc	ny type of means-tested public b	enefit in the past 3 ye	ars?
C. Sp	onsor's	s Household Size			Number
yo 2. Nu 3. Nu pre 4. Nu rec	urself. ( umber of umber of eviously umber of eent tax	persons (related to you by birth TDo NOT include persons being so immigrants being sponsored in immigrants NOT living in your signed affidavit of support using persons who are otherwise depoyear.  ehold size. (Add lines 1 through	sponsored in this affidavit.) this affidavit (Include all person household whom you are still o g Form I-864. endent on you, as claimed in you	s in Part 3.) bligated to support u	nder a
suppor	t obligat	clow who are included in lines 1 ion has not terminated.  pace is needed, use additional pa		ave submitted INS Fo	rm I-864, if your
(2) 4444	***************************************	pace a necucu, me ammonas pa	koi,	· . ·	
		Name	A-Number	Date Affidavit of Support Signed	Relationship

Part	4	Eligibility to Sponsor
I QI L	7,	TATISTANTAL LA CADATIBAT

with Part 4.F.

(Continued)

#### D. Sponsor's Annual Household Income

☐ I filed a single/separate tax return for the most recent tax year.

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.

	Indicate most recent tax year	(tax yea	<u>.</u> vr)
•	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.)		
		\$ <u> </u>	
		\$	
		\$	• .
	Total Household Income	\$	·
returns for fewer	tte sheet of paper if you or any of the above listed than 3 years, or if other explanation of income, emtion of Eligibility Based on Income		
I am subj Forces sp 2. Sponsor's 3. Minimum	ect to the 125 percent of poverty line requirement ect to the 100 percent of poverty line requirement onsoring their spouse or child.  I total household size, from Part 4.C., line 5 income requirement from the Poverty Guidelines ousehold size.	for sponsors on activ	

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

#### 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 debis)
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.

## Part 7. Use of the Affidavit of Support to Overcome Public Charge Grounds

(Continued)

## 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.

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rt 8. If someone	other than the	sponsor prepar	ed this affic	lavit of s	support, that	persor
must compl	lete the followin	ıg:				
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	1	90 to man to			( )	

Sponsor's Name (Last, First, Middle)	Social Security Number	A-Number (If any)
		·

## **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.

Pa	ırt 1. Informati	on on Sponsor's I	Iousehold N	Member or Spons	sored Imn	nigrant/Housel	nold Member
Las	t Name		First Name			Middle Name	,
Da	te of Birth (Month,Day	y,Year)	Social Security voluntary for U.S	Number (Mandatory for citizens)	non-citizens;	A-Number (If any)	
Ad	dress (Street Number a	and Name) Apt Nu	mber	City	State/F	Province	ZIP/Postal Code
Tel	lephone Number		or's household	member. (Complete Part		Length of resider	nce with sponsor ars,months)
Pa	art 2. Sponsor's	s Promise					
spe	omise to complete	(Print name of sports) and to be jointly and file an affidavit of	sor) and severall	behalf of the follow	ligations I i wing	ncur under the a sponsored number)	affidavit of support, immigrant(s):.
	Name of Sponsored (First, Middle, I			Date of Birth (Month, Day, Year)		curity Number (If any)	A-Number (If any)
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Pa	art 3. Househol	d Member's Prom	ise		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
T. 1	THE HOUSEHOLI	MEMBER.		agen and <del>meaning a</del> environment with an environment each	in co	onsideration of th	ne sponsor's
		and file the affidavit		ne of household member)  n behalf of the spon			spo
1)	immigrant(s) at o	ride any and all fine or above the minimu deral poverty line) de	m income pr	ovided for in section	on 213A(a)(	(1)(A) of the Act	t (not less than 125
2)	of support to the	ly and severally liable sponsored immigran o any private entity;					
3)		to the personal jurisc tates if the court ha ort; and					
4)	true and correct	nalty of perjury unde to the best of my kno it are true copies of t	wledge and t	elief and that the i	ncome tax i	returns I submitte	

Part 4. Sponsored Immigrant/Household Member's P	romise
I, THE SPONSORED IMMIGRANT/HOUSEHOLD MEMBER,	
in consideration of the sponsor's promise to complete and fill immigrant(s) accompanying me:	(Print name of sponsored immigrant) e the affidavit of support on behalf of the sponsored
1) Promise to provide any and all financial support necessar immigrant(s) immigrating with me at or above the minimu. Act (not less than 125 percent of the Federal poverty line) enforceable;	m income provided for in section 213A(a)(1)(A) of the
2) Agree to be jointly and severally liable for payment of an affidavit of support to any sponsored immigrant(s) im Government, to any agency of a State or local government,	migrating with me, to any agency of the Federal
<ol> <li>Agree to submit to the personal jurisdiction of any cour possession of the United States if the court has subject matter or the affidavit of support; and</li> </ol>	
4) Certify under penalty of perjury under the laws of the Unit is true and correct to the best of my knowledge and belief of the sponsor's affidavit of support are true copies of the re-	and that the income tax returns I submitted in support.
Part 5. Sponsor's Signature	
	Date:
Sponsor's Signature	· · · · · · · · · · · · · · · · · · ·
Subscribed and sworn to (or affirmed) before me this	day of
	. My commission expires on
Signature of Notary Public or Officer Administering Oath	Title
Part 6. Household Member's or Sponsored Immigran	t/Household Member's Signature
Household Member's or Sponsored Immigrant/Household Member's Signature	Date:
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# SUPPLEMENTAL FORM TO 1-693

Adjustment of Status Applicant's Documentation of Immunication To be completed by civil surgeon only

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#### 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.

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.

#### 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.

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 syphitis 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.

#### 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.

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.

## 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 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.

🖺 Form I-693 (Rev. 09/01/87) N

## U.S. Department of Justice

Immigration and Naturalization Service

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

(Please type or	orint clearly)	· <u>-</u>	3. File number (A number)		1
I certify that on the date	•	<i>t</i> :	5. CHE HUMBEL (A HUMBEL)		
1. Name (Last in CAPS)		<u>.                                    </u>	4. Sex		1
			☐ Male	□ Fema	ale
(First)	(	Middle Initial)	5. Date of birth (Month/Day/Year)		
2. Address (Street number and name)	(,	Apt. number)	6. Country of birth		1
(City)	(State) (	ZIP Code)	7. Date of examination (Month/Day/	Year)	
General Physical Exami	nation: I examined	specifically for evide	ence of the conditions listed below. My	examination	n revealed;
☐ No apparent defect, disease, or o			☐ The conditions listed below we		
Class A Conditions					
☐ Chancroid	Hansen's disea	ase, infectious	Mental defect	☐ Psyc	hopathic personality
Chronic alcoholism	HIV infection		Mental retardation	□ Sexu	al deviation
☐ Gonorrhea	☐ Insanity		. □ Narcotic drug addiction	Syph	lis, infectious
☐ Granuloma inguinale	☐ Lymphogranuk	oma venereum	<ul> <li>Previous occurrence of one or more attacks of insanity</li> </ul>	□ Tube	rculosis, active
Class B Conditions			Other physical defect, disease	or disability	(enacify halow)
☐ Hansen's disease, not infectious	☐ Tuberculosis r	not active	— Other physical defect, disease	Of Gisability	(specify below).
Examination for Tuberculosis - Tub		ioi delive	Examination for Tuberculosis - C	hest X-Ray	Report
☐ Reaction mm	□ No reaction □	Not done	☐ Abnormal	□ Norm	•
Doctor's name (please print)		Date read	Doctor's name (please print)		Date read
,			, ,		
Serologic Test for Syphilis			Serologic Test for HIV Antibody	ĺ	
☐ Reactive Titer (confirmatory test	performed) [	Nonreactive	☐ Positive (confirmed by Western	n biot)	□ Negative
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Doctor's name (please print)		Date read	Doctor's name (please print)		Date read
Immunizat	ion Determination (	DTP. OPV. MMR. Td	-Refer to PHS Guidelines for recommen	idations.)	
Applicant is current for recomme			☐ Applicant is not current for reco		ge-specific immunizations
			and I have encouraged that ap	1	•
REMARKS:					·
					,
☐ The alien named above has applied	or adjustment of state	us. A medical examina	ow-up of Medical Condition tion conducted by me identified the condition	ons above wh	ich require resolution before
medical clearance is granted or for w The actions necessary for medical	hich the alien may sec clearance are detaile	ek medical advice. Plea d on the reverse of thi	ase provide follow-up services or refer the al s form.	ien to an appr 	ropriate nealth care provider.
· · · · · · · · · · · · · · · · · · ·		Follow-up In	<del></del>	İ	······································
	The alien named a	•	th the recommended health follow-up.		
Doctor's name and address (please	type or print clearly	)	Doctor's signature	Date	-
Legrity that Lunderstand the nurpose	of the medical exam	Applicant Co	ertification: e required tests to be completed, and the in	nformation on	n this form refers to me.
Signature	. J. IIIO MOGIOGI GAGII		Date		
<del> </del>		Civil Surgeon	Certification:		
My examination showed I	he applicant to have		ination and health follow-up requirements	for adjustme	nt of status.
Doctor's name and address (pleas			Doctor's signature	Date	
					<del>-</del> -1

]-B93

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.

Form I 693 (Rev. 09/01/87) N ORIGINAL: INS A-FILE 116

# Medical Clearance Requirements for Aliens Seeking Adjustment of Status

** Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.				
* Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.				
Post-test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.	ətsibəmml	NIΗ NHCEC <sub>li</sub> ou		
Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations.	əsibəmml	snoilszinummi eielgmooni		
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. It any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.	2 - 30 Days	\** Diseases Diseases		
Obtain an evaluation from a specialist or Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. It disease is applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment, and to the civil surgeon showing adequate supervision, treatment, and clinical response before a medical clearance is granted.	30 - 210 Days	e'n9ansH ê'zseziG		
The applicant should obtain an appointment with physician or local health department. It 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.	10 - 300 Days	niuberculin Skin Test Reaction and Abnormal Chect X-Ray or Abnormal Chect X-Ray or Shormal Chected (A szsiO\evire (A szsiO\evire		
The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the applicant refurns to the civil surgeon with documentation of medical evaluation for tuberculosis.	2 - 30 Days	Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)		
The applicant should be encouraged to seek further medical evalua- tion for possible preventive treatment.	elaibemml	Tuberculin Skin Test Reaction and Normal Chest X-Ray		
The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.	5 - 30 Days	baspected Mental snotitiono⊃		
noitɔA bəninpəA	Estimated Time For Clearance	Medical Condition		

N (78\10\equiv (90 .v9R) £69-1 m10F

# U.S. Department of Justice Immigration and Naturalization Service

OMB #1115-0134

Medical Examination of Aliens Seeking Adjustment of Status

· · · · · · · · · · · · · · · · · · ·		
	pe.or print clearly)	3. File number (A number)
licertify that on the	datë shown L'examined:	
1 Name (Last in CAPS)		4. Sex 3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
		☐ Female.
(First)	(Middle Init	
	A REGION OF THE	
.2. Address (Street number and na	ame) (Apt. numb	er).
(City)	(State) (ZIP Code)	7. Date of examination (Month/Day/Year)
•	•	
General Physical F	xamination: Lexamined specifical	ly for evidence of the conditions listed below. My examination revealed;
☐ No apparent defect, disease		
	s, or distrollity.	☐ The conditions listed below were found (check all boxes that apply).
Class A Conditions		
	Hamsen's disease antecti با المعادلة المعادلة المعادلة المعادلة المعادلة المعادلة المعادلة المعادلة المعادلة ا	ous Psychopathic personality
☐ Chronic alcoholism	☐ HIV intection	☐ Mental retardation ☐ Sexual deviation
☐ Gonorrhea	□ Insanity	☐ Narcotic drug addiction ☐ Syphilis, infectious
☐ Granuloma inguinale	Lymphogranuloma vener	
— Grandioma inguinale	- cymphograndonia vener	
		or more attacks of insanity
Class B Conditions		Other physical defect, disease or disability (specify below).
Hansen's disease, not infec	tious 📮 Tuberculosis, not active	₩
Examination for Tuberculosis	- Tuberculin Skin Test	Examination for Tuberculosis - Chest X-Ray Report
Reaction mm	☐ No reaction ☐ Not don	
Doctor's name (please print)	The second secon	Doctor's name (please print) Date read
	Date read	Doctor's name (please print)
The text of the control of the contr		
Serologic Test for Syphilis		Serologic Test for HIV Antibody
Reactive: Titer (confirmatory	test performed) D. Nonread	ctive
Test Type	***	Test Type
		76.
Dantaria anno (alanca miint)	Data road	Doctor's name (please print) Date read
Doctor's name (please print)	Date read	Doctor's name (please print)  Date read
·		
	· ·	, MMR, Td-Refer to <i>PHS Guidelines</i> for recommendations.)
Applicant is current for reco	mmended age-specific immunizati	ons. $\square$ Applicant is not current for recommended age-specific immunizations
•		and I have encouraged that appropriate immunizations be obtained.
REMARKS:		**
·		
	<u> </u>	4.
,		
	The state of the s	
	*	
	•	
	Civil Surgeon Refer	ral for Follow-up of Medical Condition
☐ The alien named above has ap	plied for adjustment of status. A medic	at examination conducted by me identified the conditions above which require resolution before
medical clearance is granted or	r 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 med	dical clearance are detailed on the re	verse of this form.
•	Fc Fc	ollow-up Information:
	The alien named above has of	complied with the recommended health follow-up.
Doctor's name and address (pl	lease type or print clearly)	. Doctor's signature Date
, , , , , , , , , , , , , , , , , , , ,	cass type or print ordary,	
	<u> </u>	
		oplicant Certification:
🎋 I certify that I understand the pu	irpose of the medical examination, La	uthorize the required tests to be completed, and the information on this form refers to me.
Signature		,Date
and the second s		
		10
	· Civil	Surgeon Certification:
		area anni de la companya de la companya de la companya de la companya de la companya de la companya de la comp
Doctor's name and address (	wed the applicant to have met the me	edical examination and health follow-up requirements for adjustment of status.
DOCIOI 3 Harrie and address (		edical examination and health follow-up requirements for adjustment of status.  Doctor's signature Date
Doctor a name and address (	wed the applicant to have met the me	
Doctor's frame and address (	wed the applicant to have met the me	
	wed the applicant to have met the me please type or print clearly)	

Immigration and Nationality Act and the Immigration Reform and Control Act of 1986. Public Law 99-603.

Form 1 693 (Rev. 09/01/87) N **CIVIL SURGEON** 

# Medical Clearance Requirements for Aliens Seeking Adjustment of Status

The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.  The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.	5 - 30 Days	*Suspected Mental Conditions Tuberculin Skin Test Reaction
	ətsibəmml	Skin Test Reaction
		and Normal Chest X-Ray
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.	sva 30 - 01	Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)
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.	200 Days	Tuberculin Skin Test Reaction and Abnormal Chect X-Ray or Abnormal Chect X-Ray (Active or Suspected Active/Class A)
Obtain an evaluation from a specialist or Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is applicant must complete at least 6 months and present documentation 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.	30 - 210 Days	s'nəznsH əzsəsiQ
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.	1 - 30 Days	lsejeneV** zezsesiŪ
Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations.	elsibəmml	snoilszinummi elele
Post-test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.	ətsibəmml	Infection

\*\* 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	· 1000 1000 1000 1000 1000 1000 1000 10
	☐ Male ☐ Femal	e 4 3. 4 4 5
(First) (Middle Initial)	5: Date of birth (Month/Day/Year);	The state of the
2. Address (Street number and name). (Apt. number)	6. Country of birth	
(City) (State) (ZIP Code)	7. Date of examination (Month/Day/Year)	
( - 1, 1		
General Physical Examination: I examined specifically for evider	nce of the conditions listed below. My examination	75.
☐ No apparent defect, disease, or discipility.	☐ The conditions listed below were found (che	
Class A Conditions	<b>♦</b>	
☐ Chancroid ☐ Hangen's disease infectious;	Medial defect → 🗘 🐺 🗆 Psych	opathic personality
☐ Chronic alcoholism ☐ HIV infection		I deviation
☐ Gonorrhea ☐ Insanity	** '	is, infectious
→ □ Granuloma inguinale □ Lymphogranuloma venereum		culosis, active
— Cymphograndiona veneredin	or more attacks of insanity	Culusis, active
Class B Conditions	Other physical defect, disease or disability (	ongoify holow)
☐ Hansen's disease, not infectious ☐ Tuberculosis, not active		specify below).
	* 210 Chart V Paul	
Examination for Tuberculosis - Tuberculin Skin Test  Reaction mm	Examination for Tuberculosis - Chest X-Ray F  Abnormal  Norma	
Doctor's name (please print) Date read	Doctor's name (please print)	3. Date read
Serologic Test for Syphilis	Serologic Test for HIV Antibody	
Reactive Titer (confirmatory test performed).	Positive (confirmed by Western biot)	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-		
Applicant is current for recommended age-specific immunizations.	Applicant is not current for recommended ag	<b>,</b> '
	and I have encouraged that appropriate im-	munizations be obtained.
REMARKS:		<b></b> ′ .
A STATE OF THE PARTY OF THE PAR	The state of the s	1 · · · · · · · · · · · · · · · · · · ·
Civil Surgeon Referred for Falls	ye up of Madical Condition	1
Civil Surgeon Referral for Follo  The alien named above has applied for adjustment of status. A medical examinati medical clearance is granted or for which the alien may seek medical advice. Pleas The actions necessary for medical clearance are detailed on the reverse of this	ion conducted by me identified the conditions above which se provide follow-up services or refer the alien to an appro	ch require resolution before priate health care provider.
Follow-up Inf		
The alien named above has complied with		
Doctor's name and address (please type or print clearly)	Doctor's signature Date	<u> </u>
Applicant Cer	dification	<u> </u>
certify that I understand the purpose of the medical examination, I authorize the		this form refers to me.
Signature:	Date	
Civil Surgeon C		
My examination showed the applicant to have met the medical examination showed the applicant to have met the medical examination.	nation and health follow-up requirements for adjustmen	of status.
Doctor's name and address (please type or print clearly)	Doctor's signature Date	4.00
		ח
The Immigration and Naturalization Service is authorized Immigration and Nationality Act and the Immigration Re		4.5

Form 1 693 (Rev. 09/01/87) N

# Medical Clearance Requirements for Aliens Seeking Adjustment of Status

ymphogranuloma venereum; and syphilis.	l ;əlsniugni smolun	** Chancroid; gonorrhea; gra
insanity; psychopathic personality, sexual deviation or mental defect;		** Mental retardation; insanity narcotic drug addition; and
Post-test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling	lmmediate	NIH HIΛ
Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations.	olisibemml ,	znoitazinumml etelete
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. It any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.	1 - 30 Days	**Venereal Diseases
Obtain an evaluation from a specialist or Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is 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.	30 - 210 Days	s'n9sn <b>s</b> H 92s9si∆ -
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.	200 Days	Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chect X-Ray or Abnormal Chect Xens (A ctive or Suspected (A ctive Or Suspected
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.	8ysO 06 - 01	niluoneduT noitoseA tseT nix2 AsA-X tseAO lsmondA <b>bns</b> ysA-X tseAO lsmondA <b>10</b> (8 sssIO\evitosnI)
The applicant should be encouraged to seek further medical evalua- tion for possible preventive treatment.	ətsibəmml	niluoreduT Skin Test Reaction and Normal Chest X-Ray
The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.	5 - 30 Days	becied Mental Snoilibno⊃
Action Acquired	Estimated Time For Clearance	Medical Condition

N (78\10\60. v9A) £69-1 m1o7

## 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:		<del></del>
	3. File number (A number)	
Name (Last in CAPS)	4. Sex	
	□ Male □	Female
(First) (Middle Initial)	5. Date of birth (Month/Day/Year)	
<u> Alberta de Alberta de Caracteria de Caract</u>	· · · · · · · · · · · · · · · · · · ·	3.00
2: Address (Street number and name) (Apt. number)	6. Country of birth	
(City) (State) (ZIP Code) t.	7. Date of examination (Month/Day/Year)	
General Physical Examination: I examined specifically for evider	nce of the conditions listed below. My exami	nation revealed;
☐ No apparent defect, disease, or disability.	☐ The conditions listed below were four	nd (check all boxes that apply).
Class A Conditions	2	
Chancroid Hansen's disease infectious		Psychopathic personality
☐ Chronic alcoholism ☐ HIV infection	# / 1 <del>2</del> )	Sexual deviation
□ Gonorrhea □ Insanity		Syphilis, infectious
Granuloma inguinale Uymphogranuloma venereum	· ·	Tuberculosis, active
= 2) inprogramation = 2) inprogramation = 3	or more attacks of insanity	1 000,000,000,000,000
Class B Conditions	Other physical defect, disease or disa	hility (specify holow)
☐ Hansen's disease, not infectious ☐ Tuberculosis, not active	Other physical delect, disease of dise	ibility (specify below).
	Francischion for Tuborodorio Chart V	Dav Davad
Examination for Tuberculosis - Tuberculin Skin Test	Examination for Tuberculosis - Chest X	
☐ Reaction ☐ mm ☐ No reaction ☐ Not done		Normal  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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Reactive Titer (confirmatory test performed)	Positive (confirmed by Western biot)	□ Negative
Test Type	Test Type	1
	3,	•
Doctor's name (please print) Date read	Doctor's name (please print)	Date read
Booker o Harno (pieddo printy)	Bodier e neme (piedee pinn)	20.0.000
Immunization Determination (DTP, OPV, MMR, Td-F	Refer to PHS Guidelines for recommendation	s.)
☐ Applicant is current for recommended age-specific immunizations. ►	☐ Applicant is not current for recommen	
Applicant to devote for redefinitioned ago opposite minorizations.	and I have encouraged that appropri	ì
REMARKS:	and thate enoodinged that appropri	410 William 24110110 00 001411100.
REWARKS.		
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		- · · · · · · · · · · · · · · · · · · ·
The state of the s		
The state of the s	at Medical Coadilian	***************************************
Civil Surgeon Referral for Follo  The alien named above has applied for adjustment of status. A medical examination	on conducted by me identified the conditions abo	ve which require resolution before
Civil Surgeon Referral for Follo  The alien named above has applied for adjustment of status. A medical examinati medical clearance is granted or for which the alien may seek medical advice. Pleas	on conducted by me identified the conditions abo se provide follow-up services or refer the alien to a	ve which require resolution before nappropriate health care provider.
Civil Surgeon Referral for Follo  The alien named above has applied for adjustment of status. A medical examination	on conducted by me identified the conditions abo se provide follow-up services or refer the alien to a	ve which require resolution before n appropriate health care provider.
Civil Surgeon Referral for Follo  The alien named above has applied for adjustment of status. A medical examination medical clearance is granted or for which the alien may seek medical advice. Pleas The actions necessary for medical clearance are detailed on the reverse of this Follow-up Info	on conducted by me identified the conditions above provide follow-up services or refer the alien to a form.  ormation:	ve which require resolution before n appropriate health care provider.
Civil Surgeon Referral for Follo  The alien named above has applied for adjustment of status. A medical examination medical clearance is granted or for which the alien may seek medical advice. Please The actions necessary for medical clearance are detailed on the reverse of this Follow-up Information The alien named above has complied with	on conducted by me identified the conditions above provide follow-up services or refer the alien to a form.  ormation:  h the recommended health follow-up.	n appropriate health care provider.
Civil Surgeon Referral for Follo  The alien named above has applied for adjustment of status. A medical examination medical clearance is granted or for which the alien may seek medical advice. Pleas The actions necessary for medical clearance are detailed on the reverse of this Follow-up Info	on conducted by me identified the conditions above provide follow-up services or refer the alien to a form.  ormation:	n appropriate health care provider.
Civil Surgeon Referral for Follo  The alien named above has applied for adjustment of status. A medical examination medical clearance is granted or for which the alien may seek medical advice. Please The actions necessary for medical clearance are detailed on the reverse of this Follow-up Information The alien named above has complied with	on conducted by me identified the conditions above provide follow-up services or refer the alien to a form.  ormation:  h the recommended health follow-up.	n appropriate health care provider.
Civil Surgeon Referral for Follo  The alien named above has applied for adjustment of status. A medical examination medical clearance is granted or for which the alien may seek medical advice. Please The actions necessary for medical clearance are detailed on the reverse of this Follow-up Information The alien named above has complied with	on conducted by me identified the conditions above provide follow-up services or refer the alien to a form.  ormation:  hthe recommended health follow-up.  Doctor's signature  Da	n appropriate health care provider.
Civil Surgeon Referral for Follo  The alien named above has applied for adjustment of status. A medical examination medical clearance is granted or for which the alien may seek medical advice. Pleas The actions necessary for medical clearance are detailed on the reverse of this  Follow-up Information The alien named above has complied with Doctor's name and address (please type or print clearly)	on conducted by me identified the conditions above provide follow-up services or refer the alien to a form.  ormation:  hthe recommended health follow-up.  Doctor's signature  Da  tification:	n appropriate health care provider.
Civil Surgeon Referral for Follo  The alien named above has applied for adjustment of status. A medical examination medical clearance is granted or for which the alien may seek medical advice. Pleas The actions necessary for medical clearance are detailed on the reverse of this  Follow-up Information The alien named above has complied with Doctor's name and address (please type or print clearly)  Applicant Cer	on conducted by me identified the conditions above provide follow-up services or refer the alien to a form.  ormation:  hthe recommended health follow-up.  Doctor's signature  Da  tification:	n appropriate health care provider.
Civil Surgeon Referral for Follo  The alien named above has applied for adjustment of status. A medical examination medical clearance is granted or for which the alien may seek medical advice. Pleas The actions necessary for medical clearance are detailed on the reverse of this  Follow-up Information The alien named above has complied with Doctor's name and address (please type or print clearly)  Applicant Certify that I understand the purpose of the medical examination, I authorize the Signature	on conducted by me identified the conditions above provide follow-up services or refer the alien to a form.  ormation:  h the recommended health follow-up.  Doctor's signature  Dattification: required tests to be completed, and the information.	n appropriate health care provider.
Civil Surgeon Referral for Follo  The alien named above has applied for adjustment of status. A medical examination medical clearance is granted or for which the alien may seek medical advice. Pleas The actions necessary for medical clearance are detailed on the reverse of this  Follow-up Information The alien named above has complied with Doctor's name and address (please type or print clearly)  Applicant Certify that I understand the purpose of the medical examination, I authorize the Signature  Civil Surgeon C	conconducted by me identified the conditions above provide follow-up services or refer the alien to a form.  cormation:  h the recommended health follow-up.  Doctor's signature  Date:  Date:  Certification:	n appropriate health care provider.  te  ion on this form refers to me.
Civil Surgeon Referral for Follo  The alien named above has applied for adjustment of status. A medical examination medical clearance is granted or for which the alien may seek medical advice. Pleas The actions necessary for medical clearance are detailed on the reverse of this  Follow-up Information The alien named above has complied with Doctor's name and address (please type or print clearly)  Applicant Cerricular in the complete in the medical examination. It authorizes the Signature  Civil Surgeon Cerricular in the medical examination is authorized the medical examination showed the applicant to have met the medical examination.	conconducted by me identified the conditions above provide follow-up services or refer the alien to a form.  ormation:  h the recommended health follow-up.  Doctor's signature  Date:  Date:  Certification:  Certification:  nation and health follow-up requirements for adjusted to the conditions and the alth follow-up requirements for adjusted to the conditions and the alth follow-up requirements for adjusted to the conditions and the alth follow-up requirements for adjusted to the conditions and the alth follow-up requirements for adjusted to the conditions and the alth follow-up requirements for adjusted to the conditions and the alth follow-up requirements for adjusted to the conditions and the alth follow-up requirements for adjusted to the conditions and the alth follow-up requirements for adjusted to the conditions and the alth follow-up requirements for adjusted to the conditions are conditions and the alth follow-up requirements for adjusted to the conditions are conditions and the alth follow-up requirements for adjusted to the conditions are conditions as a condition and the alth follow-up requirements for adjusted to the conditions are conditions as a condition and the alth follow-up requirements for adjusted to the conditions are conditions as a condition and the conditions are co	te ion on this form refers to me ustment of status.
Civil Surgeon Referral for Follo  The alien named above has applied for adjustment of status. A medical examination medical clearance is granted or for which the alien may seek medical advice. Pleas The actions necessary for medical clearance are detailed on the reverse of this  Follow-up Information The alien named above has complied with Doctor's name and address (please type or print clearly)  Applicant Cerlify that I understand the purpose of the medical examination, I authorize the Signature.  Civil Surgeon C	conconducted by me identified the conditions above provide follow-up services or refer the alien to a form.  cormation:  h the recommended health follow-up.  Doctor's signature  Date:  Date:  Certification:	te  ion on this form refers to me.  ustment of status.
Civil Surgeon Referral for Follo  The alien named above has applied for adjustment of status. A medical examination medical clearance is granted or for which the alien may seek medical advice. Pleas The actions necessary for medical clearance are detailed on the reverse of this  Follow-up Information The alien named above has complied with Doctor's name and address (please type or print clearly)  Applicant Cerlicular in the complete in the medical examination is authorize the Signature.  Civil Surgeon Cerlicular in the medical examination is authorized the medical examination showed the applicant to have met the medical examination.	conconducted by me identified the conditions above provide follow-up services or refer the alien to a form.  ormation:  h the recommended health follow-up.  Doctor's signature  Date:  Date:  Certification:  Certification:  nation and health follow-up requirements for adjusted to the conditions and the alth follow-up requirements for adjusted to the conditions and the alth follow-up requirements for adjusted to the conditions and the alth follow-up requirements for adjusted to the conditions and the alth follow-up requirements for adjusted to the conditions and the alth follow-up requirements for adjusted to the conditions and the alth follow-up requirements for adjusted to the conditions and the alth follow-up requirements for adjusted to the conditions and the alth follow-up requirements for adjusted to the conditions and the alth follow-up requirements for adjusted to the conditions are conditions and the alth follow-up requirements for adjusted to the conditions are conditions and the alth follow-up requirements for adjusted to the conditions are conditions as a condition and the alth follow-up requirements for adjusted to the conditions are conditions as a condition and the alth follow-up requirements for adjusted to the conditions are conditions as a condition and the conditions are co	te  ion on this form refers to me.  ustment of status.
Civil Surgeon Referral for Follo  The alien named above has applied for adjustment of status. A medical examination medical clearance is granted or for which the alien may seek medical advice. Pleas The actions necessary for medical clearance are detailed on the reverse of this  Follow-up Information The alien named above has complied with Doctor's name and address (please type or print clearly)  Applicant Cerlicular in the complete in the medical examination is authorize the Signature.  Civil Surgeon Cerlicular in the medical examination is authorized the medical examination showed the applicant to have met the medical examination.	conconducted by me identified the conditions above provide follow-up services or refer the alien to a form.  ormation:  h the recommended health follow-up.  Doctor's signature  Date:  Certification:  nation and health follow-up requirements for adjution and health follow-up requirements for adjution and health follow-up requirements for adjution and health follow-up requirements for adjutic poctor's signature  Doctor's signature	te  ion on this form refers to me.  ustment of status.

# Medical Clearance Requirements for Aliens Seeking Adjustment of Status

** Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.					
i insanity; psychopathic personality, sexual deviation or mental defect; m.		* Mental retardation; insanity narcotic drug addition; and			
Post-test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.	elisibəmml	uoijoəju  ΛΙΗ			
Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations.	etisibəmml 	snoilazinumml • ələlqmoənl			
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.	1 - 30 Days	ìsenev** Ciseases Tiseases			
Obtain an evaluation from a specialist or Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is 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.	30 - 210 Days	s'nseneH Disease			
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.	200 Os - 01	Tuberculin Skin Test Reaction and Abnormal Chect X-Ray or Abnormal Chect X-Ray (Active or Suspected Active/Class A)			
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 fuberculosis.	20 Days	Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)			
The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.	efisibemml	Tuberculin Skin Test Reaction <b>and</b> Normal Chest X-Ray			
The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.	5 - 30 Days	*Suspected Mental Conditions			
noitɔA Bequired	Estimated Time For Clearance	Medical Condition			

N (78\10\60. v9A) £69-1 mro7



Michael H. SIEMASZKO

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

## PRESENT THIS LETTER AT THE WORTH STREET ENTRANCE

		rile Number.	A1399330
373 68th Street, #3			
Brooklyn, NY 11220		Date:	6/3/2003
• ,	,		
Please come to the office show	vn below at the time and place indicated in		<del>,,</del>
OFFICE LOCATION	26 FEDERAL PLAZA	Room No.	Floor No.
OFFICE LOCATION	NEW YORK, NY 10278	8-800	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		
	THAT YOU KEEP THIS APPOINTMEN O SO, STATE YOUR REASON, SIGN BEL		
OR MEXICO, BEFORE A DE	EPARTING FROM THE UNITED STATES CISION IS MADE ON YOUR APPLICATION ARTURE FROM THE UNITED STATES W	ON, CONSULT WITH T	THIS OFFICE BEFORE
I am unable to keep the appoint	tment because:	·	
SIGNATURE	DATE		
Attorney Name:		Very trul	y yours,
Attorney Address:			- Control
. 1		Mary An Interim D	n Gantner Director
		New Yor	
	•		



Michael H. SIEMASZKO

# 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		<b>D</b> .4	0/0/000
Brooklyn, NY 11220		Date:	6/3/2003
Please come to the office show	vn below at the time and place indicated in	connection with an offi	cial matter.
	26 FEDERAL PLAZA	Room No.	Floor No.
OFFICE LOCATION	NEW YORK, NY 10278	8-800	8TH
DATE AND HOUR		12/2/2003	8:30:00 AM
ASK FOR	IMMIGRATION EXAMINER	1.00	
REASON FOR APPOINTMENT	ADJUSTMENT OF STATUS		
BRING WITH YOU	SEE ATTACHMENTS		
	THAT YOU KEEP THIS APPOINTMEN O SO, STATE YOUR REASON, SIGN BEL		
OR MEXICO, BEFORE A DE	EPARTING FROM THE UNITED STATES CISION IS MADE ON YOUR APPLICATION ARTURE FROM THE UNITED STATES W	ON, CONSULT WITH T	HIS OFFICE BEFOR
I am unable to keep the appoint	ment because:		
SIGNATURE	DATE		
Attorney Name:		Very trul	y yours,
Attorney Address:			
,		Mary An Interim D	n Gantner irector
		New Yorl	c District



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

## Fingerprint Notification

Michael H.	SIEMASZKO			Da	ate: 6/3	3/2003
373 68th S	treet, #3			A Numb	er: A7	75995550
Brooklyn, N	NY 11220			De	OB 2/7	7/1979
Dear Applic	ant:					
INS must seand 75 at the	nd your fingerprints to time of filing, you r	to the Feder nust have yo	al Bureau of Investiga	I-485,ation. If you were betwat an INS Application In listed below:	ween the	_
Address			Hours of Ope	eration		
US Immigration	on & Naturalization Sen	/ice	Sunday & Mond	day	Closed	đ į
227 Livingston			Tuesday - Satu	ırday	8 am -	- 4 pm
Brooklyn, NY	11201		Also Closed Or	n Federal Holidays		
When you g  1) This Le  2) Your A photo ic other II	9/18/2003  o to have your finger etter; and dentification such as JNS-issued photo ID.	prints taken ard (ARC). passport, v	8:00 AM  a, you must bring:  If you do not have you alid driver's license,	our ARC, you must br national ID, State-is	ing altern	native oto ID, or
your fingerp				our fingerprints. This		
to the address fingerprints not have y	ss listed above within taken within 87 days your fingerprint	7 days afte from the da s taken w	er you have received thate on the upper right ithin that period,	st request another apportunition of this letter. You must hand corner of this not appear before your	nave your otice. If y or pet	you do ition
				Sincerely,		
				Mary Ann Interim Di New York	irector	



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

## Fingerprint Notification

Michael H.	SIEMASZKO			Date	6/3/2003
373 68th S	Street, #3			A Number:	A75995550
Brooklyn, I	NY 11220			DOB	2/7/1979
Dear Applic	eant:				
INS must se and 75 at th	end your fingerprints e time of filing, you r	to the Fede nust have y	ral Bureau of Investig	I-485,gation. If you were betwee n at an INS Application Suon listed below:	n the ages of 1
Address			Hours of Op	<u>peration</u>	
US Immigrati	ion & Naturalization Ser	vice	Sunday & Moi	nday	Closed
227 Livingsto	on Street		Tuesday - Sat	urday	3 am - 4 pm
Brooklyn, N	Y 11201		Also Closed C	n Federal Holidays	
When you g  1) This L  2) Your A photo is	9/18/2003 go to have your finger etter; and Alien Registration C	at rprints take ard (ARC) passport, v	8:00 AM  n, you must bring:  If you do not have y	our ARC, you must bring an ational ID, State-issue	alternative
your finger	•	_		oto identification mentione your fingerprints. This wil	
to the addre fingerprints not have	ss listed above within taken within 87 days <b>your fingerprint</b>	n 7 days aft from the d s taken v	er you have received late on the upper right vithin that period	ist request another appoint this letter. You must have t hand corner of this notice <b>l, your application or</b> not appear before your sch	your If you do petition
				Sincerely,	
				Mary Ann Ga Interim Direc	tor

# 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: TRANSLATION
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
I-485 ADJUSTMENT OF STATUS
G-325A COMPLETED AND LEGIBLE RECEIVED — 57 ADIT PHOTOS INFORMATION
FINGERPRINT CHARTS BIRTH CERTIFICATE  510 A
PREFERENCE CATEGORY CONTROL Naturalization and New York, N. Y.  VISA AVAILABILITY  I-693 MEDICAL EXAM
- Hum mul
SIGNATURE OF INFORMATION OFFICER INITIALS
CALENDAR WINDOW
FEE PAID: 1-130 1-485 1-485A 1.765 NO MINDOW
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

minigration and Naturalization Service	INTO TH	IE UNITED STA	IES	
Name of Alien: (First) (Middle)  MICHAL	(Last) SIEMASZKO	704	Date: 06-23-98 File Number: A75 995 5	50
1	e of Birth (City or Tow	n) (State or provi	nce) (Country)	
U.S. Address:(Apt. number and/or in care of) (Nu 520 POWELL STREET		or town) (State) (X		12
Presentation of the attached duplicate of this docubearer on board for travel to the United States with Act for bringing an alien who does not have a vision.	hout liability under sec	ransportation line tion 273 of the Im	to accept the r	named Nationality
Presentation of the original of this document prior at a point of entry in the United States to permit the United States:	r to <b>JUNE 22, 19</b> 9 ne named bearer, whose	<b>99</b> will authorize e photograph appe	e an Immigration	on officer enter the
☐ as an alien paroled pursuant to section☐	n 212(d)(5) of the Immi	igration and Natio	onality Act.	
AUTHORIZATION: The holder of this authorized and Nationality Act. The holder departed the Universal Processing of the adjustment of status applied this document shall be parolled into the Infection of this document shall be parolled into the Infection of this document shall be parolled into the Infection of this document shall be parolled into the Infection of this document shall be parolled into the Infection of this document shall be parolled into the Infection of the Infecti	ted States temporarily a lication. Contingent up Jnited States pursuant t	and intends to retu oon his or her pring to the authority of	rn to the Unite na facie eligibi EDWARD ]	ed States to lity, the
NOTICE TO APPLICANT: Presentation of this and justment of status upon your return to the United Stubject to removal proceedings under section 235 an lawfully present in the United States for more the found inadmissible under section 212(a)(9)(B)(i) processing of your application. If you are found an admissibility in order for your adjustment of states and in the control of the c	ed States. If your adjus (b)(1) or 240 of the Act han 180 days before ap of the Act when you ret inadmissible, you will to the Act when you will the Act when you will to the Act when you will the Act when you will the Act when you will the Act when you will the Act when you will the Act when you will the Act when you will the Act when you will the Act when you will be act when you will be act when you will be act when you will be act when you will be act when you will be act when you will be act when you will be act when you will be act whe	tment application  i. If, after April 1  plying for adjustn  turn to the United  need to qualify for	is denied, you , 1997, you we nent of status, y States to resur	ı will be ere you may be
Dises & Mary	H	ĵ	İYC	Jan s
(Signature of Immigration Officer)		ARRIVA  PAROLED until Purpose AQS O		1999 1999

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Form I-512 (Rev.10-01-82)Y

## AUTHORIZATION FOR PAROLE OF AN ALIEN INTO THE UNITED STATES

Name of Alien	: (Firs MICHA	•	(Middle)	(Last) SIEMASZKO		Date: <b>06-23-98</b>	
					1	ile Number: A75 995 5!	50
Date of Birth:	(Month)	(Day) (		Place of Birth (City or To POLAND	wn) (State or provin	ce) (Country)	1
U.S. Address:( 520 POWI	-		d/or in care of	) (Number and street) (Cit STATEN	ty or town) (State) (2 I ISLAND, NEW	,	2
	d for tra	vel to th	e United State	document will authorize a s without liability under s a visa.	•	•	
	_			prior to <b>JUNE 22, 1</b> mit the named bearer, who			
☐ as	an alien	parolec	l pursuant to se	ection 212(d)(5) of the Im	migration and Natio	nality Act.	
and Nationality resume process holder of this of McELROY, I UNITED STA'  NOTICE TO A adjustment of subject to remounlawfully prefound inadmiss processing of	Act. T sing of the commen District TES.  APPLICA status up oval processent in the sible uncoyour appropriate the comment of th	ANT: Pon you ceedings the United	er departed the street of status of paroled into tor, NYC. V. Presentation of r return to the s under section ed States for m on 212(a)(9)(Eq. If you are for	torization is an applicant for United States temporarily application. Contingent the United States pursuant ALID FOR MULTIPLE At this authorization will per United States. If your adjusted States. If your adjusted States application to be status application to be	y and intends to return upon his or her primate to the authority of APPLICATIONS FOR The primate of the authority of APPLICATIONS FOR The primate of the authority of the applying for adjustment of the United II need to qualify for	m to the Unite na facie eligibile EDWARD JOR PAROLE IN our application is denied, you we tent of status, y States to resum	od States to lity, the  NTO THE  for will be re you may be
			-	A	Ŋ	NYC	•
(Signa	ature of	Immigr	ation Officer)		(Authoriz	ing Office)/B.0	<del></del> J.
		The state of the s		ION & ATION CE	ARRIVA	L STAMP	

INS FILE COPY

Name of Alie	(First)	(A.C. L.V. S			VITED STATES	_
	10 A	(Middle)	(Last)	_	Date:	
	11/0442	1	SIF	MSZ	/ OUN	2 3 1998
	1. 71/12.			11/2 2/	File Number	<u>-  </u>
<del>-</del> - <del></del>					759	955-
Date of Birth:	(Month) (Day) (	Year) Pla	ce of Birth (Cir	yor Town) (St	ate or province) (County	1000
<del></del>	d-1/-1	19 7	OhANd	/	are or province) (comic)	7
U.S. Address	(Apt. number	and or in care of	Number and	Street) (Cin.	town) (State) (ZIP Code	·
520	Laine	4 5%		saces (City of	rown) (State) (Sta Code	)
5.7!	$\mathcal{N}_{\mathcal{N}}$	1031	2			
Presentation of	the attacked dup	licate of this doct	ument will auch		rtation line to accept the	
Act for bringing	for travel to the	United States wi	thout liability w	ader section 27	rtation line to accept the 13 of the Immigration and	named
				10 -	- or are annugation and	i Hationality
Presentation of t	he original of thi	is document prior	r to 1/22	/5/5/will au	<b>.</b>	
point of entry in United States:	the United State	s to permit the na	amed bearer, wi	lose photograp	horize an Immigration of h appears hereca, to ente	Ticer at a
					ppouro necota, to esta	r une
as ar	j alien paroled po	Lisuant to section	1212/4/(5) - 5 -		and Nationally Act.	
		and to section	(212(d)(3) of th	le lmmigration	and Nationality Act.	
AUTHORIZATI	ONE TELL					_
and Nationality A	ON. The holder	of this authoriza:	tion is an appile	ant for adjustm	ent of status under the in	nmigration
esume processin	g of the adjustma	n: of		. — my mile milet	ices to return to the United	d States to
loider of this doc	ument shall be a	aralad inc r		Fair abott titz ö	r ner prima tacie eligibili	ity liha
MITED STATE	ict Director, NY <	C. VALID FOR	MULTIPLE A	PPLICATIONS	thority of EDWARD ( S FOR PAROLE INTO I	-22
OTICE TO APP	'LICANT: Prese	ntation of this au	thorization will	Bermit vou to	resume your application	
Ljustment of stab Ibject to removal	is upon your ran	um to the United	States. If your	adjustment ap	resume your application plication is denied, you	ior will be
nawidily present	In the linited Co	aran faa -	,, , G. C.	and and the street	FAPMIII, 1997, voe were	<b>&gt;</b>
und inadmissible	under section 2	12(a)(9)(B)(i) of	the Act when v	ore applying to the	r adjustment of status, you United States to resume	ru may be
ocessuig of you admissibility in r	r application, [f]	you are found in.	admissible, you	will need to qu	United States to resume valify for a waiver of	ine
admissibility in o		esiment of statu:	s application to	be approved.		
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(Signature	of Immigration (	Officer)	<del>-</del> .		.1	
				(A	uthorizing Office)	
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4.,				AF	RIVAL STAMP	
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U.S.I.N.S. FEE RECEIPT A CENTURY OF SERVICE 06/03/98 ~ ~ N.Y.C. 0\*# SIEMASZKO,N # ¥ 70.00 I 131 70.00 SUBTIL 70.00 TTLANT 70.00 FC .0.00 CHANCE 1 ITEMS 0092002 13:39

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12 PENNESS 13 TOT MARCERS 14 DATE FOR FILE ON LOAN  REQUEST FOR FILE ON LOAN  CHARGE COPY	IREQUESTED BY  1. PURCHUS - CAPI)  S. DATE OF BOTTH  MO. DOSY OF COMMERCIAL SHOPLY  FILL IN TIEMS 8 THRU 12 IF FILE HO. IS HOT	TO TO TO TO TO TO TO TO TO TO TO TO TO T	195 550 V REQUEST 0-63 1.3 /g ABOVE	
	12 REMUNES 13 TRY MARACERS 13 TRY MARACERS	1(0/1	(1030xxx60)	

START HERE - Please Type of	or Print		FOR INS	USE ONLY
Part 1. Information about ye	ou.		Returned	Receipt
Family Name SIEMASZKO	Given Name Michal	Middle Initial		
Address · C/O				
Street Number and Name 520 Powe11	Street	Apt.	Resubmitted	
City Staten Island	State or Province New Y	ork		·
Country USA	ZIP/Po Code	10312	Reloc Sent	
Date of Birth (Month/Day/Year) 2/7/79	Country of Birth Pola	nd		
Social Security # 022-70-1811	A # None	591,5550	Reloc Rec'd	
Part 2. Application Type (ch	neck one).			
<ul> <li>b.</li></ul>	result of refugee or asylee st to allow me to return to the for an Advance Parole. for another person who is o	atus, and am applying	Document Issued Reentry Permit Refugee Travel: Multiple Advance Validity to	CO THE PROPERTY OF THE PROPERT
the following information about that partial Family Name	Given Name	Middle Initial	If Reentry Permit of	Refügee Travel
Date of Birth (Month/Day/Year)	Country of Birth		Document  Mail to Address i	
Foreign Address - C/O	0.5		☐ Mail to American☐ Mail to INS overs	1
Street Number	·	Apt.	AT	
and Name		#Pu	Remarks:  Document Hand	Delivered
City	State or Province		On	Ву
's Country	ZIP/Po Code	ostal	Action Block	TOVEDI
Part 3. Processing Information	tion.		APP INS DISTRIC	T DIRECTOR
Date of Intended departure (Month/Day/Year) 4/29/98	Expected length of tri One wee	p. <b>k</b>	טעי ה	N 2 3 1998
Are you, or any person included in this application.  No Yes, at (give office)		ation proceedings?	of coroling to	1A955
If applying for an Advance Parole Doc			L IV	
Have you ever before been issued a Reentry Pe  No  Yes (give the folko)  Date Issued	wing for the last document is  Disposition (attached,	sued to you)	Attorney or Rep	ompleted by presentative, if any 3 is attached to represent
Form I 121 (Dov. 19/10/01) N	0.5	tinuad on book	VOLAG#	
Form I-131 (Rev. 12/10/91) N	Cons	tinued on back.	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:		
	<u> </u>	
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 Complete only if applying for a Reentry Permit.		
	less than 6 months	2 to 3 years
Since becoming a Permanent Resident (or during the past five years, whichever is less) how	☐ 6 months to 1 year	3 to 4 years
much total time have you spent outside the United States?	1 to 2 years	more than 4 years
Sinca 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 Doce	ument	
Construction which was a solution as a solution		
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
D. ( T. O I the		
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 wh	at_circumstances_warrar	nt issuance of Advance Parole.
Include copies of any documents you wish considered. (See instructions.) I am: leaving	for personal re	easons.
For how may trips do you intend to use this document?	☑ 1 trip	
If outside the U.S., at right give the U.S. Consulate or INS office you wish notified if this applica-		·
Part 8. Signature. Read the information on penalties in the instructions before while in the United States if filing for a reentry permit or refu		. You must file this application
I certify under penalty of perjury under the laws of the United States of America that this petition, and	<del></del>	with it, is all true and correct.
authorize the release of any information from my records which the Immigration and Naturalization seeking.	Service needs to determine	ne eligibility for the benefit I am
Signature Date	Dayti	me Telephone #
Welret Elemento 4/16/98	(	)
Please Note: If you do not completely fill out this form, or fail to submit required documents for the requested document and this application will have to be denied.	listed in the instructions	, you may not be found eligible
Part 9. Signature of person preparing form if other than ab	ove. (sign belo	w)
I declare that I prepared this application at the request of the above person and it is based on all infor		
Signature Print Your Name	Date	
Juels E. Coven,		4/16/98
Firm Name		me Telephone #
and Address LEBENKOFF & COVEN 505 Fifth Avenue, New York, N	Y 10017 ( 2	12 ) 687-3541

GPO: 1995 O - 167-836

## NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE

in re:		4/16/98					
SIEMASZKO, Michal		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	Petitioner 🔯	Applicant					
	et, Staten Island,	(ZP Code) NY 10312					
NAME	Petitioner	Applicant					
ADDRESS (Apt. No.) (Number & Street) (C	ity) (State)	(ZIP Code)					
Check Applicable Item(s) below:							
i am an attorney and a member in good standing o highest court of the following State, territory, ins	the box of the Supreme C ular possession, or Distri	ourt of the United States or of the ct of Columbia					
New York New	York	and am not under a					
court or administrative agency order suspending, enjoining, restraining, disbarring, or otherwise restricting me in practicing law.							
2. I am an accredited representative of the following organization established in the United States and							
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.)							
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						
	7/						
PURSUANT TO THE PRIVACY ACT OF 1974, I HERBBY CONSENT T REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH A							
SYSTEM OF RECORDS: LEBENKOFF & COVEN							
(Name of Attomey or Representative)							
All matters with INS	POLLOWING MATTER:	† 					
	OF PERSON CONSENTING	4/16/98					
(NOTE: Execution of this box is required under the P is a citizen of the United States or an alien lawfully	rivacy Act of 1974 when	e the person being represented					

Form G-28 (Rev. 10-25-79)N

(OVER)

UNITED STATES DEPARTMENT OF JUSTICE Immigration and Naturalization Service

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

MICHAT 520 POWE	SIEMAS	<b>2 KC</b>	
520 POWE	n st		. 0 \ 0
StatEN	Bland.	24	1031

FILE NUMBER:

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.

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

I AM UNABLE TO KEEP THIS APPOINTMENT BECAUSE:

Very truly yours,

DATE SIGNATURE

EDWARD J. McELROY DISTRICT DIRECTOR NEW YORK CITY DISTRICT

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

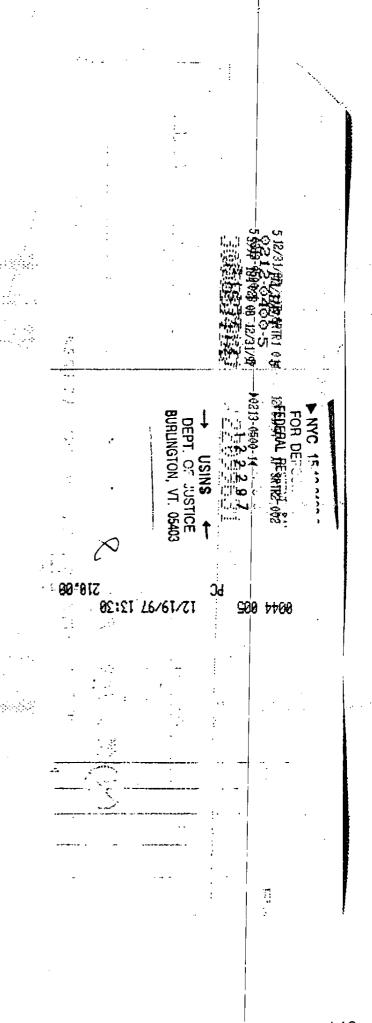
IF YOU NEED TO APPLY FOR AN ORIGINAL SOCIAL SECURITY NUMBER, PLEASE PRESENT YOUR IMMIGRATION DOCUMENTS AND ORIGINAL BIRTH CERTIFICATE AT YOUR LOCAL SOCIAL SECURITY OFFICE.

PAY	JULES E. COVEN ATTORNEY AT LAW 505 FIFTH AVENUE NEW YORK CITY, N.Y. 10017  TO THE ORDER OF  S6 EAST 42nd STREET NEW YORK, NY 10017	485 & 1-130  MATE  DATE  Adjus	Zbigniew, Petnr. Michal, Benef.  DESCRIPTION  tment of Status	CHECK NO. 329	DOLLARS  CHECK AMOUNT  A  MP
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## 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 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,

ebenkofje z coven

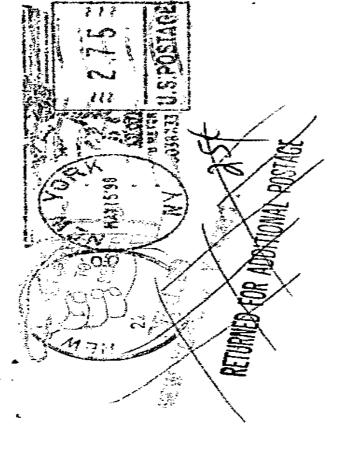
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JEC/sw encls.

# LEBENKOFF & COVEN

505 FIFTH AVENUE

NEW YORK, N.Y. 10017

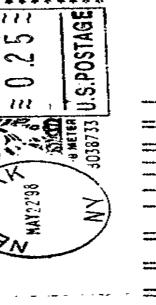


Immigration and Naturalization Service Advance Parole Unit 26 Federal Plaza New York, NY 10278



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MAIL



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CIMSIN COMMAND:

IMMIGRATION AND NATURALIZATION SERVICE CENTRAL INDEX SYSTEM - DETAILED SEARCH DISPLAY 06/16/98

08:39:49

A#: 075995550 NAME: SIEMASZKO

,MICHAL

DOB: 020779

LAST: SIĖMASZKO

FIRST: MÍCHAL

MIDDLE: HUBERT

ALIASES:/

NATZ DATE:

COURT:

FATHER: ZBIGNIEW BENEDYKT

LOCATION:

SEX: M' POE: COB: POLAN DOE: 010397

FCO: ESC COA: B2 COC:

PFCO: SFCO: DFO: 051898 BIN:

MOTHER: ZOFIA MARIA

SSN: 022701811 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

CONSOLIDATED A-NOS --OTHER INFORMATION--

PF10 REQUIRES A SPECIAL SECURITY CLASS.

CIMFTD COMMAND: IMMI TION AND NATURALIZATION SERVICE
CIS - FILE TRANSFER DISPLAY (FTD)

05/20/98 13:43:07

A#: 075995550 NAME: SIEMASZKO

,MICHAL

DOB: 020779

PREVIOUS FCO:

FCO CREATING SUB-FILE:

CURRENT FCO: ESC

SUB-FILE CREATION IND:

REQUEST FCO:

FILE LOCATED IND:

DATE FTR: 000000 (MMDDYY)

ACCESSION NUMBER: 0000

DATE FTI: 000000

INS BOX NUMBER:

DATE FTC: 000000

REQUEST NUMBER:

PERSON/ACTION: 2ND

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

## REFUND REQUEST

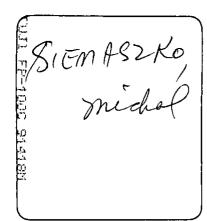
ATTN: K. Murchison, SIIO

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 i	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.	
John Sourt: I-130 NOT Meeded	<sup>1</sup> 25

SIEMASZKO M	R:
. I 485	ላ 130.00
I 765	× 70.00
I 130	· 4,80.00
SUBTTL	280.00
TTLAMT	280.00
PC	210.00
PC	70.00
CHANGE	0.00
3	, 3 ITEMS
<u> </u>	i

FUJI FEMASZKO, Michael







START HERE - Please Type or	Print		TEFORE INS (ISE/DIVEY)
Part 1. Information about you	•	<del></del>	Receipt Receipt
	iven lame Michal	Middle Initial	JAN 0 2 1998   J
Address - C/O		<del></del>	USINS Resubmit SECTION 245
Street Number and Name 520 Powell St,		Apt. #	
City Staten Island		·	AL PER SEE
State N.Y.	Zip Code 10312		Reloc Sent
Date of Birth (month/day/year) Feb. 7, 1979	Country of Birth Poland	}	PR 33
Social Security # 022 70 1811		95 550	Reloc Rec'd Rec'd 33
Date of Last Arrival (month/day/year) Jan. 3, 1997	961077700 05	5	<u> </u>
Current INS Status B-2	Expires on (month/day/year) 12/2	25/97	
Part 2. Application Type. (che	eck one) FCO: ESC	, 5/20/98 MC	☐ Applicant Interviewed
a.  an immigrant petition giving me an imbeen approved (attach a copy of immigrant juvenile, or special immigration will give me an immediately available b.  My spouse or parent applied for permanent residence in an immigration for spouses and children.  c.  lentered as a K-1 fiance(e) of a lentry, or I am the K-2 child of such petition approval notice and the marriable.  I was granted asylum or derivative a granted asylum and am eligible for acception.	the approval notice), or a nutrilitary visa petition filed with visa number if approved.  adjustment of status or was not visa category which allows of the fiance(e) (attach a copy of age certificate).	elative, special this application granted lawful lerivative status thin 90 days of of the fiance(e) hild of a person	Section of Law  Sec. 209(b), INA Sec. 13, Act of 9/11/57 Sec. 245, INA Sec. 249, INA Sec. 1 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
1959, and thereafter have been phys	ically present in the U.S. for at le	east 1 year.	Preference
f.   I am the husband, wife, or minor ur am residing with that person, and January 1, 1959, and thereafter have 1 year.  g.   I have continuously resided in the U.S. h.   Other-explain	was admitted or paroled into been physically present in the l	the U.S. after U.S. for at least	Action Block
l am already a permanent resident and am permanent residence adjusted to the date nonimmigrant or parolee, or as of May 2, 1964,  i.   I am a native or citizen of Cuba and  j.  I am the husband, wife or minor description in (f), above.	I originally arrived in the whichever is later, and: (Che meet the description in (e), above unmarried child of a Cuban,	e U.S. as a 19 ck one) 99 e.	To Be Completed by  Attorney or Representative, if any  Fill in box if G-28 is attached to represent the applicant  VOLAG#
Form I-485 (09-09-92)N Cont	inued on back.	æ	ATTY State License #

A. City/Town/Village of birth	Krakow	Current occupation	Student - not employed					
Your mother's first name	•	Your father's first name						
	Zofia		Zbigniew					
Give your name exactly how it appe Siemaszko,		ra (Form 1-94)						
Place of last entry into the U.S. (City/	State) New York, N.Y.	1	enter? (Visitor, Student, exchange orker, without inspection, etc.)					
Were you inspected by a U.S. Immig		B-2	orner, without inspection, etc.)					
	Tation Cincor: R Tes 1 110		Provide and the second					
Nonimmigrant Visa Number 08	793877	Consulate where Visa was	issued Krakow					
Date-1/isa was Issued May 7, 1 (masth/day/year)	996 Sex: □x Male □ Fema	le Marital Status:   Married	I 123 Single □ Divorced □ Widowed					
Have you ever before applied for permane	nt 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 yo	our sons and daughters (if you have none	, write "none". If additional space	is needed, use separate paper).					
amily None	Given	Middle	Date of Birth					
Name ,	Name	Initial	(month/day/year)					
Country of birth	Relationship	A #	Applying with you?					
•			□ Yes □ No					
Family	Given Name	Middle Initial	Date of Birth					
lame	IVallio		(month/day/year)					
Country of birth	Relationship	<b>A</b> #	Applying with you?  ☐ Yes ☐ No					
amily	Given	Middle	Date of Birth					
Name	Name	Initial	(month/day/year)					
Country of birth	Relationship	A #	Applying with you?  ☐ Yes ☐ No					
	Given .	Middle	Date of Birth					
Name	Name	· . Initial	(month/day/year)					
Country of birth	Relationship	Α Α	Applying with you?					
ountry or birds	neiauonsnip	#	□ Yes □ No					
amily	Given	Middle	Date of Birth					
Name	Name	Initial	(month/day/year)					
Country of birth	Relationship	A #	Applying with you?					
the United States or in any other place	· · · · · · · · · · · · · · · · · · ·	oreign military service in this part.	ion, party, club, society, or similar group in If none, write "none". Include the name of needed, use separate paper.					
None			(28 (N. 244 17 17)					
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			loga - 17					
<u> </u>			7 - 1 - 106 - 1 - 1					

### Part 3. Processing Information. (Continued)

			•	
	ase answer the following questions. (If your answer is "Yes" on any one of these questions, explain is not necessarily mean that you are not entitled to register for permanent residence or adjust status).	on a separate piece of paper.	Answeri	ng <b>"Yes"</b>
1,	. Have you ever, in or outside the U. S.:			
••	<ul> <li>a. knowingly committed any crime of moral turpitude or a drug-related offense for which you</li> <li>b. been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any traffic violations?</li> </ul>			
	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	X No
2.	, , , , , , , , , , , , , , , , , , , ,	· ·		
	municipality (other than emergency medical treatment), or are you likely to receive public assistant	ice in the luture?	☐ Yes	⊠ No
3.	. Have you ever:	-		
	a. within the past 10 years been a prostitute or procured anyone for prostitution, or intend activities in the future?	to engage in such		
	<ul> <li>engaged in any unlawful commercialized vice, including, but not limited to, illegal gamblir</li> </ul>	-		
	c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U	· ·		
	d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded controlled substance?	in the illicit trafficking of any	☐ Yes	<b>∑</b> No
4.	Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever funds for, or have you through any means ever assisted or provided any type of material support to that has ever engaged or conspired to engage, in sabotage, kidnapping, political assassination, hija	o, any person or organization		
	terrorist activity?	cang, or any other form of	☐ 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 Gove by force, violence or other unlawful means?	ernment of the United States,		
	<ul> <li>any activity to violate or evade any law prohibiting the export from the United States of ginformation?</li> </ul>	goods, technology or sensitive	☐ Yes	<b>∑</b> No
6.	. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other	totalitarian party?	☐ Yes	<b>∑</b> No
7.	Did you, during the period March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany, ever order participate in the persecution of any person because of race, religion, national origin or political op	, incite, assist or otherwise	☐ Yes	Ä No
8.	Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participat because of race, religion, nationality, ethnic origin, or political opinion?	ed in the killing of any person	☐ Yes	⊠ No
9.	. Have you ever been deported from the U.S., or removed from the U.S. at government expense, e or are you now in exclusion or deportation proceedings?	excluded within the past year,	☐ Yes	₩ No
10.	O. Are you under a final order of civil penalty for violating section 274C of the Immigration Act for us have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procur documentation, entry into the U.S., or any other immigration benefit?			[X No
11.	1. Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces?		☐ Yes	🖾 No
12.	2. Have you ever been a J nonimmigrant exchange visitor who was subject to the 2 year foreign resi yet complied with that requirement or obtained a waiver?	dence requirement and not	☐ Yes	ĭ. No
13.	3. Are you now withholding custody of a U.S. Citizen child outside the U.S. from a person granted co	ustody of the child?	☐ Yes	[X No
14.	4. Do you plan to practice polygamy in the U.S.?	•	☐ Yes	ĭ No

(Read the information on penalties in the instructions before completing this section. You must file this Part 4. Signature. 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. Daytime Phone Number **Print Your Name** Signature 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. Signature of person preparing form if other than above. (Sign Below) Part 5. l declare that I prepared this application at the request of the above person and it is based on all information of which I have known as the request of the above person and it is based on all information of which I have known as the request of the above person and it is based on all information of which I have known as the request of the above person and it is based on all information of which I have known as the request of the above person and it is based on all information of which I have known as the request of the above person and it is based on all information of which I have known as the request of the above person and it is based on all information of which I have known as the request of the above person and it is based on all information of which I have known as the request of the above person and it is based on all information of which I have known as the request of the above person and it is based on all information of which I have known as the request of the above person and it is based on all information of which I have known as the request of the above person and the request of the req Day time Phone Number **Print Your Name** Date Signatur 212-687-3541 Jules E. COVEN Firm/Name New York, N.Y. 10017 505 Fifth Ave. LEBENKOFF & COVEN, Esqs.

and Address

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DO	NOT WRITE IN THIS BLOC	K - FOR EXA	MININ	IG OFFI	CE ONI	YOUN		
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A#				97	DEC 15	PH 3:	33	
G-28 or Volag #		·		HE'	iiln. & ii W YORK	例 Z. SV , H.Y.,1(	C. 0278	
Section of Law:  201 (b) spouse 203 (a)(1) 201 (b) child 203 (a)(2) 201 (b) parent 203 (a)(4) 203 (a)(5)  AM CON:		-	Persona Pet. [] Field In	s filed on: at Interview Ben. " A A vestiga ides (2)(A) Festi	· <b>E</b> ···•	[] []	(priority date	Forwarded Iteria Itaneously
Remarks:	<del></del>			ᄈ	<del>- JA</del> P	<del>1 U 2 TS</del>	<del>'98  </del>	/
A. Relationship		(b)(	(6)		SEC	SNIST MOIT	245	
1. The alien relative is my	C. Contracticion M. C.							
☐ Husband/Wife ☐ Parent  B. Information about	Brother/Sister 🖾 Ct	C. Info	rmatic	on abou	it vour	alien	relative	<u> </u>
Name (Family name in CAPS)	(First) (Middle)	1. Name (					(Middle)	·
SIEMASZKO	Zbigniew B.		SIEMAS			chal		
2. Address (Number and Street) 520 Powell St.	(Apartment Number)	Z. Addres		er and Street)			(Apartmer	it Number).
(Town or City) (State	/Country) (ZIP/Postal Code) ·· ·	.∞ (Town o			late/Country	y)	(ZIP/Posta	i Code)
Staten Island	N.Y. 10312	2 Diana		n Islar	-	N.Y.	103	
3. Place of Birth (Town or City) Pila	(State/Country) Poland (b)(6)	J. Place C	Krako	Fown or City)	. 4.	. Poli	(State/Cou	intry)
4. Date of Birth - 5. Se		4. Date of			Sex	. 6. Marita		
- (Mo/Day/Yr)		(Mo/Day Feb. 7	y/Yr) - 1979	1	Male	msM []		Single
·7/26/57 □ F	emale	7. Other I	•		Female g maiden n	ame)	owed	Divorced .
					one			
		8. Date at			Marriage (	if married)		
		3. Social			. 10. A	lien Regist	ration Num	ber (if any) ,
		11.: Names	of Prior	Husbands/	Nives 12	. Date(s) N	Marriages(s	) Ended .
		<del></del>	<del></del>	<u> </u>				
		13. Has yo	vir rolativ	o over boo	in the III	e 2		· · · · · ·
		13. Nas yo ∑ Yes		□ No	i in uie o	<b>3.</b> :	•	
		14. If your she las		is currently las a (visito B-2				
		Arrival/Depa	احلوا	واملحلح	₹0  5	Ja	n. 3, 1	
		15. Name		.2/25/97 ress of pres		war (it and	· · · · · · · · · · · · · · · · · · ·	
				p.s.	None	· · ·		
		Date th	his emplo	oyment beg	an (Month/	Day/Year)		
		16. Has yo	ou relative	e ever been	ander im	migration (	oroceeding	s?
		☐ Yes	-	-	n Îgere		Vhen	vendings
	BILLIAL ON OUR	DE PUBANTE		Deportat	<u>.                                    </u>		Judicial Pro	
·	INITIAL RECEIPE	RESUBMITTE	٠ .	Rec'd	Sent	Approved	Denied	Returned
Form I-130 (Rev. 4/11/91) Y	ļ ,		ŀ	\$5			1	

<u>C.</u>	(continued) Informati	on about your	alien rel	ative			,	سنف سنده
.16.	List husband/wife and all childre	en of your relative (if	your relative is			er children).		
	(Name)	(Helationshi	0)	· (Date of Bi	rth)	•	(Country of	Birth)
	None			,		ام	•	i
		· • ,				في		
		· .			, ,		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
17.	Address in the United States w	nere vour relative int	ends to live	······································				,
•••				(Town or City)		70	(State)	
	(Number and Street) 520 Power	EII St.	Staten	Island, N.Y	Y. 10312	- <del>1</del> _1		·
18.	Your relative's address abroad					* • >	***	
	(Number and Street)	(Town or City)		(Province)	(Country	)	(Phone Numb	er)
	26-44 Baltycka	Krakow	Polan	<u>d</u>		•		
19.	If your relative's native alphabe	t is other than Roma	n letters, write	e his or her name	and address at	road in the na		t: '
	(Name) .	(Number and Street)		(Town or City)	(Province	e) `	(Country)	-
20.	If filing for your husband/wife, o	ive last address at v	vhich you bot	h lived together:	From		To .	
	(Name) (Number and Street)	(Town or City)	(Province)	(Country)	(Month)	(Year)	(Month) (	Year)
21.	Check the appropriate box belo	w and give the infor	mation requir	ed for the box you	ı checked:			
	Your relative will apply for a vis	a abroad at the Americ	an Consulate i			(Country)	· · · · · · · · · · · · · · · · · · ·	
				(City)			e	
	☐ Your relative is in the United Si							
	Naturalization Service at	New York	N.Y.	II your r	elative is not elig	ible for adjusting	eni di Sialus, i	ie or sne wiii
	apply for a visa abroad at the Ame	-	-	Krakow	Poland			, <u>-</u>
	apply for a visa abroad at the Afri	silcan Consulate in	(City)		Country)		.•	<del></del> '
	(Designation of a consulate outside	the country of your rel	lative's last res	idence does not qua	rantee acceptan	ce for processin	o by that cons	sulate.
	Acceptance is at the discretion of t			,	,		<b>.</b>	•
_	, tooopia, too is a constraint of		,					_
D.	Other Information							
1	. If separate petitions are also be	eing submitted for ot	her relatives,	give names of ear	ch and relation	ship.		
2	. Have you ever filed a petition f		lien before?	☐ Yes	X No			•
	If "Yes," give name, place and dat	e of filing, and result.						
			,				<del></del>	
144.	The INC investigat	aa alaimaad salati	anabina an	d varifica tha s	ratidity of de	oumonto '	The INC co	noke
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CH	minai prosecutions when i	aniny relationsiti	ha are rais	integ to obtain	visas.			•
D۵	nalties: You may, by law l	ne imprisoned fo	r not more	than five year	s or fined \$	250.000 or	both, for e	enterina into
aг	narriage contract for the p	urpose of evadi	na anv pro	vision of the i	mmigration l	aws and vo	ou:mav::be	fined up to
	0,000 or imprisoned up to							
	ing any false document in	•		<b>g.,</b>		Commission Commission Commission	in Elliphodis Elliphodischer serzen in den	
	g,		• • • • • • • • • • • • • • • • • • • •		[]	1 1900 1	1 1432	$\cap$
Yo	ur Certification: I certify,	under penalty	of perjury	under the law	s of the Un	ited States	of Americ	ca¦∖that the
for	egoing is true and correc	t. Furthermore,	l authorize	the release of	f any inform	àtion from	my record	s which the
lm	migration and Naturalization	Service needs	to determ	ine eligibility fo	or the benefi	t that leam	seeking. 🥳	
					11/04/07	All their days to a special days the Assembly of the	****	(b)(
	Signature	40/1/Qa		Date	11/24/9/	Phone Numb	er L	
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	I declare that I prepared this doc	EAE 2.60		bove and that it is b	pased on all info	rmation of which	ch I have XXXX	SCHONOLONING.
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#### 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.

Superintendent of Documents, Mail Stop; SSOP Washington, DC 20402-9328

	: 1997 O - 430-292
For sale by the U.S. Government Printin	ng Office

1.	Name of relative (Family name S1EMASZKO,	in CAPS) Michal	(First)	(Middle)
2.	Other names used by relative	(Including n	naiden name)	
		none		
3.	Country of relative's birth Poland	4.	Date of relative Feb.	ive's birth (Month/Day/Year) 7, 1979
5.	Your name (Last name in CAPSIEMASZKO, Zbigni		(Middle)	6 Your abone number
Act	tion Stamp	SEC	CTION	DATE PETITION FILED
			201 (b)(spouse 201 (b)(child) 201 (b)(parent)	· (b)(6)
			203 (a)(1)	STATESIDE
			203 (a)(2) 203 (a)(4)	CRITERIA GRANTED
	·	<del></del>	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

#### **LEBENKOFF & COVEN** COUNSELORS AT LAW:

505 FIFTH AVENUE NEW YORK, N. Y. 10017

JULES E. COVEN

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

December 11, 1997

JEFFREY E. BARON

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

> Re: SIFMASZKO, Zbigniew, SIEMASZKO, Michal

Petitioner for Beneficiary

ADJUSTMENT of STATUS APPLICATION

ATT: SECTION 245

Gentlemen:

On behalf of the above-captioned 425 Adjustment of Status application, we are enclosing herewith the following documents in support of same:

Form G-28, entering our appearance in this matter;

Form 1-485;

Form I-130; Check in the sum of \$210. for filing fee;

Form G-325A,

Copy of Petitioner; s Alien Resident Card;

Please note the petitioning father became a lawful Permanent Resident as an E36, therefore, his son being a minor is a derivative beneficiary, eligible to adjust his status in the United States;

Copy of Beneficiary's Birth Certificate, with translation of same;

Copy of Father's Marriage Certificate with translation of same;

Copy of Beneficiary's 1-94 and Passport Visa Page;

Copy of Beneficiary's extension of stay;

Form 9003, in duplicate; Form ER-750;

Copy of Petitioner's 1996 Tax Returns and copy Bank letter;

Form I-765 with Form G-28, and check in the sum of \$70.00 for filing fee.

- 2 Fingerprint charts; prints taken at the N.Y.C. Police Dept;
- 4 Photographs of beneficiary;
- 2 Self-addressed stamped envelopes, one for the beneficiary and one to our office.

We thank you for your kind and prompt attention to this Adjustment of Status application on behalf of Master Michal SIEMASZKO.

Very truly yours,

JEC/k-Encs.

Via: CERTIFIED MAIL

R.R. REQUESTED

NOTICE OF EN Y-OF-APREARANCE AS ATTORNEY REPRESENTATIVE DATE in re: Petitioner SIEMASZKO. Zbigniew FILE No. Beneficiary SIEMASZKO, Michal I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s): NAME A Petitioner Applicant SIEMASZKO, Zbigniew Benefician ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZP Code) 520 Powell St. Staten Island 10312 N.Y. NAME Petitioner Applicant SlEMASZKO, Michal Beneficiery ADDRESS (Apt. No.) (Number & Street) (CITY) (State) (ZIP Code) 520 Powell St. Staten Island N.Y. 10312 Check Applicable Item(s) below: I am an atterney and a member in good standing of the bar of the Supreme Court of the United States or of the نتا highest court of the following State, territory, insular passession, or District of Columbia New York Officers of Court) court or administrative agency order suspending, enjoining, restraining, disbarring, or otherwise restricting me in practicing law. 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: 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.) 4. Others (Explain fully.) SIGNATURE COMPLETE ADDRESS 505 Fifth Avenue 10017 New York, N. Y. TELEPHONE NUMBER (212) 687-3541 NAME (Type or Print) LEBENKOFF & COVEN (212)PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE POLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY DESIGNATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: LEBENKOFF & COVEN (Name of Attorney of Representative) THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE POLLOWING MATTER: NAME OF PERSON CONSENTING SIGNATURE OF DATE 11/24/97 Zbigniew S1EMASZKO (NOTE: Execution of this box is required under the Privaty Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully additted for permanent residence.)

Form G-28 (Rev. 10-25-79)N

(OVER)

UNITED STATES DEPARTMENT OF JUSTICE Immigration and Naturalization Service

APPEARMICES — An appearance shall be filed on Form G-28 by the attorney or appearantative appearing in each case. Thereafter, substitution may be permitted appearant of the sitorney or representative of record or apon actification 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 suthority to act in a representative capacity may be required.

AVAILABILITY OF RECORDS — Daring the time a case is pending, and except as otherwise provided in 8 CFR 103.2(b), a party to a proceeding or his artomey or representative shall be permitted to exemine the record of proceeding in a service office. He may, in conformity with 8 CFR 103.10, obtain copies of Service funciabed by him. Upon request, he may, in addition, be lossed a copy of the testimated by him. Upon request, he may, in addition, be lossed a copy of the testimate or information therefore and pledging that it will be surrendered upon tinal disposition of the ranch copies and pledging that it will be surrendered upon tinal disposition of the testimate of the contained in the record of proceeding upon tinal disposition of the furnished into on losn; however, they shall be made evalished to copying or purchase of copies as provided in 8 CFR 103.10,

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For sale by the Superintendent of Dominator, U.S. Covernment Frinting Office. Workington, D.C. 2008:

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COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Ailen registration number)	
SIEMASZKO	Michal	Hubert		

No. 1115-0066

### FORM G-325A BIOGRAPHIC INFORMATION

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Form G-325 A (Rev. 10-1-82)	(2) R	ec Br.								

## FORM G-325A BIOGRAPHIC INFORMATION

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Form G-325 A (Rev.	10-1-82)	(3) C.					H				

#### FORM G-325A **BIOGRAPHIC INFORMATION**

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

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Form G-325 A (Rev. 10-1-82)	· (4) Consu	l	

(b)(6)

# The Greenpoint English School, Inc.

TRANSLATION SERVICE

#### CERTIFICATE OF ACCURACY

STATE OF NEW YORK	)
•	)ss.
COUNTY OF KINGS	)

On this day personally appeared before me Jolanta Mikolajczyk, 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 112497F1.2 M from Polish to English; and

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

Jolanta Mikolajczyk

Subscribed and sworn to before me this 24th day of November 1997

Notary Public

IGNATIUS R. RZEZNIK
Lotary Public, State of New York
No. 24-4872271
Qualified in Kings County
Lorination Expires Oct. 20, 1995

836 MANHATTAN AVENUE · BROOKLYN, N.Y. 11222 · (718) 389-4225

## [STATE EMBLEM OF THE POLISH PEOPLE'S REPUBLIC] POLISH PEOPLE'S REPUBLIC

Province of

[stamp:] OFFICE OF VITAL STATISTICS for the Borough of Cracow - Krowodrza

OFFICE OF VITAL STATISTICS in -4-

#### ABRIDGED TRANSCRIPT OF A BIRTH CERTIFICATE

- 1. Last name Siemaszko
- 2. First name (names) Michal Hubert
- 3. Date of birth the seventh of February, nineteen seventy nine (02/07/1979)
- 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 conforms to the contents of birth certificate No. - 775/79

CRACOW, Dated: February 14, 1979

[Treasury payment stamp(s) in the amount of 50 zlotys canceled with a round stamp containing the State Emblem of the Polish People's Republic and the inscription:] Office of Vital Statistics for the Borough of Cracow - Krowodrza

[Round stamp containing the State Emblem of the Polish People's Republic and the inscription:] Office of Vital Statistics for the Borough of Cracow - Krowodrza

Manager of the Office of Vital Statistics
 [rubber stamp:] Sen[ior] Clerk, Krystyna Szczepanik

[signature:] [illegible]

POLSK	A RZECZPOSPOLITA LUDOWA
Wojewódźtwo URZĄDESTANU CY	CRIAD STATE CYWELNEGO  Paidzicy Krakón Krowskan  WILNEGO w
Odpis s	krócony aktu urodzenia
1. Nazwisko====================================	Siemaszko — — — — — — — — — — — — — — — — — — —
3. Data urodzenia lysiąc dziewiejsc	Siedomdziesiątego dziewiątego (J, 02, 1999)
4. Miejsce urodzenia 5. Nazwisko i imię  Bueck	Kraków – 2019men
6. Nazwisko rodowe  7. Imię i nazwisko ro	(ojca) Simasiko —
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	KIEROWNIK  Urzędu Stanu Cywilnego

# The Greenpoint English School, Inc.

TRANSLATION SERVICE

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STATE OF NEW YORK	)
COUNTY OF KINGS	)ss. )

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That she has carefully made the attached translation Number 112497F2.27M from Polish to English; and

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

Jolanta Mikolajczyk

Subscribed and sworn to before me this \_\_24 Hz day of \_\_November\_ 1997

Notary Public

IGNATIUS R. RZEZNIK
Hotary Public, State of New York
No. 24-4872271
Qualified in Kings County
mission Expires Oct. 20, 1998

£836 manhattan avenue • Brooklyn, n.y. 11222 • (718) 389-4225 :

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14. Family Name		JUL 02 1661
Immigration and Naturalization Service I-94 Departure Record	ADMITTED_	0 3 1997 B2 (CLASS)
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Warning A nonimmigrant who accepts unauthorized employment is subject to deportation:

Important - Retain this permit in your possession; you must surrender it when you leave the U.S. Failure to do so may delay your entry into the U.S. in the future. You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from immigration authorities, is a surrender this permit when you leave the U.S.:

- By sea or air, to the transportation line;
- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official.

Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on page 2 of Form 1-20 prior to surrendering this permit.

Record of Changes

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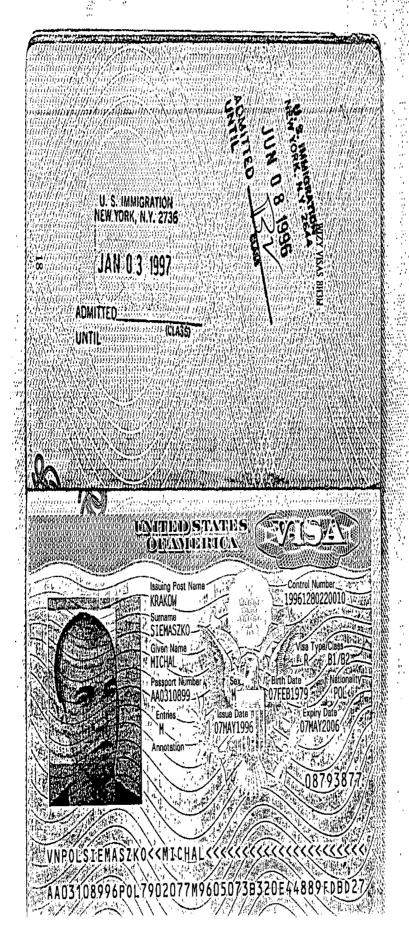
Departure Record

Carrier:

Flight #/Ship Name:

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TEL: (212) 239-8200 - FAX (212) 239-8203



#### Notice of Action

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	V BRRIVIE	ARANDO ORANDO DO COR
		CASE THE 1539
EAC-97-188-51889	,	21339 7 % 2 × 2 × 2
RECEIPT DATE	PRIORITY DATE	APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
July 3, 1997		
NOTICE DATE	PAGE	SIEMASZKO, MICHAL
September 29, 1997		BENEFICIARY
		SIEMASZKO, MICHAL
MICHAL SIEMASZKO	The state of the s	Notice Type: / Approval/Notice / /////
/520 POWELL ST	The state of the s	///// Class: B2////////////////////////////////////
STATEN ISLAND NY 1	.0312	Valid from 07/03/97 to 12/25/97
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The above application for	extension of temporary stay	is approved of The same of the
ductionized to the date ind	licated above. An updated F	orm 1794 is attached.
If the applicant has an au	thorized representative, th	is notice has also been mailed to the representative
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Please read the back of th	is form carefully for more	information
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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

Form I797A (Rev. 09/07/93)N



PLEASE TEAR OFF FORM 1-94 PRINTED BELOW, AND STAPLE TO ORIGINAL 1-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt # EAC-97-188-51889

I-94# 961077700 05

NAME SIEMASZKO, MICHAL

CLASS B2

VALID FROM 07/03/97 UNTIL 12/25/97

PETITIONER: SIEMASZKO, MICHAL 520 POWELL ST

STATEN ISLAND NY 10312

961077700 05

Receipt Number EAC-97-188-51885

Immigration and

Naturalization Service

I-94

Departure Record

Petitioner:

14. Family Name

SIEMASZKO

15. First (Given) Name

MICHAL

16. Date of Birth 02/07/79

17. Country of Citizenship POLAND

OM8 Clearance No. 1545-1065 Expires 8-31-94

Form 9003 (January 1992)

T

## Additional Questions to be Completed by All Applicants for Permanent Residence in the United States

Expires 8-31-94

This form must accompany your application for permanent residence in the United States

Privacy Act Notice: Your responses to the following questions will be provided to the Internal Revenue Service pursuant to Section 6039E of the Internal Revenue Code of 1986. Use of this information is limited to that needed for tax administration purposes. Failure to provide this information may result in a \$500 penalty unless failure is due to reasonable cause.

On the date of issuance of the Alien Registration Receipt Card, the Immigration and Naturalization Service will send the following information to the Internal Revenue Service: your name, social security number, address, date of birth, alien identification number, occupation, class of admission, and answers to IRS Form 9003.

Name (Last--Surname-Family)

(First-Given)

(Middle Initial)

SIEMASZKO

Michal

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axpayer Identification Number		L.	<u> </u>	1		!		

Enter your Social Security Number (SSN) if you have one. If you do not have an SSN but have used a Taxpayer Identification Number issued to you by the Internal Revenue Service, enter that number. Otherwise, write "NONE" in the space provided; i.e., "Lili NONE".

	Mark a	
	Yes	No
<ol> <li>Are you self-employed?         Mark "yes" if you own and actively operate a business in which you share in the profits other than as an investor.     </li> </ol>		Х
2. Have you been in the United States for 183 days or more during any one of the three calendar years immediately preceding the current calendar year?  Mark "yes" if you spent 183 days or more (not necessarily consecutive) in the United States during any one of the three prior calendar years whether or not you worked in the United States.	х	
3. During the last three years did you receive income from sources in the United States? Mark "yes" if you received income paid by individuals or institutions located in the United States. Income includes, but is not limited to, compensation for services provided by you, interest, dividends, rents, and revalties.		Х
4. Did you file a United States Individual Income Tax Return (Forms 1040, 1040A, 1040EZ or 1040NR) in any of the last three years?		X

the right amount of tax.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 5 minutes. The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 5 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form more simple, we would be happy to hear from you. You can write to both the Internal Revenue Service, Washington, DC 20224. Attention: IRS Reports Clearance Officer, to hear from you. You can write to both the Internal Revenue Service, Washington, DC 20203. DO NOT send this form T:FP, and Office of Management and Budget. Paperwork Reduction Project (1545-1065) Washington, DC 20503. DO NOT send this form to either of these offices. Instead, return it to the appropriate office of the Department of State or the Immigration and Naturalization Service.

Remarks

Form 9003 (Rev. 1-92)

**OMB Clearance No. 1545-1065** Expires 8-31-94

9003 inuary 1992)

### Additional Questions to be Completed by All for Permanent Residence in the United States

This/form must accompany your application for permanent residence in the United States

Privacy Act Notice: Your responses to the following questions will be provided to the Internal Revenue Service pursuant to Section 6039E of the Internal Revenue Code of 1986. Use of this information is limited to that needed for tax administration purposes. Failure to provide this information may result in a \$500 penalty unless failure is due to reasonable cause.

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Name (Last--Surname--Family)

(First-Given)

(Middle Initial)

SIEMASZKO

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ŕ	axpayer Identification Number	(					٠_,
_	nter your Social Security Number (SSN) if you have one. If you do not						
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have an SSN but have used a Taxpayer Identification Number issued to you by the Internal Revenue Service, enter that number. Otherwise, write "NONE"

		Yes	No	
	Are you self-employed?  Mark "yes" if you own and actively operate a business in which you share in the profits other than as an investor.	-	x	
2	Have you been in the United States for 183 days or more during any one of the three calendar years immediately preceding the current calendar year?  Mark "yes" if you spent 183 days or more (not necessarily consecutive) in the United States during any one of the three prior calendar years whether or not you worked in the United States.	x		
3.	During the last three years did you receive income from sources in the United States?  Mark "yes" if you received income paid by individuals or institutions located in the United States.  Income includes, but is not limited to, compensation for services provided by you, interest, dividends, rents, and royalties.		х	
4.	Did you file a United States Individual Income Tax Return (Forms 1040, 1040A, 1040EZ or 1040NR) in any of the last three years?		x	
	you answered yes to question 4, for which tax year was the last return filed?	19		

Paperwork Reduction Act Notice—We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 5 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form more simple, we would be happy ( to hear from you. You can write to both the Internal Revenue Service, Washington, DC 20224. Attention: IRS Reports Clearance Officer, T:FP, and Office of Management and Budget. Paperwork Reduction Project (1545-1065) Washington, DC 20503, DO NOT serid this form to either of these offices. Instead, return it to the appropriate office of the Department of State or the Immigration and Naturalization Service.

Remarks

"Copies of documents submitted are exact photocopies of unaltered original documents and I understand that I may be required to submit original documents to an Immigration or Consular official at a later date."

Signature:		Vaula.	
Typed or P	rinted Name	zbigniew SlEMASZKO	
~ ~~	11/24/97		

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IT-201

			For the year January 1, 1996	6 through December 31, 1996, or fisc	· · · -	, 1996
or office use only	임	Last name	First name and middle initia	at (if joint return, enter both names)	ending	, 19
or office ose offly	T P	SIEMASZKO,	ZBIGNIEW	(b)(6)		

IT-201 (1996) back ZBIGNIEW SIE ZKO (b)(6)

022607

For office use only

1996 Application for Automatic

Extension of Time to File for Individuals

IT-370 (b)(6)

Last name First name and middle initial (If Joint application, enter both names) SIEMASZKO. ZBIGNIEW

IT-370 1996

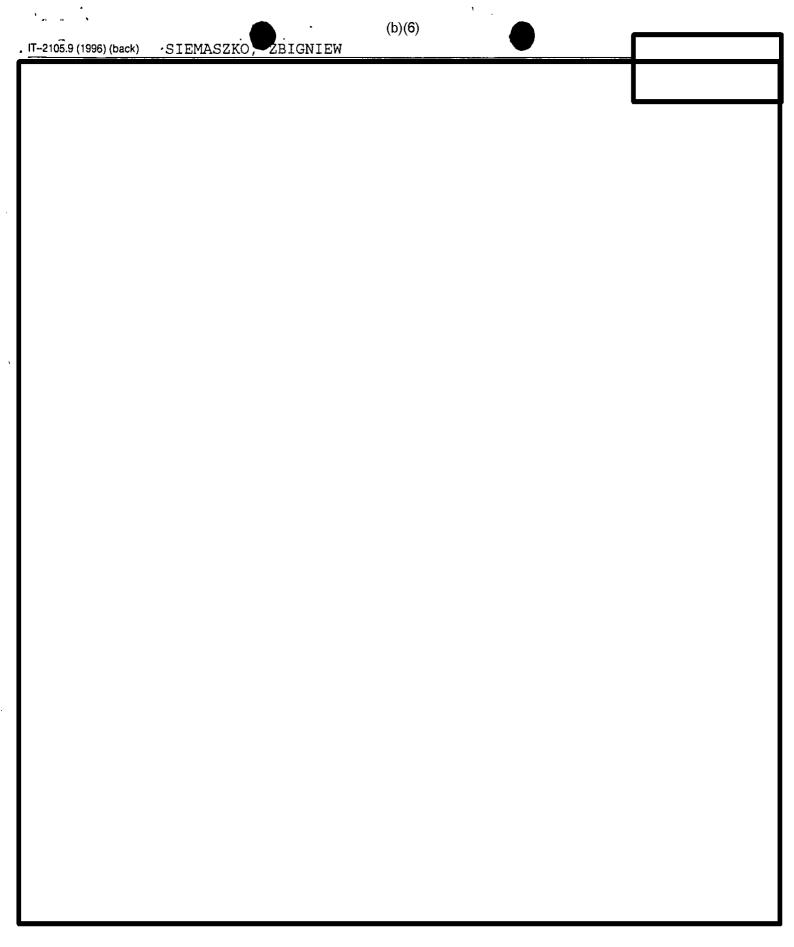
Underpayment of Estimated Income Tax By Individuals and Fiduciaries

New York State • City of New York • City of Yonkers

1996

IT-2105.9

		For Jan. 1 - Dec. 31, 1996, or fiscal year beg	ginning , 1	996, ending	, 19 .
i	Name(s) as shown on return			Identifying number (SSN or EIN)	
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Attach this form to the back of your New York State return. This is a scannable form; please file original with the Tax Department.

592607

IT-2105.9 1996

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Label	Your first name and initial	Last name	Your social security number
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## IMMIGRATION AND NATURALIZATION SERVICE

# **VOID IF OPENED**

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ONE POLICE PLAZA N.Y. NY 10038
NYC - DFS 0288 Exp. 11/27/99
ID# 4/90 DATE 11/25/5



## **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.

M-175 (Rev. 10-20-69)

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